

Cell Death in Biology and Diseases

Han-Ming Shen
Peter Vandenabeele *Editors*

Necrotic Cell Death

 Humana Press

Cell Death in Biology and Diseases

Series Editors

Xiao-Ming Yin

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Editors

Necrotic Cell Death

 Humana Press

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Series Preface

Cell death, or conversely cell survival, is a major biological phenomenon. Just as with cell proliferation and cell differentiation, cell death is a choice that a cell has to make, sometimes voluntarily, other times accidentally. As such, cell death serves a purpose in the biology of a multicellular organism. The machinery of cell death and that of cell protection are evolutionarily conserved and their elements can even be found in single-celled organisms. The disruption of cell death mechanisms can often cause developmental abnormalities. Factors that can trigger cell death are diverse, and the cell death process is intricately connected with other biological processes. Cell death directly contributes to the pathogenesis of many diseases, including cancer, neurodegenerative diseases, and tissue injury in organ failure.

The study of cell death and cell survival has become a multidisciplinary subject, which requires expertise from all the fields of modern biology. Exploring the role of cell death in disease development and the modulation of cell death for the prevention and treatment of devastating disease demands constant updating of our knowledge through the broadest interactions among all investigators, basic and clinical. The rapid expansion of our knowledge in this field has gone beyond what could be summarized in a single book. Thus, this timely series *Cell Death in Biology and Diseases* summarizes new developments in different areas of cell death research in an elaborate and systemic way. Each volume of this series addresses a particular topic of cell death that either has a broad impact on the field or has an in-depth development in a unique direction. As a whole, this series provides a current and encyclopedic view of cell death.

We would like to sincerely thank the editors of each volume in the series and the authors of each chapter in these volumes for their strong commitment and great effort towards making this mission possible. We are also grateful to our team of

professional Springer editors. They have worked with us diligently and creatively from the initiation and are continuing this on the development and production of each volume of the series. Finally we hope that the readers will enjoy the reading, find the content helpful to their work, and consider this series an invaluable resource.

Indianapolis, IN, USA
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Book Preface

Cell death is a fundamental aspect of cell biology closely associated with health and disease. So far, various forms of cell death have been recognized and extensively studied. In contrast to apoptosis, well defined as a form of programmed cell death, necrosis used to be considered as accidental (i.e., non-programmed) cell death, usually in response to a severe injury. In the past decade, there is accumulating evidence suggesting that necrosis is also programmed and is controlled by distinctive “death machinery” in response to various stimuli such as cell death ligands, pathogen-associated molecular patterns (such as viral RNA), oxidative stress, and DNA damage. Necroptosis, a particular form of necrotic cell death, has gained particular attention. This form of necrosis is highly regulated by RIP kinases (RIPK); scientists have now developed inhibitors that block these kinases. These inhibitors allow us to explore the role of these kinases in many experimental disease models in inflammation, ischemia-reperfusion damage, degenerative diseases, and infection and hopefully will soon reach the clinic to save lives.

To keep pace with the fast developments in this important research theme, we are pleased to present this book focusing on necrotic cell death as the second volume in the newly launched series *Cell Death in Biology and Diseases*. In this book we attempt to give a comprehensive coverage of programmed necrosis with contributions from the leading experts in this field around the world. The book starts with the history of necrosis research and also immediately jumps to how molecular insights and availability of inhibitors have rapidly led to potentially important therapeutic applications (Chap. 1). The book is divided, like many processes and good things in life, into seven parts. The first part involves a detailed description of the major regulators of necroptosis including the role and regulation of RIPK1 (Chap. 2) and RIPK3 (Chap. 3). The important role of Inhibitors of Apoptosis Proteins (IAPs) and ubiquitylation processes are elaborated as important regulators in the life–death bifurcation of RIPK1 (Chaps. 4 and 5). Caspase 8 is a crucial negative regulator of necroptosis and is paradoxically a pro-apoptotic molecule (Chaps. 6 and 7).

The second part deals with important cellular processes that modulate necrosis such as DNA damage, PARP activation, oxidative stress, and reactive oxygen species (Chaps. 7–9). They may represent different subroutines that result in particular forms of programmed necrosis. The third part of the book examines the intercellular aspects of necrosis and its role in immunity, inflammation, and viral infection (Chap. 10). In the fourth part, the complex relationship between p53, autophagy, autophagic cell death, and necrosis and how this determines cellular fate following stress are described (Chaps. 11–13). The fifth part elaborates on necrosis in model organisms including microbes, yeast, and *C. elegans* (Chaps. 14 and 15). The sixth part deals with the important quest for small molecule inhibitors of necroptosis and their potential implication for a plead of inflammatory, degenerative, and infectious diseases (Chaps. 16 and 17). Finally, in the seventh part, we discuss some methods and techniques for measuring necrosis and discuss the possible pitfalls (Chap. 18).

With the extensive studies on necrosis in the past several years, it is clear that regulated necrosis started as an ugly duckling besides the overwhelming beauty of apoptosis, and it has now become an admired and proud swan in the vast lake of cell death research. It is conceivable that in pathophysiological situations, targeting necrosis may become a dominant paradigm. We hope that this book, as the first one devoted to regulated or programmed necrosis, will become a useful source of reference for the growing number of researchers in this emerging field. We especially thank all the authors and editors for their patience and understanding during the making of this book.

Singapore, Singapore
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Han-Ming Shen, M.D., Ph.D.
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Contents

1	The Potential Role of Necroptosis in Diseases	1
	Andreas Linkermann, Tom Vanden Berghe, Nozomi Takahashi, Ulrich Kunzendorf, Stefan Krautwald, and Peter Vandenabeele	
2	RIP1-Mediated Signaling Pathways in Cell Survival and Death Control	23
	Yong Lin	
3	Role of RIP3 in Necrotic Cell Death	45
	Ting Wu, Wanze Chen, and Jiahuai Han	
4	IAPs and Necroptotic Cell Death	57
	John Silke and David Vaux	
5	Regulation of Death Receptor-Induced Necroptosis by Ubiquitination	79
	Maurice Darding and Henning Walczak	
6	Dead if You Do, Dead if You Don't: How Caspase-8 Causes and Prevents Cell Death	99
	Andrew Oberst	
7	The In Vivo Significance of Necroptosis: Lessons from Exploration of Caspase-8 Function	117
	David Wallach, Tae-Bong Kang, Akhil Rajput, Seung-Hoon Yang, Jin-Chul Kim, Beata Toth, Konstantin Bogdanov, Oliver Dittrich-Breiholz, Michael Kracht, and Andrew Kovalenko	
8	NOX1, Reactive Oxygen Species, JNK, and Necrotic Cell Death	135
	Michael J. Morgan and You-Sun Kim	

9	PARP Activation and Necrotic Cell Death	163
	Yongjun Fan and Wei-Xing Zong	
10	Programmed Necrosis in Immunity and Inflammatory Diseases	177
	Kenta Moriwaki and Francis Ka-Ming Chan	
11	p53 Opens the Mitochondrial Permeability Transition Pore to Trigger Necrosis in Response to Oxidative Damage	195
	Katharina Zirngibl and Ute M. Moll	
12	Autophagic Cell Death: A Real Killer, an Accomplice, or an Innocent Bystander?	211
	Shi-Hao Tan and Han-Ming Shen	
13	Autophagy in Necrosis: A Force for Survival	233
	Han-Ming Shen and Patrice Codogno	
14	Microbial Programmed Necrosis: The Cost of Conflicts Between Stress and Metabolism	253
	Joris Winderickx and Paula Ludovico	
15	Necrotic Cell Death in <i>Caenorhabditis elegans</i>	275
	Vassiliki Nikoletopoulou and Nektarios Tavernarakis	
16	Necrostatin-1: Its Discovery and Application in Cell Death Research	295
	Dana E. Christofferson, Ying Li, and Junying Yuan	
17	Small-Molecule Inhibitors of Necroptosis	319
	Colleen R. McNamara and Alexei Degterev	
18	Methods to Study and Distinguish Necroptosis	335
	Sasker Grootjans, Vera Goossens, Peter Vandenabeele, and Tom Vanden Berghe	
	Appendix: Physiology and Function of the Ripoptosome: An Intracellular Signalling Platform Regulating Apoptosis and Necroptosis	363
	Peter Geserick, Maria Feoktistova, and Martin Leverkus	
	Index	385

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Chapter 1

The Potential Role of Necroptosis in Diseases

Andreas Linkermann, Tom Vanden Berghe, Nozomi Takahashi,
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1.1 Necrosis Seen Though the Eye of Pathologists

Until recently, necrosis has mainly been investigated clinically by pathologists. Regarding morphological changes, several macroscopically distinct forms of necrosis regarding whole organs have been described. It is entirely unclear which molecular pathways of regulated necrosis underlie the specific morphological changes associated with necrosis and whether or not they are regulated on a genetic level. The identification of necroptosis, defined by the molecular interplay between RIPK1/RIPK3/MLKL and its negative regulation by caspase-8, FLIP, and inhibitors of apoptosis proteins (IAPs), described in detail in other chapters in this book, and other pathways of regulated necrosis that appear to be virtually distinct on the molecular level, like cyclophilin D-mediated regulated necrosis, have led to the intriguing possibility to specifically target necrosis in various pathologies. For basic researchers, however, there is a lot to learn from the work that has been performed over centuries by pathologists which led to the purely morphologic classification of necrosis. In the eyes of a pathologist, the most common form of necrosis is referred to as coagulative necrosis (Table 1.1).

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Table 1.1 Pathological aspects of necrotic tissue

	Typical disorders	Typically affected organs	Morphological hallmarks	Involvement of necroptosis
Coagulative necrosis	Solid organ ischemia	Visceral organs apart from pancreas	Dry tissue	Yes
	Dry gangrene	Feet of diabetic patients		Unclear
Colliquative necrosis	Stroke	Brain	Clammy tissue	Unclear
	Pancreatitis	Fat tissue necrosis		Yes
	Wet gangrene	Feet of diabetic patients		Unclear
Fibrinoid necrosis	Atherosclerosis	Large- and medium-sized arteries	Strong eosinophilia in the fibrinoid	Yes
Caseating necrosis	Tuberculosis	Lung	Granuloma and delayed-type hypersensitivity (DTH)	Unclear

1.1.1 Coagulative Necrosis

Coagulative necrosis was first described by C. Weigert in 1880 as the macroscopically visible change in tissues with a dry yellow appearance (Weigert 1880). The hallmarks of this form of necrosis are the diminished moisture content combined with the overall persistence of the organ structure. This type of necrosis is predominantly seen in ischemic tissues, e.g., in the spleen upon infarction, or in other visceral organs like the kidneys. Clearly, RIPK3-dependent necroptosis contributes to this complex picture of organ necrosis (Linkermann et al. 2012b, c). A special form of coagulative necrosis is commonly seen in diabetic patients with combined defects in both micro- and microvasculature, referred to as gangrene (Younes and Ahmad 2006). The clinically important dry aspect of gangrene changes upon superinfection with anaerobic bacteria that can lead to accumulation of lymph and result in wet gangrene that is then regularly referred to as colliquative or liquefactive necrosis (see below). Similar mechanisms as in coagulative necrosis may also occur centrally in rapidly growing solid tumors (Caruso et al. 2012), but these aspects need to be addressed in RIPK3- and MLKL-deficient environments.

1.1.2 Colliquative Necrosis

Colliquative necrosis, also referred to as liquefactive necrosis, results from rapid enzymatic degradation of the necrotic debris following initial tissue swelling. In comparison to coagulative necrosis, colliquative necrosis is predominantly seen in tissues that do not exhibit large amounts of proteins (like the brain) (Estes and Rorke 1986) or organs which actively produce lytic enzymes (like the pancreas)

(Burrell et al. 1980). In addition, colliquative necrosis results from ingestion of NaOH in the esophagus or might rarely result from secondary infections in primarily damaged tissues, like the lung that undergoes hydrolysis upon leukocyte infiltration in so-called secondary-infected pulmonary infarction (Rajagopala et al. 2011; Redline et al. 1985). The most common appearances of colliquative necrosis are myocardial infarction (Baroldi 1975), strokes (Chen et al. 2007), and wet gangrene. In addition, fat tissue necrosis following necrotizing pancreatitis represents a devastating disease which despite intensive care is associated with high mortality rates (Bruennler et al. 2009; Burrell et al. 1980). The mouse model of cerulein-induced pancreatitis (CIP) was among the first in vivo models tested for necroptosis in RIPK3-deficient mice by two groups in 2009, who demonstrated statistically significant protection (He et al. 2009; Zhang et al. 2009). However, we recently applied the RIP1-kinase inhibitor Nec-1 in this model which conversely led to deterioration of the CIP model (Linkermann et al. 2012a). Obviously, Nec-1 protects from several models of acute brain injury (see below) including cerebral IRI, but it remains to be demonstrated that this effect is also seen in RIPK3-deficient mice. Above that, application of necrostatins in larger animal models should be performed before clinical trials are seriously taken into consideration.

1.1.3 Fibrinoid Necrosis

Fibrinoid necrosis is also referred to as collagen necrosis because pathologists recognize an increased eosinophil staining in such areas (Rosenblum 2008). It is generally accepted to interpret these fibrinoid structures as the result of past necrosis with or without inflammation. The most prominent example for fibrinoid necrosis is probably the necrotic center of atherosclerotic plaques to cause arterio- and arteriolosclerosis (Rosenblum 2008), but it also appears in gastric and duodenal ulcers (Arui et al. 1989; Szabo et al. 2007) and the skin in *necrobiosis lipoidica diabetorum* (Suarez-Amor et al. 2010). The described subform of fibrinoid necrosis referred to as precipitation fibrinoid is generally and unspecifically associated with the large family of immune complex diseases that surround the collagen and in the entity of collagenosis. It has recently been suggested that RIPK3 might be involved in the pathogenesis of atherosclerotic plaques in a commonly used atherosclerosis model of ApoE-ko mice (Lin et al. 2013a). However, gastrointestinal ulcers, immune complex diseases, and subtypes of collagenosis have not been investigated in the light of necroptosis.

1.1.4 Caseating Necrosis

Caseating necrosis is referred to the debris in the center of granulomas that are typically seen in active and latent mycobacterial infections upon a delayed-type hypersensitivity reaction (Hunter et al. 2007), like tuberculosis. Such granulomas are not restricted to the lungs but are also detected in non-pulmonary manifestations of

tuberculosis like urogenital (Abbara and Davidson 2011) or gastrointestinal tuberculosis (Almadi et al. 2011). Functionally, it is thought that necrosis is required to some extent to defend mycobacteria, but, on the other hand, may also be interpreted as a release mechanism of these intracellular bacteria that is required for spreading, like in disseminated military tuberculosis.

Unlike the interpretation of necrosis over centuries, from our current understanding, all mentioned manifestations of necrosis should be interpreted as potentially regulated and therefore might be therapeutic targets until the opposite is proven. The massive clinical potential of interference with necrotic injury in any case should lead to carefully conducted investigations regarding inhibition of necroptosis (see below in Sect. 3).

1.2 Necroptosis Affects Many Organs in Pathophysiological Settings

The best characterized pathway of regulated necrosis is RIPK3-dependent necroptosis as pointed out in detail in other chapters of this book (Declercq et al. 2009; Han et al. 2011; Kaczmarek et al. 2013). Despite the fact that the dependence of necroptosis on RIPK3 was published in 2007 (Feng et al. 2007) and widely recognized as late as in 2009 (Cho et al. 2009; He et al. 2009; Zhang et al. 2009), diverse organ systems have already been associated with necroptosis in multiple disorders. From 2009, several preclinical *in vivo* models have employed RIPK3-deficient mice which are thought to lack an overt spontaneous phenotype (Newton et al. 2004). The physiological *in vivo* relevance of necroptosis was clearly demonstrated as the lethal phenotype of caspase-8-deficient mice which otherwise die *in utero* at day 10.5 of embryonic development and is reversed with the additional deletion of RIPK3 (Kaiser et al. 2011; Oberst et al. 2011). As demonstrated in Fig. 1.1, the main part of this chapter will provide an overview of the organs affected by necroptosis at the time when the chapter was written. With the rapidly growing number of publications in this field, it is very likely that the number of organs and cell types that can undergo necroptotic cell death will further increase within the next years. As with the published data available today, the affected organs and the model organisms that have been employed to provide the *in vivo* evidence are summarized in Table 1.2. Ischemia–reperfusion injury (IRI) is of outstanding interest both clinically and in basic science, so we will provide an extra section on IRI before the occurrence of necrosis in different organs will be discussed.

1.2.1 Ischemia–Reperfusion Injury

As early as in 2005, Alexei Degterev et al. published the effects of the RIPK1-inhibitor necrostatin-1 (Nec-1) on middle cerebral artery occlusion (MCAO),

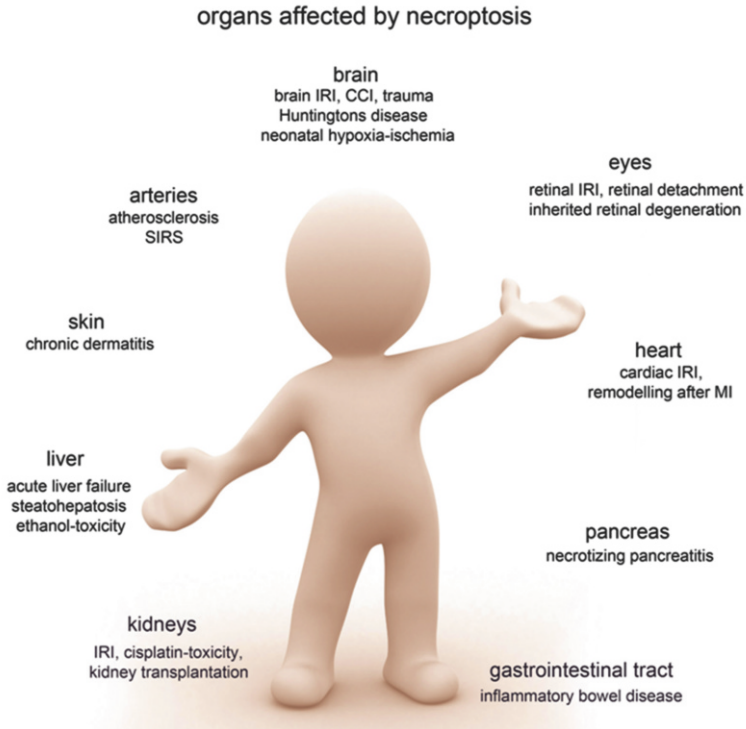


Fig. 1.1 Organs affected by necroptosis. Since 2005, the evidence for the pathophysiological involvement of necroptosis in preclinical disease models has rapidly accumulated. At the time of writing this chapter, necroptosis has already been described to be of importance in brain, eyes, heart, pancreas, gastrointestinal tract, kidneys, liver, and vessels (mainly arteries). It is likely that more disorders are about to be discovered to be affected by necroptosis. *CCI* controlled cortical impact, *IRI* ischemia–reperfusion injury, *MI* myocardial infarction, *SIRS* systemic inflammatory response syndrome

a model of cerebral ischemia, and demonstrated marked protection from stroke (Degtarev et al. 2005). Only years later, it became clear that RIPK1 was the therapeutic target (Degtarev et al. 2008). Like mice deficient in FADD, caspase-8, or FLIP, RIPK1-deficient mice are not viable, but unlike the FADD-, caspase-8-, and FLIP-deficient mice, RIPK1-deficient mice do not die in utero but perinatally instead (Zhang et al. 2011).

In IRI in mice, hallmarks of necrosis have been detected for long (Hess and Manson 1984), but this was rather interpreted as accidental cell death, and the precise mechanism of the development of the necrotic debris in IRI was neglected, and a causative role for apoptosis was widely accepted. Recently, we directly compared the protective effect of Nec-1 in kidney IRI to the effect of the apoptosis-blocker pan-caspase inhibitor zVAD (Linkermann et al. 2012b), suggesting a predominant role of necroptosis over apoptosis in this setting. In detail, the narrow therapeutic

Table 1.2 Evidence for the pathophysiological in vivo relevance of necroptosis

Disease	In vivo model organism	Citation
Brain		
Brain IRI	C57Bl/6	(Degtarev et al. 2005)
Controlled cortical impact	C57Bl/6	(You et al. 2008)
Brain IRI	CD1 mice	(Xu et al. 2010)
Neonatal hypoxia–ischemia	Mice	(Northington et al. 2011)
Huntington’s disease	R6/2 mice	(Zhu et al. 2011)
Neonatal hypoxia–ischemia	C57Bl/6	(Chavez-Valdez et al. 2012b)
Traumatic brain injury	CD1 mice	(Wang et al. 2012)
Eye		
Retina IRI	Sprague–Dawley rats	(Rosenbaum et al. 2010)
Retinal detachment	Brown Norway rats, C57Bl/6 and RIPK3-ko mice	(Trichonas et al. 2010)
Retinal detachment	Sprague–Dawley rats	(Dong et al. 2012)
Inherited retinal degeneration	rd10 mice (model of retinal degeneration)	(Murakami et al. 2012b)
GIT		
Inflammatory bowel disease	C57Bl/6, RIPK3-ko mice, conditional FADD-def. mice	(Welz et al. 2011)
Inflammatory bowel disease	C57Bl/6, RIPK3-ko mice, conditional caspase-8-def. mice	(Gunther et al. 2011b)
Heart		
Cardiac IRI	C57Bl/6	(Smith et al. 2007)
Cardiac remodeling after myocardial infarction	C57Bl/6	(Oerlemans et al. 2012b)
Kidney		
Kidney IRI	C57Bl/6	(Linkermann et al. 2012b)
Cisplatin-induced acute kidney injury	C57Bl/6, RIPK3-ko	(Linkermann et al. 2013a)
Kidney transplantation	RIPK3-ko kidney (H-2 ^d) → BALB/c (H-2 ^d)	(Lau et al. 2013)
Liver		
Acute liver failure	Conditional caspase-8-ko, RIPK3-ko	(Liedtke et al. 2011b)
Steatohepatitis	C57Bl/6	(von et al. 2012)
Ethanol-induced liver injury	C57Bl/6 and CYP2E1-deficient mice	(Roychowdhury et al. 2012)
Acetaminophen-induced liver necrosis	C57Bl/6	(Ramachandran et al. 2013)
Pancreas		
Necrotizing pancreatitis	C57Bl/6, RIPK3-ko mice	(He et al. 2009)
Necrotizing pancreatitis	C57Bl/6, RIPK3-ko mice	(Zhang et al. 2009)
Skin		
Necrotizing dermatitis	C57Bl/6, RIPK3-ko mice, conditional FADD-def. mice	(Bonnet et al. 2011)

(continued)

Table 1.2 (continued)

Disease	In vivo model organism	Citation
Systemic effects		
SIRS	C57Bl/6, RIPK3-ko mice	(Duprez et al. 2011)
SIRS	C57Bl/6, RIPK3-ko mice	(Linkermann et al. 2012a)
SIRS	C57Bl/6, RIPK3-ko mice	(Linkermann et al. 2013a)
Atherosclerosis	RIPK3-ko, LDLR-ko, RIPK3/ LDLR-dko, and ApoE-ko	(Lin et al. 2013a)
Whole body		
Defense against vaccinia-virus infection	C57Bl/6, RIPK3-ko mice	(Cho et al. 2009)

Pathophysiological aspects are separated by affected organ, comparable to Fig. 1.1

window of Nec-1 application was mapped to 15–30 min. before onset of reperfusion, and the protective effect almost completely disappeared after that time point (Linkermann et al. 2012b). Therefore, therapeutic interference with necroptosis in IRI should be applied closely to the onset of reperfusion. This is practical in kidney transplants, and in any transplant model, and to a lesser extent also in myocardial IRI, at least when the coronaries are completely occluded before stenting. We speculate that in most clinical scenarios such as stroke or myocardial infarction (without completely occluded coronary vessels), therapeutically applicable prevention of necroptosis will have limited effects as the death signal will already have passed crucial checkpoints (point of no return) (Linkermann et al. 2012c). Therefore, the most likely situation in which interference with necroptosis will presumably be beneficial are those in which damage can be anticipated rather than to be reversed. Besides solid organ transplantation, these opportunities with high clinical relevance also include cardiac surgery, a very common cause of acute renal failure (Olivero et al. 2012). However, necroptosis is not limited to IRI in brain and kidney but was also demonstrated in the myocardium. The cardioprotective effect of Nec-1 was first discussed in 2007 (Smith et al. 2007). From studies that investigated microRNA-155 which targets RIPK1 (Liu et al. 2011), it was suggested that RIPK1 functioned as an inducer of necrosis of cardiomyocytes, but it was only in 2012 when Oerlemans and colleagues showed a protective effect for Nec-1 in myocardial IRI, focusing on the prevention of adverse cardiac remodeling (Oerlemans et al. 2012a).

It should be noted that the effects of Nec-1 are not entirely understood and may be multiple due defined off-target effects (Degterev et al. 2013; Takahashi et al. 2012; Vandenabeele et al. 2013). Indeed Nec-1 is identical to the indoleamine oxidase (IDO) which is a strong immunomodulator. A more stable form of Nec-1, the 7-chloronated and hydantoin derivate Nec-1s lacks this IDO specificity and may be better used to target RIPK1 without affecting the immune system directly (Degterev et al. 2013; Takahashi et al. 2012; Vandenabeele et al. 2013). Another aspect is that targeting the kinase activity of RIPK1 is different of removing RIPK1, which also has an important platform function in recruiting factors involved in MAPK and NF- κ B activation (Vandenabeele et al. 2010). This difference between the kinase

and the platform function of RIPK1 is obvious from the observation that in contrast to caspase-8-deficient mice, RIPK1-deficient mice are not rescued by RIPK3 deficiency (Dillon et al. 2012), suggesting the absence of RIPK1 induces a lethal pathway independent of RIPK3. However, FADD-deficient embryos die early in embryonic development at day 10.5 and are partially rescued by RIPK1 deficiency to die only perinatally (Zhang et al. 2011) and are rescued by RIPK3-deficiency, suggesting a pro-death role of RIPK1 in concert with RIPK3 in early life but a protective role independent of RIPK3 in later life. It is not straightforward to identify the precise role of RIPK1 during embryogenesis and perinatally given these complex genetic interactions. The only way to experimentally study the complex roles of RIPK1 at different stages of life requires conditional RIPK1 kinase dead knock-in mice. Specific inhibitors of RIPK1, like Nec-1, could translate this knowledge to therapeutic strategies. Few other kinase inhibitors have undergone such in-depth specificity analysis (Biton and Ashkenazi 2011; Degterev et al. 2008). Within the entire kinome, only two other kinases are affected by high concentrations of Nec-1 to more than 35 % (Biton and Ashkenazi 2011). Second-generation necrostatins, like 7-chloro-O-Nec-1 (Nec-1s) (see above), might further contribute to our understanding as will RIPK1-kinase dead “knock-in” mice that are currently being generated. In addition, inhibitors of the kinase activity of RIPK3 and inhibitors of MLKL, like necrosulfonamide as the first-in-class compound recently published (Sun et al. 2012), will be developed, with high hopes associated with these interesting compounds in IRI.

1.2.2 Necroptosis and the Gastrointestinal System

The first manifestation of necroptosis that was mentioned in the gastrointestinal tract (GIT) was reported in 2009 when RIPK3 was identified as a crucial necroptosis-associated kinase in the model of cerulein-induced pancreatitis (CIP) in which RIPK3-deficient mice were protected (Zhang et al. 2009; He et al. 2009). This common clinical problem is best known from intensive care units in which hardly anything can be done for these patients apart from applying fluids and pain killers. Therefore, the idea to specifically interfere with necrotizing pancreatitis led to the investigation of Nec-1 in the very same model, but unfortunately, Nec-1 deteriorated rather than protected from CIP (Linkermann et al. 2012a). However, the discrepancy between the Nec-1 data and the RIPK3-ko mice is so far unexplained. One possible explanation might be associated with the short half-life of Nec-1 (Degterev et al. 2013), and second-line derivatives of necrostatin such as Nec-1s and newly developed drugs, RIPK3 inhibitors and MLKL inhibitors, have again raised hopes to cure this devastating disorder. However, although likely, the clear identification of MLKL as a mediator of CIP remains to be demonstrated. Apart from the CIP model, Nec-1 was demonstrated to prevent an NO-mediated necrotic-type cell death in pancreatic beta cells, but the role of RIPK1 in this regard remains less clear (Tamura et al. 2011).

In contrast to acute necrotizing pancreatitis, inflammatory bowel disease (IBD) is a more chronic disorder that is understood to be polygenetically inherited.

It remains unclear if the damage associated with the epithelia is triggered by immune cells or if the epithelia themselves are the initiators of the subsequent immune response. The group of Pasparakis first looked at IKK- γ (NEMO) that they specifically deleted from intestinal epithelial cells (IECs) and reported loss of integrity of the gut barrier, an effect that was partly reversed by additional deletion of TNFR1 (Nenci et al. 2007). Following that path the group investigated the role of necroptosis in IBD. Conditionally deleted FADD from IECs, like caspase-8 deficiency (FADD-deficient mice die in utero), initiated necroptosis and the immune response that is associated with any necrotic cell death (Welz et al. 2011). Importantly, it was spontaneous necroptotic cell death that triggered the disease in the presence of standard microbiota because concomitant genetic absence of RIPK3 completely prevented the inflammation in these mice. The second group looked at conditional deletion of caspase-8 in IECs and found, as expected, necroptosis to be activated. These models phenocopy IBD much in the sense of Crohn's disease (Gunther et al. 2011a), and these typical features were prevented on RIPK3-deficient background. However, genome-wide association studies did not identify either FADD or caspase-8 as susceptibility loci for Crohn's disease (Raelson et al. 2007; Hampe et al. 2007). However, the gene of the deubiquitinase A20 (which also deubiquitinylates RIPK1) was demonstrated to be associated with increased risk of developing colitis, and A20 deletion in IECs was associated with partly TNFR1-dependent TUNEL positivity which at that time was interpreted as apoptosis (Vereecke et al. 2010), but effects of RIPK3 or crossing these mice to an RIPK3-deficient background was not yet reported. However, one could wonder whether these sensitized conditions in the absence of FADD, caspase-8, IAPs, or A20 represent pathophysiologically relevant conditions. If yes, one could think of strategies to increase the expression of negative regulators of necroptosis or to downregulate the expression of RIPK3.

Regarding the liver, a major clinical problem is triggered by chronic alcohol abuse that leads to a phenotype that was also described to trigger necrosis in hepatocytes. A recent report has clearly demonstrated the necroptotic pathomechanism in this setting (Roychowdhury et al. 2012). That paper demonstrated RIPK3-ko mice to be protected from steatosis and hepatocyte death and additionally nicely showed the lack of proinflammatory cytokine expression, further underlining the hypothesis that CDAMPs initiate the upcoming immune response (see below). In line with this, the liver-specific deletion of caspase-8 in hepatocytes resulted in severe non-apoptotic liver injury (Liedtke et al. 2011a). Interestingly, subsequent investigations by the same group on these caspase-8-deficient hepatocytes recently revealed accelerated liver regeneration (Freimuth et al. 2013), suggesting a higher cellular turnover within the regular metabolism of these mice.

1.2.3 Neurological Systems Affected by Necroptosis

Apart from IRI, the brain appears to be sensitive to responses mediated by RIPK1 and RIPK3 in a series of other models of brain damage. All of these injury models are closely related to clinical situations and include controlled cortical impact (CCI),

traumatic brain injury, *N*-methyl-D-aspartate (NMDA)-induced excitotoxicity, and glutamate-induced necroptosis in HT-22 cells. In neonatal hypoxia–ischemia models, Nec-1 not only protects from oxidative damage but also prevented the subsequent deteriorating immune cell infiltration (Chavez-Valdez et al. 2012a; Degterev et al. 2005; Li et al. 2008; Northington et al. 2011; You et al. 2008). In addition, it was recently demonstrated that necroptosis also occurs in microglia upon application of caspase inhibitors (Fricker et al. 2013). This mechanism was interpreted as a protective strategy to save neurons, but detailed mechanisms *in vivo* are lacking, so further investigations are required in this field. It should be pointed out that there is no clear evidence for the induction of necroptosis in primary neurons.

1.2.4 Ophthalmology and Necroptosis

In addition to the abovementioned diseases, necrotic cell death is a hallmark of retinal detachment. It has been demonstrated that in this specialized compartment, both apoptosis and necroptosis are triggered simultaneously (one cell dies by apoptosis, the next one dies by necroptosis) (Trichonas et al. 2010). The same group has now confirmed that cones, but not rods, undergo necroptosis in their model of retinitis pigmentosa (Murakami et al. 2012a). These data support the concept that PCD and RN are not mutually exclusive programs and they may occur in the same organ, following the same stimulus. Additionally, in the exceptional case of retinal ischemic cell death, the death-associated protein DAXX has been suggested to be a critical downstream target of RIPK3 (Lee et al. 2013).

1.2.5 Necroptosis in the Skin

Conditional deletion of FADD from keratinocytes results in chronic inflammation of the skin, and this phenomenon has nicely been demonstrated to be dependent on RIPK3 and partially dependent on TNFR1 (Bonnet et al. 2011). This work implies that the machinery for necroptosis is not limited to mesenchymal and gastrointestinal epithelial tissues but encompasses the epidermal compartment outside the GIT. It remains to be investigated to which extent necroptosis might be involved in other dermatological diseases that are associated with macroscopic appearance of necrosis, like psoriasis, and, in addition, it should be addressed if chronic inflammatory skin diseases, like atopic dermatitis, are kept active by necroptotic cells. As briefly discussed above, also here it should be examined to what extent absence of FADD represents a relevant pathophysiological mechanism in inflammatory skin diseases.

1.2.6 Involvement of Necroptotic Key Molecules in Systemic Disorders

Sepsis is the prototypic systemic disorder, and the complexity of necrotic cell death pathways is highlighted in its pathophysiology, a leading cause of mortality in intensive care patients. Release of TNF α and other proinflammatory cytokines is triggered by LPS on the bacterial surface, which leads to nitric oxide (NO) generation and rapid loss of the peripheral resistance leading to an unstoppable drop in blood pressure eventually resulting in death. We recently demonstrated that RIPK3-deficient mice are protected from lethal TNF α -mediated systemic inflammatory response syndrome (SIRS) and septic shock in a cecal ligation puncture model (CLP) (Linkermann et al. 2012a; Duprez et al. 2011). In the latter paper, absence of RIPK3 prevented CDAMPs release and the sustained cytokine response, which prompted us to postulate that necroptosis triggers immune response through CDAMPs (see below). When it was shown by Cauwels et al. that the pan-caspase inhibitor zVAD, which may have been expected to provide a benefit by blocking TNF α effect, accelerated rather than prevented death (Cauwels et al. 2003), this model attracted attention. Later, when the necroptotic pathway was unraveled in more detail and the central role RIPK3 was identified, these results could be reconciled. However, conflicting results remain in the literature about the therapeutic utility of Nec-1 in this TNF-shock model (Duprez et al. 2011; Linkermann et al. 2012a; Takahashi et al. 2012), which may be explained by various concentrations of Nec-1 (Takahashi et al. 2012; Vandenabeele et al. 2013). More recently, the group of Han reported that neither RIPK3-ko mice nor MLKL-ko mice were protected from CLP (Wu et al. 2013), keeping the debate ongoing.

Another systemic disorder with tremendous clinical impact is atherosclerosis. Mice deficient in low-density lipoprotein (LDL) receptor (LDLR) are known to develop severe central atherosclerosis which involves macrophage-mediated fibroinoid necrosis, as does the phenotype of ApoE-deficient mice. When fed a high-fat “western” diet for 16 weeks (Lin et al. 2013b), those mice lost large parts of this phenotype when on an RIPK3-deficient background. Necrotic affection of vessels therefore likely leads to atherosclerosis and appears to be at least partly mediated by necroptosis (Lin et al. 2013b).

The most important “systemic disorder” to defend in everyday life may be viral infection. The understanding of the physiological relevance of necroptosis is currently best explained by the model that the group of Francis Chan has first described in 2009 (Cho et al. 2009). Therein, the authors took advantage of vaccinia virus, known to express an inhibitor of caspase-8. RIPK3-ko mice were shown to be supersusceptible to vaccinia-virus infections. Whereas most wild-type mice survived this infection, RIPK3-ko mice died rapidly within the first 2 weeks and viral titers markedly increased (Cho et al. 2009). In the special case of murine cytomegalovirus (MCMV), which also expresses a potent caspase inhibitor and thereby might open the gates for necroptotic host defense, it is tempting to speculate that the virus has found a way to adapt to this second-line attack by expressing the viral protein M45

which contains an RHIM domain that interferes with the necroptosome (Upton et al. 2008, 2010). As dangerous as the expression of RIPK3 obviously is, higher organisms apparently take this risk for the sake of defending against viruses, and this model is attracting more and more attention (Kaiser et al. 2013). However, the danger of the necroptotic pathway, as it currently appears, might be limited to pathological conditions (see below), whereas physiological conditions are mostly controlled by apoptosis.

1.2.7 Necroptosis as a Trigger of the Immune System: Aspects of Solid Organ Transplantation

From the point of view of a transplant immunologist, it is unclear how the major clinical problems associated with solid organ transplantation may be interpreted. One particularly challenging entity is antibody-mediated rejection (AMR) which does not only occur rapidly after transplantation but may appear months to years after otherwise successful surgery and initial treatment and may lead to loss of the transplant organ (Kittleson and Kobashigawa 2012). It has been debated for years if IRI which is invariably associated with solid organ transplantation is the trigger of such late immune responses. As we discussed above, IRI is dominated by necrotic cell death and may be not even restricted to necroptosis (Linkermann et al. 2013a). Therefore, understanding cell death-associated molecular patterns (CDAMPs) that are released from cells that die by necrosis gives rise to a novel hypothesis in which CDAMPs trigger adaptive immune responses (Kaczmarek et al. 2013), especially in transplantation medicine. In such a model, one might speculate that local dendritic cells might be the mediators of ischemic/necrotic injury and transfer the initial T-cell signal to B-cells. Indeed, dendritic cells have recently been demonstrated to play a major role in ischemic injury, albeit that paper did not relate the role of DCs to specific necrotic cell death modalities (Li et al. 2012). This model could explain how patients generate donor-specific antibodies that render a second transplantation after AMR and loss of the first transplant a clinically high-risk situation. If future studies could underline these thoughts, prevention of necroptosis might be of interest for all subsequent transplants and, obviously, for the overall outcome of the patient. This hypothesis exemplifies how clinically important and pathophysiologically complex immunogenic cell death by necrotic cells might be. Mechanistically, CDAMPs whether or not in association with cofactors are heavy triggers of the immune system, but unlike expected a decade ago, they are of astonishing specificity. IL-33 and HMGB1 are two such examples that are released by necrotic, but not by apoptotic, cells in which these factors are inactivated by caspases (Kaczmarek et al. 2013; Ladoire et al. 2013). In the case of necroptosis, these events have been worked out in a surgically demanding model of murine RIPK3-deficient kidneys that were transplanted in comparison to wt C57Bl/6 kidneys into Balb/c mice. Whereas 85 % of the transplants were rejected with resultant death of the mice in the wt transplant group, the Balb/c mice that received allogenic RIPK3-ko kidneys

exhibited only 15 % of rejection and death (Lau et al. 2013). Importantly, these results were obtained without any immunosuppression. As tempting as this result is for the initiation of clinical trials with Nec-1 or its derivatives, presumably in large-scale, multicenter, randomized prospective trials, it must be considered that (1) RIPK3-ko does not necessarily equal Nec-1 treatment, (2) RIPK3-ko kidneys at least theoretically might be more resistant against adaptive immune responses than wt tissue, and (3) interference with necroptosis might lead to severe side effects in these highly immunosuppressed patients, especially in kidney transplantation which is regularly associated with viral infections. However, the transplant community is about to realize the tremendous potential of interference with necroptosis (Linkermann et al. 2013b), and the quest for the necroptosis-inducing receptor has begun (see below).

1.2.8 Necroptosis in Tumorigenesis, Immune Surveillance, and Immunotherapy

We will only spend a very short description on the possible role of necroptosis in tumorigenesis, immune surveillance, and immunotherapy, as it is not the major topic of this chapter in which we mainly dealt with diseases that can be inhibited pharmacologically, rather than to induce necroptosis in proliferating cells. Necroptosis may play a dual role in tumorigenesis. On the one hand, it could be a tumor suppressor mechanism in the same way as apoptosis prevents tumor formation by eliminating damaged or stressed tumor cells (Kreuzaler and Watson 2012; Hanahan and Weinberg 2011). The regulation of apoptosis and necroptosis shares several common molecular pathways which implies that they may be co-regulated processes. Administration of smac mimetics which block IAP1/2, E3 ubiquityl ligases that keep RIPK1 in the survival modus (Bertrand and Vandenabeele 2011), yet kills cancer cells by apoptosis or necroptosis (Feoktistova et al. 2011; Tenev et al. 2011). Inactivating mutations in the deubiquitylating enzyme CYLD (Trompouki et al. 2003; Kovalenko et al. 2003), a positive regulator of necroptosis (Hitomi et al. 2008a), may protect tumor cells from cell death induction. On the other hand, necroptosis in the necrotic core of tumor could also contribute to tumor growth in a similar way as inflammation-mediated tumorigenesis (Kuraishy et al. 2011). However, this is still a working hypothesis. Finally, therapeutically spoken, necroptosis induction could be an alternative way to induce tumor cell death when the apoptotic machinery is dysfunctional and can be exploited to overcome acquired or therapy-induced apoptosis resistance (Kreuzaler and Watson 2012). First, several actual cancer drugs and radiotherapy often lead to cell death with necrotic morphology, which in several cell lines is shown to be RIPK1 kinase activity dependent (Nehs et al. 2011). Additionally, 5-aminolevulinic acid (5-ALA)-based photodynamic therapy (PDT) in glioblastoma depends on RIPK3 (Coupienne et al. 2011), etoposide-induced killing requires RIPK1 complex formation (Tenev et al. 2011), and obatoclox (GX15-070) in rhabdomyosarcoma cells causes necrosome formation in an Atg5-dependent way (Basit et al. 2013). The remaining question is whether

this induction of necroptosis is a context-dependent phenomenon or whether it may be extended to clinical cancer treatment. Second, disintegration of the plasma membrane during necroptosis results in the release of cell death associated molecular patterns (CDAMPs), evoking immune responses and inflammation (Krysko et al. 2012). As successful anthracycline chemotherapy was demonstrated to depend on immunogenicity of dying cells (Zitvogel et al. 2010), the strong immunogenic properties of necrotic cell death may exert a higher therapeutic potential than apoptotic cell death, but this remains to be experimentally proven.

1.3 The Pharmacological Inhibition of Necroptosis: High Hopes and First Drawbacks

The evolving understanding of the RIPK-family-dependent necroptotic pathway has led to the development of specific inhibitors of necroptosis. The RIPK1 kinase inhibitor necrostatin-1 (Nec-1) has already proven to be of benefit in preclinical models of ischemia–reperfusion injury (IRI) (Degterev et al. 2005, 2008; Hitomi et al. 2008b). However, much of the work provided on necroptosis has been interpreted through inhibitory effects mediated by the RIPK1-inhibitor Nec-1. Hardly any compound has been investigated in this much detail for its kinase specificity (Biton and Ashkenazi 2011; Degterev et al. 2008), and the structure of the Nec-1-bound RIPK1-kinase domain has recently been published (Xie et al. 2013). These data clearly show that most other kinases are ruled out as potential targets for off-target effects. However, it remains unclear if Nec-1 might bind to structures other than kinases during the complex assembly of the necroptosome or elsewhere within cell death induction. In addition, Nec-1 inhibits the potent immunomodulatory enzyme indoleamine 2,3-dioxygenase (IDO) which might explain some side effects (Takahashi et al. 2012). Second-line derivatives have been developed and were recently investigated (Takahashi et al. 2012), but until today exclusively in the TNF-shock model (Duprez et al. 2011), but not in sepsis, IRI, or other disorders apart from the brain ischemia model (Degterev et al. 2005). In addition to expanding the specificity of RIPK1 inhibitors, it will certainly be promising to develop RIPK3 inhibitors despite the fear of apoptosis induction (Dondelinger et al. 2013) and RIPK3-mediated effects offside from necroptosis on inflammasome activation, at least in “sensitizing” conditions of caspase-8 inhibition/ablation or IAP inhibition (Kang et al. 2012; Vince et al. 2012). Finally, MLKL might to date be the most promising target of specific necroptosis blockade (Sun et al. 2012; Zhao et al. 2012), but due to the fact that MLKL is a pseudokinase, the precise mechanism of action of such inhibitors, once available, remains to be determined.

At least mice tolerate high serum concentrations of Nec-1 that is rapidly eliminated through free glomerular filtration and excretion via the urine. Therefore, it is to be expected that Nec-1, as many other small molecules, accumulates in acute renal failure or chronic kidney disease, but on the other hand, this allows the most predictable and limited application in patients without renal disease in emergency

situations. However, due to the rapid progression of necroptotic signaling and its execution process, clinically feasible interference to attenuate organ injury may only be possible when necroptosis can be anticipated, such as with ischemia related to surgery as well as solid organ transplantation (Linkermann et al. 2012b, c).

Successful strategies in clinical use often employ specific inhibition of an event-triggering receptor. Whereas *in vitro* data have often referred to TNFR1 as the primary inducer of necroptosis, this could not be confirmed *in vivo* in an IRI model (Burne et al. 2001). Another study also showed that TNFR1/2-double-deficient mice are not protected from kidney IRI (Ko et al. 2011). Therefore, the quest for the necroptosis-inducing receptor has started. Promising candidates include other death receptors, Toll-like receptors, and intracellular receptors (Mocarski et al. 2011). Mediators might involve RHIM-domain-containing proteins DAI and TRIF.

1.4 The Predominant Role of Apoptosis in Physiological Conditions Versus the Role of Necroptosis as “Specific for Pathological Conditions”

Until today and to the best of our knowledge, there is no line of evidence for a physiologically occurring necroptotic signal during development and homeostasis *in vivo*. In line with this thought, RIPK3-deficient mice have been published as early as 2004 by Kim Newton and Vishva Dixit and, albeit carefully investigated, do not exhibit any spontaneous phenotype (Newton et al. 2004). Only upon pathophysiological challenges or upon the removal of the “brakes” on necrosome formation (e.g., ablation of FADD, caspase-8, or IAPs), the development of mice is affected, and pathophysiological signs occur in skin or intestine and probably other organs. It might be speculated that vertebrates employ the presumably more complex program of caspase-dependent apoptosis whenever possible in physiological development and beyond in maintaining organ function by regular cell turnover. The most likely explanation for this hypothesis is the absence of heavy triggers for the immune system in apoptosis that certainly affect organ function and therefore are likely to progress in evolution when available. This hypothesis logically concludes that whenever the apoptotic program is affected in any way, by virally expressed caspase inhibitors, by the simple absence of apoptosis, or in organs that are not expressing a readily available apoptotic machinery, the necroptotic pathway takes over to assure the decision of the cell to die but in such situations needs to accept the disadvantage of severe inflammation triggered by CDMAPs (Kaczmarek et al. 2013). Such situations include most of the disorders that we are dealing with clinically (Fig. 1.1). If necroptosis occurs exclusively under pathologic conditions, we might interpret the presence of necroptosis as a marker for a pathological situation. In this sense, we further might assign necroptosis a “specificity for pathologic conditions.” If this thought turns out to be conclusive, the specific interference with necroptosis itself will probably not harm the remaining organism, comparably resulting in “specificity of necroptosis inhibitors for pathologic conditions.” In

terms of side effects, obviously, this would be unique in pharmacology and hopefully most favorable for patients. However, today this intriguing hypothesis is purely based on speculation. In cancer therapy, it may be expected that drugs that could sensitize or trigger necroptosis by allosteric activation of RIPK3 or MLKL in cancer cells or tumor-associated endothelium may bypass antiapoptotic mechanisms but also evoke immunogenic cell death. However, in view of the harmful situation of sensitized necroptosis, it will be important to combine pro-necroptotic cancer drugs with a strategy of specific on-target delivery.

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Chapter 2

RIP1-Mediated Signaling Pathways in Cell Survival and Death Control

Yong Lin

2.1 Introduction

RIP1 was initially identified through a yeast two-hybrid screening as a Fas-interacting protein and an adaptor protein in the TNF receptor 1 (TNFR1) signaling complex (Stanger et al. 1995; Hsu et al. 1996). The human *rip1* gene is located on chromosome 6 and encodes a protein of 671 amino acids (aa) with a predicted molecular weight of 76 kDa (Hsu et al. 1996). In the 300 aa N-terminus resides a serine/threonine kinase domain (KD), while the C-terminal 112 aa contains a death domain (DD). The DD is homologous to the DD in the intracellular regions of Fas, TNFR1 TRAILR1 (DR4), and TRAILR2 (DR5). Because RIP1 can bind to these death receptors, it is thus called a death domain kinase. The DD can also bind TRADD and FADD in the TNFR1 signaling complex. Between the KD and DD is an intermediate domain (ID) that harbors a RIP homotypic interaction motif (RHIM) (Fig. 2.1). Since the discovery of RIP1, six other RIP-like proteins (RIP2-7) with serine/threonine kinase domain have been found which constitute the RIP family (Meylan and Tschopp 2005). It is noteworthy that other RIP family members cannot compensate RIP1 deficiency in cells, indicating a unique cellular role for RIP1.

While RIP1 is a critical adaptor protein for TNFR1-mediated signaling to NF- κ B activation, researches have determined RIP1 functions in diverse cell signaling pathways for either cell survival or death. These include death receptor (Fas, TNFR1, DR4, DR5, etc.)-mediated activation of MAPK (JNK, ERK, and p38) (Lin et al. 2000; Festjens et al. 2007), apoptosis and necrosis; Toll-like receptor (TLR)-3- and (TLR)-4-mediated activation of NF- κ B and MAPK (Han et al. 2004; Meylan et al. 2004; Kaiser and Offermann 2005), apoptosis and necrosis; and genotoxic

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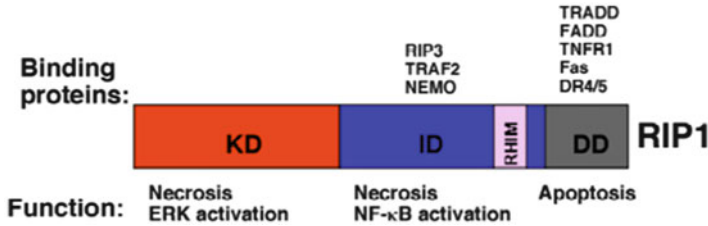
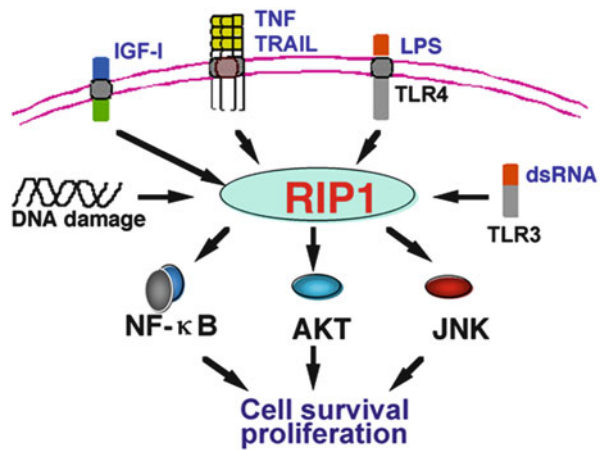


Fig. 2.1 Domain structure of RIP1. The kinase domain (KD), intermediate domain (ID), and the death domain (DD) are *highlighted*. RHIM, RIP homotypic interaction motif. The known interaction proteins and functions of each domain are *listed*

Fig. 2.2 RIP1-mediated cell survival pathways. Activation of receptors such as IGF-IR, TNFR1, DR4/5 (for TRAIL), TLR3 (for dsRNA), or TLR4 (for LPS) and cellular stresses such as DNA damage activate cell survival pathways (NF-κB, Akt, and JNK) depending on cellular context. See text for details



stress-induced activation of NF-κB, apoptosis and necrosis. Therefore, RIP1 is placed at a unique position to relay signals activated by diverse stimuli to different pathways (Fig. 2.2). It is apparent that RIP1 is a key player in regulating cells' fate, survival, or death, in response to different stimulations (Meylan and Tschopp 2005; Festjens et al. 2007; O'Donnell and Ting 2011; Zhang et al. 2011).

2.2 RIP in Cell Survival Signaling

2.2.1 RIP1 in Death Receptor-Mediated Survival Signaling

2.2.1.1 RIP1 in Death Receptor-Mediated NF-κB Activation

The most well-studied NF-κB activation pathway involving RIP1 is that mediated by TNFR1 (Karin and Gallagher 2009) (Fig. 2.3). Ligation of TNFα to its receptor results in the trimerization of TNFR1, which recruits TRADD to form a platform

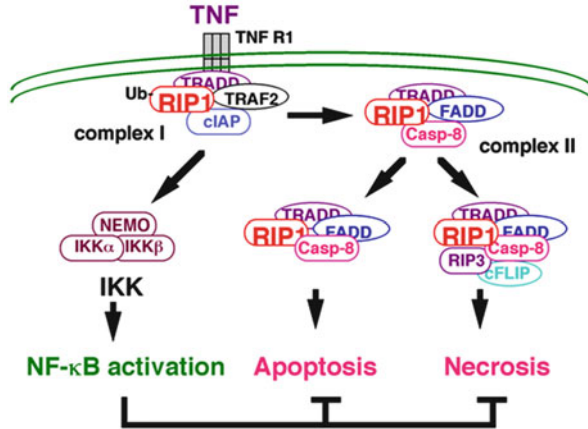


Fig. 2.3 RIP1 in TNF α -induced cell survival or death signaling. TNF α binding to TNFR1 induces formation of complex I containing TRADD, RIP1, TRAF2, and cIAP1/2. Ubiquitination of RIP1 by cIAP1/2 leads to IKK activation to turn on the NF- κ B activation pathway. Internalization of complex I, deubiquitination of RIP1, and recruitment of FADD and caspas-8 result in formation of complex II. When caspase-8 is sufficiently activated, complex II mediates apoptosis. In contrast, if caspase-8 is suppressed by c-FLIP, complex II-mediates RIP3-dependent necrosis. See text for details

for assembling a so-called complex I that consists of RIP1 and TNF receptor-associated factor 2 (TRAF2) in the lipid rafts on the plasma membrane (Hsu et al. 1996; Micheau and Tschopp 2003). RIP1 is then Lys63 polyubiquitinated on its Lys377 within minutes (Ea et al. 2006; Skaug et al. 2009). The Lys63 polyubiquitin chain serves as a platform for binding of NEMO in the I κ B kinase (IKK) complex (Wu et al. 2006a). Then IKK is activated by phosphorylation mediated by TAK1 or MEKK3 (Devin et al. 2000; Yang et al. 2001). The adaptor proteins, TAB2 and TAB3, bind to the Lys63 polyubiquitin chain to recruit TAK1 to the complex for IKK activation (Kanayama et al. 2004; Skaug et al. 2009). The activated IKK in turn phosphorylates the inhibitors of NF- κ B (I κ B), which retains NF- κ B in the cytoplasm, to trigger their rapid polyubiquitination followed by degradation in the 26S proteasome. This process allows NF- κ B to migrate to the nucleus and bind to the promoters of its target genes. Several of NF- κ B's target genes such as c-IAP1, c-IAP2, XIAP, and c-FLIP are found to have anti-apoptotic properties (Karin et al. 2004). Induction of the antioxidant manganese superoxide dismutase (MnSOD) by NF- κ B is also suggested to be anti-apoptotic (Kamata et al. 2005). Therefore, the TNFR1-mediated NF- κ B activation is generally believed to be for survival through anti-apoptosis. Interestingly, the cIAPs are E3 ubiquitin ligases that execute RIP1 Lys63 polyubiquitination, which may be a positive feedback loop for NF- κ B activation (Skaug et al. 2009; Xu et al. 2009). In contrast, A20 and CYLD, both NF- κ B targets, remove the Lys63 polyubiquitin chains from RIP1 and promote binding of Lys48-linked ubiquitin chain to RIP1, resulting in proteasomal degradation of RIP1 (Shembade et al. 2008; Skaug et al. 2009). In addition, RIP1 is cleaved at Asp324

by caspase-8 at the early stage of TNFR1 signaling, which shuts off the NF- κ B activation pathway and promotes apoptosis (Lin et al. 1999). Thus, RIP1 serves as an important checkpoint for TNFR1-mediated NF- κ B activation, and regulation of RIP1 underlies one of the mechanisms for accurate induction of NF- κ B activity in terms of extent and duration (Festjens et al. 2007; O'Donnell and Ting 2011).

NF- κ B is also activated by other death receptors through a similar mechanism involving RIP1, although the extent is generally weak. Hsp90 binds and stabilizes RIP1, consequently facilitating TNF- or TRAIL-induced NF- κ B activation (Lewis et al. 2000; Wang et al. 2006). While NF- κ B activation protects cancer cells from TNF- or TRAIL-induced apoptosis, blocking NF- κ B sensitizes TNF- or TRAIL-induced cytotoxicity in cancer cells (Wang et al. 2006; Ju et al. 2007; Bai et al. 2009, 2011; Lin et al. 2010).

2.2.1.2 RIP1 in Death Receptor-Mediated MAP Kinase Activation

Residing in complex I during TNFR1 signaling, RIP1 also contributes to activation of MAP kinases (JNK, ERK, and p38) (Devin et al. 2003). The activation of MAPKs also requires TRAF2 and involves sequential activation of the MAPKKK/MAPKK/MAPK cascade. The transient JNK activation appears to promote survival; however, sustained JNK activation leads to cell death (Lin and Dibling 2002; Ventura et al. 2004). Interestingly, NF- κ B suppresses sustained JNK activation to maintain cell survival. How the signaling for NF- κ B and JNK activation is balanced at RIP1 is still elusive. The role of ERK and p38 in TNFR1-induced cell death is not well understood. Because ERK activation requires the kinase activity of RIP1 and this activity is important for necrosis, it remains to be determined if ERK activation is involved in TNF-induced necrosis. Transient activation of JNK by TRAIL is partially dependent on RIP1 (Lin et al. 2000). In these settings, JNK functions as a cell survival signal to protect cells from death therefore could be a target for sensitizing anticancer chemotherapy (Lin et al. 2000; Wang et al. 2006; Bai et al. 2011).

2.2.2 RIP1 in Genotoxic Stress-Mediated NF- κ B Activation

The involvement of RIP1 in DNA damage-induced NF- κ B activation was first seen in RIP1 $^{-/-}$ mouse embryonic fibroblasts (MEF). DNA topoisomerase inhibitors such as adriamycin and etoposide and ionizing radiation (IR), which cause double-strand DNA breaks (DSB), stimulated NF- κ B in wild type but not RIP1 $^{-/-}$ MEF cells (Hur et al. 2003). Further studies revealed that when genomic DNA is insulted, distinct protein complexes are formed containing different isoforms of p53-induced protein with a death domain (PIDD) for mediating apoptosis, DNA repair, or NF- κ B activation (Janssens and Tschopp 2006; Wu et al. 2006b). One complex, caspase-2 PIDDosome, consisting of PIDD, RIP-associated CH1/ECD3-homologous protein with death domain (RAIDD), and procaspase 2, initiates apoptosis in a mitochondria-dependent manner (Janssens et al. 2005; Janssens and Tschopp 2006). The complex

called NEMO PIDDosome, which contains PIDD, RIP1, and the NEMO/IKK γ subunit of IKK, is responsible for NF- κ B activation. While PIDD and RIP1 interact directly through their DD, the interaction between NEMO and PIDD and activation of NEMO are mediated by RIP1, indicating the importance of RIP1 in genotoxic stress-induced NF- κ B activation (Huang et al. 2003; Janssens et al. 2005; Wu et al. 2006b). Upon the induction of genotoxic stress, two parallel signaling pathways are independently activated for starting the NF- κ B activation pathway. The first pathway promotes the nuclear translocation of PIDD followed by recruitment of RIP1 and NEMO to form a complex, where NEMO is rapidly sumoylated by protein inhibitor of activated STAT (PIAS) (Mabb et al. 2006). The second pathway activates the ATM kinase through phosphorylation. The two pathways merge at the point that the sumoylated NEMO and the active ATM kinase meet together. Then ATM phosphorylates NEMO to promote its ubiquitination. Activated NEMO is exported to the cytoplasm where it forms a complex with IKK α and IKK β , resulting in an active IKK that phosphorylates I κ B to trigger its degradation, thereby the downstream cascade for NF- κ B activation is activated. The RIP1/NEMO and RAIDD/caspase-2 pathways are mutually exclusive, suggesting that the interaction between RIP1 and PIDD is solely for cell survival to counteract apoptosis mediated by the RAIDD/caspase-2 complex (Tinel et al. 2007; Janssens and Tinel 2012). Additionally, during DNA damage with DSB, RIP1 also interacts with arrest-defective 1 protein (ARD1). ARD1 migrates to the nucleus where the acetyltransferase activity of ARD1 is important for NF- κ B activation (Park et al. 2012). It remains to be determined if RIP1 regulates ARD1 nuclear translocation and its acetyltransferase activity during genotoxic stress response.

Although NF- κ B is well known as a transcriptional activator, it may function as a transcription repressor in certain circumstances as when cells are responding to DNA damage (Campbell et al. 2004). This may be through ARF-mediated and ATR- and CHK1-dependent phosphorylation of RelA at The505 or through deficiency in Ser536 phosphorylation and acetylation (Ho et al. 2005; Rocha et al. 2005). It is likely that the activation of NF- κ B target genes and the cellular outcome in response to DNA damage-induced NF- κ B activation are dependent on the cellular context (Wang et al. 2002; Janssens and Tschopp 2006). Accordingly, a pro-apoptosis role of NF- κ B has been proposed (Campbell et al. 2004). This may partly be due to differences in cellular context, such as the genetic status of p53 and the current redox status, and the activity of other signaling pathways (Ganapathi et al. 2002; Wang et al. 2002; Lee et al. 2003; Janssens and Tschopp 2006; Chen et al. 2008). Thus, the role of RIP1-mediated NF- κ B activation during DNA damage, particularly in cancer cells during chemo- or radiotherapy, requires careful evaluation.

2.2.3 RIP1 in TLR3- and TLR4-Mediated Cell Survival Signaling

TLR are pathogen-associated molecular pattern (PAMP) recognition receptors sensing a wide range of pathogens including bacteria, viruses, fungi, and protozoa.

TLRs are also involved in a wide range of pathophysiological responses such as that in immunity and cancer (Barton and Kagan 2009; Klein Klouwenberg et al. 2009). In the absence of RIP1, TLR3-mediated NF- κ B activation, but not the JNK or interferon- β , was abolished. Therefore, TLR 3-induced NF- κ B activation is dependent on RIP1 (Meylan et al. 2004). When the cognate ligands bind to TLR3 and TLR4, which are analogous to the dependence of TRADD in binding to the TNFR1 signaling complex, RIP1 is recruited to the receptor mediated by TIR-related adaptor protein inducing INF (TRIF) through the RIP RHIM motif. RIP1 is then phosphorylated followed by polyubiquitination. As an E3 ubiquitin ligase, TRAF6 is suggested to be responsible for RIP1 polyubiquitination (Festjens et al. 2007). Another E3 ubiquitin ligase, Peli1, which was found to bind to and ubiquitinate RIP1 for IKK activation induced by TLR3 and TLR4, suggesting that Peli1 is a ubiquitin ligase for RIP1 in transmission of TRIF-dependent TLR signals (Chang et al. 2009). The E3 ubiquitin ligase Triad3A is also suggested to ubiquitinate RIP1 for TLR signaling (Fearn et al. 2006). The modified RIP1 recruits IKK activating proteins to form a complex consisting of TRIF, TRAF6, RIP1, TAK1, TAB1, and TAB2, which mediates activation of IKK β and eventually NF- κ B (Cusson-Hermance et al. 2005; Festjens et al. 2007). The Bruton's tyrosine kinase (BTK) directly phosphorylates TLR3, leading to formation of the downstream TRIF/RIP1/TBK1 complex (Lee et al. 2012). Whether BTK also modifies TRIF and RIP1 for the signaling needs to be further determined. Interestingly, the RIP family member RIP2 is also involved in TLR3- and TLR4-mediated signaling (Kobayashi et al. 2002). Because TLR3 and TLR4 can induce both survival and death in cells, it remains to be determined if there is functional interaction between RIP1 and RIP2 in modulating cellular outcomes of signaling in these receptors. In addition, recent studies reveal that, despite TRIF, TRADD is also involved in TLR3-mediated RIP1 ubiquitination and NF- κ B activation in bone marrow macrophages (Ermolaeva et al. 2008; Pobezinskaya et al. 2008). Thus, it is of interest to determine if TRIF and TRADD contribute to determination of cellular fate during TLR3 signaling.

The evidence showing RIP1 is involved in TLR4-mediated signaling to phosphatidylinositol 3 kinase (PI3K)/Akt activation was from RIP1 (-/-) mouse splenocytes that failed to proliferate and undergo isotype switching in response to LPS. These cells had impaired Akt phosphorylation and increased apoptosis, suggesting that RIP1 is essential for cell survival after TLR4 signaling through mediating the PI3K/Akt pathway (Vivarelli et al. 2004). How RIP1 mediates LPS-/TLR4-induced Akt activation remains to be elucidated.

2.2.4 RIP1 in Other Cell Survival Pathways

RIP1 is also reported to contribute to other cell survival/proliferation pathways. For example, RIP1 was found in the signaling complex of insulin-like growth factor 1 receptor (IGF-1R) for JNK activation, which contributes to cell proliferation (Lin et al. 2006). Also, it was suggested that RIP1 is involved in epidermal growth

factor receptor (EGFR)-mediated signaling (Habib et al. 2001). In addition, RIP1 is overexpressed in glioblastoma. In glioblastoma cells, RIP1 activates PI3K-Akt through dual mechanisms: activates PI3K-Akt by interrupting the mTOR negative feedback loop through negatively regulating mTOR transcription via a NF- κ B-dependent pathway and downregulates cellular PTEN levels independent of NF- κ B activation. Furthermore, RIP1 suppresses p27 (Kip1) expression to facilitate cell proliferation through the PI3K-/Akt-forkhead pathway (Park et al. 2008, 2009). All these pathways need more attention to their roles in death/survival regulation in different cell types.

2.3 RIP1 in Cell Death Signaling

Although RIP1 possesses a DD and artificial overexpression of RIP1 causes apoptotic cell death that can be rescued by co-expression of the viral caspase-8 inhibiting protein CrmA, in early researches RIP1 was found not to be required for death receptor-mediated cell death under the conditions of transcriptional or translational inhibition (Ting et al. 1996; Kelliher et al. 1998; Lin et al. 1999, 2000; Festjens et al. 2007). Thus, for a long time, RIP1 was not thought to be a death mediator. However, later studies clearly demonstrate that RIP1 actively contributes to cell death, in both apoptosis and necroptosis.

2.3.1 RIP1 in Mediating Apoptosis

2.3.1.1 RIP1 in Death Receptor-Mediated Apoptosis

During TNF α -induced signaling, the TNFR1 complex I that contains TRADD, TRAF2, RIP1, cIAP1, and cIAP2 is internalized and converted into complex II with recruitment of FADD and caspase-8. Complex II mediates signaling to caspase-8 activation and subsequent activation of executor caspases to initiate apoptosis (Fig. 2.3). It has been puzzling that although RIP1 resides in complex II, it appeared not to be involved in apoptosis signaling (Ting et al. 1996; Kelliher et al. 1998). These findings were made in experiments that used RIP1 knockout mouse embryonic fibroblasts (MEF) or RIP1 mutated leukemia cell line Jurkat with addition of TNF or TRAIL in combination with transcription inhibitor or translation inhibitor to block gene expression (Ting et al. 1996; Kelliher et al. 1998; Lin et al. 1999, 2000; Festjens et al. 2007). A later research using stable short-hairpin RNA (shRNA) knockdown (KD) in human tumor cells and immunoprecipitation demonstrated competitive binding of RIP1 and TRADD to TNFR1. While FADD is necessary for FasL- or TRAIL- but not TNF-induced apoptosis, RIP1 is required for TNF-induced apoptosis. Furthermore, RIP1 KD abrogated complex II formation after TNF exposure. These observations, although adding more complexity to the roles of death

receptor signaling, suggest that RIP1 contributes to apoptosis induced by TNFR1 in certain tumor cells (Jin and El-Deiry 2006).

Compelling evidence showing RIP1 is involved in TNFR1-mediated apoptosis is that different subtypes of apoptosis are induced by TNF α . With a comparison of apoptosis induced with TNF α combined with cycloheximide that inhibits protein synthesis or second mitochondria-derived activator of caspases (Smac) mimic that targets cIAP1 and cIAP2 for degradation, two distinct caspase-8 activation-mediated apoptosis pathways were identified (Wang et al. 2008). The first well-studied pathway is negatively regulated by the endogenous caspase-8 inhibitor c-FLIP. Cycloheximide eliminates c-FLIP rapidly to promote caspase-8 activation. The second pathway is uncovered with Smac mimetic, which triggers autodegradation of cIAP1 and cIAP2, resulting in the release of RIP1 from complex I to form a caspase-8-activating complex consisting of RIP1, FADD, and caspase-8. While Lys63 polyubiquitination of RIP1 is critical for NF- κ B activation, deubiquitination of RIP1 by CYLD is crucial for RIP1/FADD/caspase-8 complex formation and caspase-8 activation (Wang et al. 2008). Thus, it is clear that RIP1 contributes to TNFR1-mediated apoptosis under the condition of cIAP1/2 suppression or CYLD activation. The recently identified CLIP-170-related 59 kDa protein (CLIPR-59) is involved in the formation of complex II and downregulation of TNF α -induced ubiquitination of RIP1 through binding to CYLD, resulting in the formation of complex II and thus promoting caspase-8 activation and apoptosis (Fujikura et al. 2012).

In addition to TNFR1 signaling to apoptosis, other non-death receptor members of the TNFR superfamily also utilize RIP1 for apoptosis. CD40, a cytokine with a prominent role in antitumor immune response, induces apoptosis in cancer cells when its survival signals are blocked. Apoptosis is initiated within a cytosolic death-inducing signaling complex containing RIP1, which is required for CD40 ligand-induced caspase-8 activation and tumor cell killing. Degradation of cIAP1/2 amplifies, whereas inhibition of CYLD reduces the CD40-mediated cytotoxic effect through impacting the ubiquitination on RIP1 (Knox et al. 2011). TNF-like weak inducer of apoptosis (TWEAK, TNFSF12, CD255) induces apoptosis in certain cancer cells via autocrine TNF α . During TWEAK-induced apoptosis, a RIP1-FADD-caspase-8 complex is assembled. Knockdown of RIP1 by siRNA prevented TWEAK-induced association of FADD and caspase-8, suggesting a crucial role of RIP1 in the proapoptotic activity of TWEAK in cancer cells (Ikner and Ashkenazi 2011). A synergy in inducing apoptosis in pediatric acute lymphoblastic leukemia (ALL) occurs with combination of inhibitors of IAPs and various anticancer drugs such as AraC, gemcitabine, doxorubicin, etoposide, vincristine, and Taxol that depends on the formation of a RIP1/FADD/caspase-8 complex via an autocrine/paracrine loop of TNF α . RIP1 is essential for the formation of this complex and subsequent activation of caspase-8 and caspase-3, mitochondrial perturbations, and apoptosis. These findings substantiate the role of RIP1 in cancer therapy that involves death receptor-mediated apoptosis activation with IAP inhibitors and conventional chemotherapy (Loder et al. 2012). Similarly, the Smac mimetic BV6 sensitizes the first-line chemotherapeutic agent in the treatment of glioblastoma temozolomide (TMZ) through apoptosis activation mediated by a RIP1/caspase-8/

FADD complex. Knockdown of RIP1 significantly reduces BV6- and TMZ-induced caspase-8 activation and apoptosis, substantiating that RIP1 is necessary for apoptosis induction and antitumor activity of this therapy regimen (Wagner et al. 2012).

2.3.1.2 RIP1 in DNA Damage-Induced Apoptosis

When DNA damage occurs, PIDDosome is formed for either NF- κ B activation-mediated cell survival or caspase-2 activation-mediated apoptosis. While the RIP1 and NEMO containing PIDDosome negatively regulates DNA damage-induced apoptosis through NF- κ B activation (Tinel et al. 2007), recent reports show that RIP1 plays a role in facilitating apoptosis when cells acquire DNA damage. Upon excessive DNA damage, ATM is activated to stimulate cytokine secretion, which alerts neighbor cells and induces apoptosis to eliminate the afflicted cell. Extensive DNA lesions stimulate two sequential NF- κ B activation phases that induce TNF α -TNFR1 feedforward signaling and drive RIP1 phosphorylation-mediated JNK3 activation, resulting in FADD-mediated pro-apoptotic caspase-8 activation. Thus, in the context of excessive DNA damage, RIP1 kinase participates in TNF α autocrine-mediated apoptosis (Biton and Ashkenazi 2011). Additionally, RIP1-mediated JNK activation has been suggested to be one of the critical components involved in mediating DNA damage-induced and p53-independent cell death (Hur et al. 2006).

A more recent study shed lights on the mechanism of RIP1 in DNA damage-induced apoptotic cell death. Upon genotoxic stress, a large protein complex about 2 MDa called the Ripoptosome is formed to serve as a cell death-inducing platform that can stimulate caspase-8-mediated apoptosis as well as caspase-independent necrosis. Containing RIP1, FADD, and caspase-8, this complex is assembled in response to genotoxic stress-induced depletion of the IAPs (XIAP, cIAP1, and cIAP2). Ripoptosome formation is independent of either death receptors or mitochondria but requires RIP1's kinase activity. The formation and activity of the Ripoptosome are negatively regulated by IAPs. Mechanistically, IAPs serve as a brake for Ripoptosome through mediating RIP1 ubiquitination to keep caspase-8 inactive. These observations shed light on fundamental mechanisms by which RIP1 contributes to chemotherapeutic-induced apoptosis in cancer cells (Tenev et al. 2011). c-FLIP_L prevents, while c-FLIP_S promotes Ripoptosome formation. When cIAPs are absent, caspase activity controlled by c-FLIP isoforms in the Ripoptosome functions as determinants for a cell's fate: RIP3-dependent necroptosis or caspase-dependent apoptosis. While RIP1 is the core component of the complex and the Ripoptosome critically influences the outcome of genotoxic stress, the differential quality of cell death mediated by the Ripoptosome may cause important pathophysiological consequences (Feoktistova et al. 2011).

It should be noted that although RIP1 mediates a cell death pathway in response to DNA damage, it also transduces cell survival signals such as NF- κ B. When RIP1 expression is suppressed by gene knockout in MEFs or knockdown in cancer cells, DNA damage-induced cytotoxicity is significantly increased (Yang et al. 2011;

Wang et al. 2014), suggesting that cell survival signaling is predominant in RIP1-mediated genotoxic stress signaling and other cell death pathways independent of RIP1 are sufficient to kill the cells.

2.3.1.3 RIP1 in TLR3- and TLR4-Mediated Apoptotic Death

TLR activation by viral infection can result in apoptosis that is dependent on RIP1, FADD, and caspase. Interestingly, contrasted to TNFR1 signaling, RIP1 functions upstream of FADD in TLR3- and TLR4-induced apoptosis (Ruckdeschel et al. 2004). TRIF physically interacts with the RHIM motif in RIP1. RIP1 recruits FADD and caspase-8 that are essential for apoptosis (Kaiser and Offermann 2005). Engagement of TLR3 by dsRNA in lung cancer cells induces the formation of an atypical caspase-8-containing complex that is devoid of death receptors of the TNFR superfamily. The recruitment of caspase-8 to TLR3 is dependent on RIP1-mediated recruitment of FADD. The TLR3/RIP1/caspase-8 complex is negatively modulated by RIP1 ubiquitination by a ubiquitin ligase complex containing cIAP2-TRAF2-TRADD. These observations uncover the molecular mechanisms underlying TLR3-induced apoptosis (Estornes et al. 2012). Viruses encode proteins suppressing TLR-mediated apoptosis. The murine cytomegalovirus M45 protein directly interacts with RIP 1 and RIP3 via RHIM to suppress cell death. The interaction between M45 and RIP1 underlies the cell tropism role of M45 in preventing premature death of endothelial cells during murine cytomegalovirus infection. Thus, suppressing RIP1 provides a direct cell type-dependent replication benefit to the virus (Mack et al. 2008; Upton et al. 2008). Ribonucleotide reductase R1 subunits of herpes simplex virus type 1 protect cells against TLR3-induced apoptosis by interacting with RIP1 and caspase-8. Collectively, RIP1 is the molecular target for certain viruses to impair the host defense apoptotic mechanism prompted by dsRNA (Dufour et al. 2011).

2.3.2 RIP1 in Programmed Necrosis (Necroptosis)

Necrosis has long been regarded as an uncontrolled, passive, and accidental process where cells experience extreme physicochemical stress conditions. Only in the last decade is it becoming clear that necrotic cell death is an active programmed cellular event and the term necroptosis was coined. Necrotic cell death may be an important cell death mode that is both pathologically and physiologically relevant (Festjens et al. 2006; Vandenabeele et al. 2010). It appears that necrotic cell death is not simply a result of one well-described signaling cascade but is the consequence of extensive cross talk between several biochemical and molecular events at different cellular levels (Festjens et al. 2006; Vandenabeele et al. 2010). Necrotic cell death initiates proinflammatory signaling by actively releasing inflammatory cytokines and releasing cellular contents that can stimulate inflammatory responses.

Necrosis is capable of killing tumor cells that have developed strategies to evade apoptosis. Thus, detailed knowledge of necrosis may be exploited in cancer therapeutic strategies (Festjens et al. 2006).

2.3.2.1 RIP1 in TNF α -Induced Necrosis

Although it was noticed that TNF α induces necrotic cell death long ago, uncovering the first piece of the puzzle of the underlying mechanism was not made until the discovery that RIP1 plays a key role in this pathway. In primary T cells, TNF α -, TRAIL-, or FasL-induced caspase-independent necrotic death is absent when FADD or RIP1 is deficient. In contrast to RIP1's role in NF- κ B activation, RIP1 kinase activity is required for necrotic death signaling (Holler et al. 2000). With use of RIP1 knockout MEF cells, it was determined that RIP1-mediated cellular ROS, mainly superoxide, accumulation is crucial for TNF-induced nonapoptotic cell death (Lin et al. 2004). RIP1 is essential for Nox1 recruitment to form a signaling complex for activation of Nox1 which plays a key role in TNF-induced necrotic cell death (Kim et al. 2007).

A genome-wide siRNA screen revealed that another member of the RIP kinase family, RIP3, is required for mediating RIP1-dependent necrosis. Upon induction of necrosis, RIP3 is recruited to RIP1 to form a necrosis-inducing complex and the kinase activity of RIP3 is essential for necrosis execution (He et al. 2009). RIP3 regulates necrosis-specific RIP1 phosphorylation. The phosphorylation of RIP1 and RIP3 stabilizes their association within the pronecrotic complex, activates pronecrotic kinase activity, and triggers downstream ROS production. Furthermore, the pronecrotic RIP1–RIP3 complex is induced during vaccinia virus infection, resulting in tissue necrosis, inflammation, and viral replication suppression (Cho et al. 2009). By activating key enzymes of metabolic pathways, RIP3 regulates TNF-induced ROS production and necrosis, substantiating that modulation of energy metabolism in response to death stimuli has an important role in the choice between apoptosis and necrosis (Zhang et al. 2009). With the RIP3 kinase inhibitor necrostatin, the mixed lineage kinase domain-like protein (MLKL) was identified as the RIP3 interacting target. RIP3 phosphorylates MLKL at the threonine 357 and serine 358 residues for executing necrosis, implicating MLKL as a key mediator of necrosis signaling downstream of the kinase RIP3 (Sun et al. 2012). An independent study with screening a kinase/phosphatase shRNA library also identified MLKL as a key RIP3 downstream component of TNF α -induced necrosis. MLKL functions downstream of RIP1 and RIP3 and is recruited to the necrosome through its interaction with RIP3 for the generation of ROS and the late-phase activation of JNK during TNF-induced necrosis (Zhao et al. 2012). In the RIP1- and RIP3-containing protein complexes resides the mitochondrial protein phosphatase PGAM5. Both two splice variants, PGAM5L (long form) and PGAM5S (short form), are involved in necrosis signaling through ROS production in mitochondria. Upon necrosis induction, PGAM5S binds to the mitochondrial fission factor Drp1 to activate its GTPase activity through dephosphorylation of Drp1, resulting in mitochondrial

fragmentation, an early and obligatory step for necrosis execution (Wang et al. 2012). These observations establish a pathway consisting of RIP1, RIP3, MLKL, and PGAM5 for mitochondria-mediated necrosis in response to TNF α and other stimulations.

Necroptosis could be a target for overcoming cancer's chemoresistance (Kreuzaler and Watson 2012; He et al. 2013). For example, in addition to sensitizing apoptosis-proficient cells to TNF α -mediated and caspase-dependent apoptosis, Smac mimetic primes apoptosis-resistant cells lacking FADD or caspase-8 to TNF α -induced, RIP1-dependent, and caspase-independent necroptosis, highlighting the importance of therapeutic exploitation of necroptosis as an alternative cell death program to overcome chemoresistance (Laukens et al. 2011). Through suppressing RIP1 kinase activity, cIAP1 protects cells from TNF α -induced necrosis by preventing RIP1-/RIP3-dependent ROS production, indicating that cIAPs are key in regulating necrosis and thus appear to be a main target for sensitizing cancer cells to necrosis (Vanlangenakker et al. 2011b). By inhibiting RIP1 recruitment to the death receptor signaling complex, PKC activation suppresses the death receptor-mediated necrotic cell death pathway (Byun et al. 2006).

2.3.2.2 RIP1 in ROS- and PARP-Mediated Necrotic Cell Death

ROS are the main players for propagation and execution of necrotic cell death through directly or indirectly provoking protein, lipid, and DNA damages, culminating in disruption of organelle and cell integrity (Festjens et al. 2006). Oxidative stress and ROS elicit and modulate necrotic cell death. RIP1 $^{-/-}$ MEF cells are resistant to ROS-induced cell death. Upon H₂O₂ exposure, RIP1 and TRAF2 form a complex in lipid rafts, which is independent of TNFR1. RIP1 and TRAF2 mediate ROS-induced cell death through JNK activation (Shen et al. 2004). JNK1 subsequently phosphorylates the key DNA repair protein poly(ADP-ribose) polymerase-1 (PARP-1), resulting in sustained activation of PARP-1 (Zhang et al. 2007). Activated PARP1 catalyzes NAD⁺ into nicotinamide and poly-ADP ribose, resulting in depletion of NAD⁺ and cellular energy failure that leads to necrotic cell death (Festjens et al. 2006). However, with using the DNA alkylating agent *N*-methyl-*N'*-nitro-*N*-nitrosoguanidine, a potent PARP-1 activator, JNK was shown to be required for PARP-1-induced mitochondrial dysfunction and subsequent cell death. In this necrosis model, RIP1 is upstream of JNK but downstream of PARP-1 (Xu et al. 2006a). Thus, although RIP1 is clearly involved in ROS- and PARP1-mediated necrosis, the defined mechanisms need further study.

2.3.2.3 RIP1 in Necrotic Cell Death Induced by Other Stimulations

RIP1 is involved in necrosis induced by other cellular stresses. For example, following TLR4 ligation by LPS, when NF- κ B and caspase-8 are suppressed, cells undergo necrosis depending on RIP1 (Ma et al. 2005). The interaction between viral proteins and RIP1 prevents necrotic cell death during infection (Mack et al. 2008;

Upton et al. 2008). Thus, RIP1 is the molecular target for certain viruses to modulate necrotic cell death (Dufour et al. 2011).

5-Aminolevulinic acid (5-ALA) for glioblastoma therapy mainly activates a necrotic type of cell death depending on a pronecrotic complex containing RIP3 and RIP1 that mediates singlet oxygen production. Interestingly, the pronecrotic complex is devoid of caspase-8 and FADD, two proteins usually part of the necrosome or Ripoptosome, suggesting different complexes consisting of RIP1 or RIP3 are formed for necrosis under different conditions (Coupienne et al. 2011). Heme leaked from hemolysis or myonecrosis has proinflammatory and cytotoxic effects partly through TLR4-dependent production of TNF α and subsequent necrosis that requires RIP1- and RIP3-mediated ROS production (Fortes et al. 2012). Thus, RIP1 functions as a central player in programmed necrosis. However, TCR-induced necroptosis does not require RIP3 (Osborn et al. 2010). In contrast, RIP1-independent but RIP3-mediated necroptosis in the context of TNF α signaling in particular conditions was also reported (Vanlangenakker et al. 2011a). Therefore, necrosis signaling may be more complex and the role of RIP1 in this context needs further study.

2.3.3 RIP1 in Autophagic Cell Death

Autophagy is a cellular process for degradation and recycling of long-lived proteins and organelles, which is important for cell survival under nutrient starvation conditions and for housekeeping through removal of exhausted, redundant, and unwanted cellular components. However, in certain circumstances autophagy leads to cell death (Todde et al. 2009; Mizushima and Komatsu 2011). LPS induces autophagy in macrophages through a pathway regulated by TRIF-dependent and MyD88-independent TLR4 signaling. RIP1 is downstream of TRIF and MyD88 for inducing autophagy, which contributes to caspase-independent macrophage necrotic cell death (Xu et al. 2006b, 2008). In TRAIL-induced cytoprotective autophagy, RIP1 and TRAF2 mediate JNK activation to blunt apoptosis in cancer cells. Thus, suppression of this RIP1-involved pathway could be utilized for sensitizing cancer cells to therapy with TRAIL (He et al. 2012). On the other hand, in acute lymphoblastic leukemia (ALL), RIP1 is not involved in induction of autophagy but is required for autophagy-mediated necroptosis (Bonapace et al. 2010). These studies reveal a role for RIP1 in autophagic cell death.

2.4 Convergence and Interplay Between RIP1-Mediated Cell Survival and Death Pathways

While RIP1 is involved in both cell survival and death signaling, strict and accurate regulations must be installed to maintain tissue homeostasis and for response to physiological and pathological stimuli. For example, in TNF α -induced signaling to

NF- κ B, apoptosis, and necroptosis, multiple shared proteins residing in the TNFR1 complex I and II are involved (Vanlangenakker et al. 2011a). There are two levels of regulation during TNFR1 signaling. The first one is the decision to proceed to survival or death, mainly through regulation of NF- κ B. Two cell death checkpoints following TNF stimulation may be involved: an early transcription-independent checkpoint where NEMO restrains RIP1 from activating the caspase cascade, followed by a later checkpoint dependent on NF- κ B-mediated transcription of pro-survival genes (Legarda-Addison et al. 2009). Rapid activating expression of NF- κ B target anti-apoptosis factors cIAPs that activate RIP1 through ubiquitination and c-FLIP that suppresses caspase-8 is critical for cell survival (Bertrand et al. 2008). In contrast, shutting off cell survival signaling shifts cells' fate to death. In this regard, cleavage of RIP1 by caspase-8 at early time points plays an important role, which blocks NF- κ B and enhances apoptosis (Lin et al. 1999). Also, deubiquitination of RIP1 through suppressing cIAPs and activating CYLD shifts RIP1-mediated signaling to death. The second-level regulation is for the modes of cell death. The suppression of caspase-8 by c-FLIP plays a pivotal role for ensuring RIP1-mediated necrosis (Arslan and Scheidereit 2011). Cleavage of RIP1 may also help to suppress necrosis to ensure apoptosis (Sato et al. 2008). In addition, competitive binding of RIP1 and TRADD to TNFR1 may also play a role in determining cells' fate by modulating NF- κ B, apoptosis, and nonapoptotic death signals (Zheng et al. 2006).

Analogous to TNFR1 complex II, the main determinant in the Ripoptosome for the mode of cell death is likely the activity of caspase-8. In this regard, c-FLIP plays an important role (Feoktistova et al. 2011). Other mechanisms such as modulation of FADD may exist. In response to Taxol, the mitotic kinase Aurora A and the polo-like kinase Plk1 cooperatively phosphorylate FADD to enhance recruitment of caspase-8 for apoptosis, while dissociation of RIP1 from FADD for necrotic cell death (Jang et al. 2011). Certainly, more defined mechanisms for cell death control need further studies.

2.5 Summary and Perspective

Current research places RIP1 at an important position in mediating cell signaling to cell survival or death. Because cell survival and death control is vital for a variety of cellular functions as well as in disease pathophysiology, further research on RIP1 biology will undoubtedly contribute to elucidation of the mechanisms of pathogenesis in important diseases such as cancer. RIP1 is overexpressed in a portion of human cancers without induction of apoptosis as seen in *in vitro* RIP1 overexpression experiments. Understanding the mechanisms by which the RIP1-mediated apoptosis pathway is attenuated in cancer cells would help to elucidate the role of RIP1 in carcinogenesis and develop new anticancer therapy. Realizing the complexity of RIP1 signaling, one should keep in mind that the role of RIP1 in cell survival and death regulation might be cell context- and stimulus-specific (Wang et al. 2002; Janssens and Tschopp 2006). For example, in some circumstances, RIP1 is

dispensable for TNFR1-mediated NF- κ B activation (Wong et al. 2010). With tremendous efforts devoted to researches on cell survival and death signaling involving RIP1, it would be expected that approaches targeting RIP1-mediated pathways will be developed and applied clinically in the near future.

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Chapter 3

Role of RIP3 in Necrotic Cell Death

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3.1 New Face of Necrosis

Necrotic cell death is originally defined by its morphological characteristics: an increase in cell volume, swelling of the cytoplasmic organelle, rupture of the plasma membrane, and leakage of cell contents. Necrotic cell death often triggers inflammation and immune responses (Kroemer et al. 2009). For a long time, necrosis had been considered a purely accidental and passive cell death and had been neglected as a process lacking physiological relevance. But this “passive” cell death was questioned in 1988 (Laster et al. 1988) when tumor necrosis factor (TNF) was found to cause both apoptosis and necrosis, depending on the cell types. With the discovery that a serine-threonine kinase RIP1 is required for death receptor Fas (CD95)-triggered necrosis of Jurkat cells (Holler et al. 2000) in 2000, more and more molecules were found to be involved in this type of cell death. Another landmark in understanding this process is the discovery of RIP3 (Cho et al. 2009; He et al. 2009; Zhang et al. 2009), which determines whether a cell will go into apoptosis or necrosis. In addition to the RIP1-/RIP3-dependent necrosis termed necroptosis, some other types of necrosis were found to be highly regulated, such as poly-ADP ribose polymerase (PARP) activation-induced necrosis in ischemia-reperfusion

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injuries (Eliasson et al. 1997), mitochondrial permeability transition pore complex-mediated necrosis in oxidative stress (Vaseva et al. 2012), and lysosomal membrane permeabilization-mediated cell death induced by lysosomotropic compounds (Boya and Kroemer 2008). It is not clear whether these necrosis pathways are independent of each other or share a common “core network.” Among different types of necrosis, RIP1-/RIP3-dependent necroptosis is the most studied. Here, we summarize the current knowledge of the molecular mechanism of and the pathophysiology relevance of necroptosis.

3.2 Molecular Mechanism of Necroptosis

3.2.1 Stimuli for Necroptosis

Tumor necrosis factor-induced cellular necrosis is a model system for the study of necroptosis. TNF induces necroptosis in some cell lines, such as L929 cells. TNF can induce necroptosis in a number of cell lines and primary cells when caspase-8 is inhibited by chemical inhibitor benzyloxycarbonyl-Val-Ala-Asp (OMe)-fluoromethylketone (zVAD) or gene deletion. Cellular inhibitor of apoptosis protein (cIAP) antagonists, such as smac-mimic, can markedly enhance this phenomenon. The other death receptors like Fas, tumor necrosis factor-related apoptosis-inducing ligand receptor (TRAIL-R), and T cell receptor (TCR) can induce necroptosis in ways quite similar to TNF (Ch'en et al. 2011), whereas pathogens can trigger cell necroptosis in different ways. The gram-negative bacterium *Shigella flexneri* can induce necroptosis in monocyte-derived macrophages (Koterski et al. 2005) and neutrophils (Francois et al. 2000). Lipopolysaccharide (LPS), a component of the cell walls of gram-negative bacteria, induces macrophage necroptosis when caspase-8 activity is inhibited (Zhang et al. 2009). Double-stranded viral RNA induces necroptosis through toll-like receptor 3 (TLR3) in macrophages in the presence of zVAD (He et al. 2011). Inhibition of caspases can be mediated by viral proteins since many viruses encode natural caspase inhibitors. Infection by such viruses, including the vaccinia virus or cowpox virus, leads to necroptosis of T cells and pig kidney cells, respectively (Ray and Pickup 1996; Cho et al. 2009). Recent research indicates that the DNA sensor, named DNA-dependent activator of IFN regulatory factors (DAI), is the trigger of necroptosis induced by murine cytomegalovirus (MCMV) (Upton et al. 2012). Chemicals such as nitric oxide and etoposide can target mitochondrial respiratory complex I subunit NADH dehydrogenase (ubiquinone) 1 beta subcomplex 8 (NDUFB8) and DNA, respectively, to induce RIP1-/RIP3-dependent necroptosis (Davis et al. 2010; Tenev et al. 2011). Necroptosis needs to be tightly regulated during development since overactivation of necroptosis in caspase-8 and Fas-associated death domain protein (FADD) knockout mice undergo mass necroptosis and the embryos die in the E10–E13 stages (Kaiser et al. 2011; Zhang et al. 2011b).

3.2.2 *RIP1/RIP3 Complex Is Essential for Necroptosis*

At present, our knowledge of necroptosis is mostly from the research of TNF-induced necrosis. Ligand binding of TNF causes a conformational change in TNF receptor 1 (TNFR1) on the cell membrane that recruits TNF receptor-associated death domain (TRADD), which, in turn, recruits RIP1, a cellular inhibitor of apoptosis protein 1 (cIAP1), cIAP2, TNF receptor-associated factor 2 (TRAF2), and TRAF5 (Vandenabeele et al. 2010). It leads to the formation of membrane-associated complex I. In this complex, TRAF2 stabilizes cIAP1 and cIAP2 by preventing their autoubiquitination and recruits them to the cytoplasmic domain of the TNFR1 (Rothe et al. 1995; Shu et al. 1996; Csomos et al. 2009; Vince et al. 2009). RIP1 is K63-polyubiquitinated at K377 by cIAP1 and cIAP2 (Ea et al. 2006; Bertrand et al. 2008) and acts as a scaffold for the assembly of the transforming growth factor- β -activated kinase-1 (TAK1)-TAK-1 binding protein 2 and 3 (TAB2/3) complex, which leads to the activation of the transcription factor nuclear factor κ B (NF- κ B). K63-polyubiquitination of RIP1, but not RIP1's kinase activity, is crucial for NF- κ B activation. When K63-ubiquitination of RIP1 is removed by deubiquitinase cylindromatosis (CYLD) or A20 (Micheau and Tschopp 2003; Schneider-Brachert et al. 2004), then, the plasma membrane-associated complex I is internalized to the cytosol to form complex II (also called cytosolic death-inducing signaling complex (DISC)) (Micheau and Tschopp 2003; Schneider-Brachert et al. 2004).

When the cell does not express RIP3, complex II contains RIP1, caspase-8, and the adaptors TRADD and FADD. Although its kinase activity is not required, RIP1 participates in the activation of caspase-8 and subsequent apoptosis (Bertrand et al. 2008). Other events, such as deletion of c-flip-like inhibitory protein (cFLIP), the cellular form of the caspase-8 inhibitor FLIP, also activate caspase-8 (Wang et al. 2008). Thus, RIP1 may not be indispensable for TNF-induced apoptosis. Indeed, *Ripk1*^{-/-} mouse embryonic fibroblasts (MEFs) still undergo caspase-dependent apoptosis after TNF treatment (Zhang et al. 2011a).

When the cell expresses RIP3, RIP3 incorporates into complex II, called complex IIb or necrosome. Caspase-8 can inhibit necrosis initiation by cleavage of RIP1 and RIP3 (Feng et al. 2007; Cho et al. 2009). However, inhibition of caspase-8 by caspase inhibitors or deletion of either FADD or caspase-8 blocks the cleavage of RIP1 and RIP3 and strengthens the formation of the necrosome and, thus, initiates necroptosis upon TNF stimulation (Vercaemmen et al. 1998; Holler et al. 2000).

RIP1 and RIP3 belong to the receptor-interacting serine-threonine kinase family. RIP1 contains an N terminal kinase domain, a RIP homotypic interaction motif (RHIM), and a C terminal death domain, while RIP3 lacks the death domain (Zhang et al. 2010). Both RIP1 and RIP3 kinase domains are essential for necroptosis signaling (Holler et al. 2000; Cho et al. 2009; He et al. 2009; Zhang et al. 2009). The kinase activity of RIP1 is required for assembling the RIP1/RIP3 complex since necrostatin-1, an inhibitor of the kinase activity of RIP1, prevents the interaction between RIP1 and RIP3 (Degtarev et al. 2008; He et al. 2009). RIP1 is reported to autophosphorylate the serine 161, and the serine 161 autophosphorylation

positively contributes to RIP1 kinase activity and necroptosis (Degterev et al. 2008). The function of RIP1 kinase activity needs to be further investigated, while the role of RIP3 kinase activity is relatively clear. RIP3 autophosphorylates its serine 227; this phosphorylation is not required for RIP1/RIP3 complex assembly, but for the interaction of RIP3 with MLKL, a newly identified necrosome component (Sun et al. 2012).

RIP1 and RIP3 bind to each other through their RHIM domain (Sun et al. 2002; Meylan and Tschopp 2005). Point mutation of the RHIM domain in either protein disrupts the interaction between RIP1 and RIP3 and prevents necroptosis (Sun et al. 2002; Cho et al. 2009; Zhang et al. 2009). Interestingly, recent research indicated that upon TNF stimulation, RIP1/RIP3 complex form a functional amyloid aggregation (Li et al. 2012). The amyloid core consists of the RHIM domain of RIP1 and RIP3, while the kinase domain might flank the core to transduce necroptosis signaling (Li et al. 2012).

3.2.3 Downstream Signaling of RIP3

3.2.3.1 RIP3 Promotes Energy Metabolism

In the early 1990s, TNF-induced necrosis had been linked with energy metabolism. By using inhibitors, TNF-induced necroptosis was shown to depend on ROS (Goossens et al. 1995, 1999; Fiers et al. 1999; Festjens et al. 2007). Mitochondria-derived ROS is believed to be responsible for the ultrastructural changes that occur in the mitochondria and endoplasmic reticulum during cell death (Schulze-Osthoff et al. 1992; Festjens et al. 2006b). Although the role of ROS production in TNF-induced necroptosis has been demonstrated by many laboratories with multiple cell lines, exceptions were reported in studies using the HT29 cell line, indicating that non-ROS mechanisms can also initiate necroptosis (Festjens et al. 2006a; He et al. 2009).

TNF-induced mitochondrial ROS should result when electrons escape from the respiration chain, thus relating to alteration of energy metabolism. RIP3 appears to act upstream of ROS production since RIP3 deficiency in NIH3T3, L929, and primary peritoneal macrophages blocked ROS production and necrosis triggered by different death stimuli (Zhang et al. 2009). By means of liquid chromatography-tandem mass spectrometry analysis, several cellular metabolic enzymes were identified as interacting with RIP3. Further experiments show that RIP3 can directly interact with and enhance the enzymatic activity of liver PYGL, GLUL, and mitochondrial matrix-localized GLUD1 (Zhang et al. 2009). PYGL catalyzes the rate-limiting degradation of glycogen to glucose-1-phosphate, which is subsequently converted into glucose-6-phosphate, directly fueling glycolysis (Bouche et al. 2004). Glycogen accumulation was observed in *RIP3^{-/-}* in a sepsis model, supporting the role of RIP3 in utilizing glycogen (by Sam McNeal, "RIPK1 is necessary for survival during sepsis," a comment published online at the homepage of Immunity, 2012).

GLUL catalyzes the reaction of glutamate and ammonia to form membrane-permeable glutamine, which stimulates glutathione production, gluconeogenesis, and lipogenesis. Glutamine can transfer into the mitochondria to function as an energy substrate. GLUD1 is found in the mitochondrial matrix and converts glutamate to α -ketoglutarate, which then feeds into the tricarboxylic acid cycle (TCA) (Mates et al. 2009). Consistent with this, an early study had reported a link between glutaminolysis and the generation of cytotoxic ROS during TNF-induced necrosis (Goossens et al. 1996). Activation of these three enzymes all can enhance oxidative phosphorylation and, thus, ROS production. Knockdown of PYGL, GLUL, or GLUD1 partially inhibits TNF- plus zVAD-induced ROS production and necroptosis in NIH3T3 cells, suggesting the contribution of increased energy metabolism in necroptosis (Zhang et al. 2009).

Membrane-associated NADPH oxidase has also been implicated in TNF-induced ROS production (Kim et al. 2007). It was reported that TNF stimulation induces association between the regulatory NADPH oxidase organizer 1 (NOXO1) subunit with RIP1, TRADD, and Rac, which initiates ROS production by the cell membrane-associated NADPH oxidase NOX1 (Kim et al. 2007). In addition, calcium mobilization, activation of phospholipase A2, lipoxygenases, acid sphingomyelinases, and lysosomal destabilization were also reported to contribute to TNF-induced necroptosis (Vandenabeele et al. 2010). But the relationship between RIP3 and these events has yet to be established.

3.2.3.2 MLKL-PGAM5 Pathway in TNF-Induced Necroptosis

Recently, MLKL and PGAM5 were identified as parts of the necrosis signaling machinery downstream of RIP1 and RIP3 activation and are RIP3 substrates (Sun et al. 2012; Wang et al. 2012).

MLKL was found to be involved in necroptosis by searching RIP3 interacting protein with coimmunoprecipitation and by looking for the target of necrosulfonamide (NSA), a small molecule inhibitor of programmed necrosis screened out from a chemical library. NSA inhibits necrosis by covalently binding to Cys86 on the MLKL protein. Since Cys86 is not conserved in mice, NSA has human specificity. Upon necrosis induction, MLKL is recruited to serine 227 phosphorylated RIP3 and is subsequently phosphorylated by RIP3 at the threonine 357 and serine 358 residues. The phosphorylation of these two sites in human MLKL is critical for necroptosis since mutation of these phosphorylation sites on MLKL abrogates the ability of RIP3 and MLKL to signal for necrosis. MLKL was also identified as required for necroptosis shortly after by another group in screening a siRNA library. The data on whether MLKL possesses enzymatic activity were controversial in different reports (Sun et al. 2012; Zhao et al. 2012); however, MLKL's role as an adaptor for bringing the RIP1/RIP3 necrosome complex into proximity to other RIP3 substrates is clear.

PGAM5 is another substrate of RIP3 found by the abovementioned approaches. PGAM5 has two splice variants, PGAM5L (long form) and PGAM5S (small form).

Both splice variants of PGAM5 are required for necrosis execution but seem to have different functions in necrosis. It is likely that PGAM5L tethers the RIP1-RIP3-MLKL necrosome to PGAM5S on the mitochondrial membrane. The activated PGAM5 then dephosphorylates Drp1 and activates it. Drp1 is a GTPase that is essential for mitochondrial fission. It was proposed in a model that mitochondrial fission is required for necroptosis.

3.2.4 The Interplay Between Necroptosis and Apoptosis

The regulation of RIP3-dependent necroptosis tightly links to that of apoptosis. Both types of cell death can be triggered by the same stimulus, for example, TNF, LPS, polyinosinic-polycytidylic acid (PolyI:C), or a virus, depending on the cell status. The adaptor, TRADD, is essential for both TNF-induced necroptosis and apoptosis, since TRADD-deficient cells are both resistant to apoptosis and necroptosis induced by TNF (Ermolaeva et al. 2008). In some situations, necrosis seemed to be a backup of apoptosis when the apoptosis pathway was impaired. For example, vaccine virus encodes caspase inhibitors to prevent apoptosis in the host cell so that they can have a niche for virus production (Upton et al. 2012). But infected cells still can undergo a death program through a necroptotic program (Ray and Pickup 1996; Cho et al. 2009). Since inhibition of caspase-8 by a chemical inhibitor or genetic deletion is a precondition for many necroptoses to occur (Kalai et al. 2002), it is revealed that the apoptotic pathway may inhibit the process of necroptosis. This assumption was supported by in vivo data showing RIP3 deficiency-rescued embryonic lethality of caspase-8 and FADD knockout (Kaiser et al. 2011; Zhang et al. 2011b). Further studies indicated that cleavages of RIP1 and RIP3 by caspase-8 are the underlying mechanisms of the necroptosis inhibition (Feng et al. 2007; He et al. 2009). On the other hand, converting apoptosis to necrosis by RIP3 upregulation has been observed in vitro and in some pathological conditions (Zhang et al. 2009; Zorde-Khvaleyevsky et al. 2009; Li et al. 2010; Trichonas et al. 2010; Gunther et al. 2011). How RIP3 upregulation prevents apoptosis is still unknown. The competition and interconversion between apoptosis and necroptosis may play an important role in pathological processes.

3.3 The Physiological and Pathological Role of RIP3-Mediated Necrosis

Necroptosis is involved in a variety of physiological and pathological processes, including development and tissue homeostasis and the pathogenesis of some diseases, such as ischemic injury, neurodegeneration, and viral infection, thereby representing an attractive topic of study for the avoidance of unwarranted cell death.

The importance of necroptotic cell death in development has been revealed by several recent works. RIP3 knockout was found to rescue the developmental defects of caspase-8 knockout mice (Oberst et al. 2011). This indicates that the RIP3-mediated necrosis is the underlying mechanism of the cardiac, vascular, and hematopoietic defects that occur during the development of caspase-8 knockout mice (Kaiser et al. 2011; Oberst et al. 2011). Similar results were obtained when *FADD*^{-/-} mice were crossed onto *RIP1*^{-/-} background, indicating that the inhibition of necroptosis occurs in the necrosome (Zhang et al. 2011b). In addition, necroptosis of TCR-activated caspase-8 null T cells also can be completely rescued by RIP3 deletion (Kaiser et al. 2011).

Apoptosis is an antiviral mechanism so many viruses encode caspase inhibitors to suppress infection-induced apoptosis of host cells (Galluzzi et al. 2010; Lamkanfi and Dixit 2010). Necrosis appears to have antiviral functions too, since viruses such as vaccinia virus, herpes virus, and cowpox virus are able to suppress host cell apoptosis, but the host cells still can die in necrosis (Ray and Pickup 1996; Cho et al. 2009). *Rip3*^{-/-} mice are more susceptible to vaccinia virus infection than their wild-type counterparts (Cho et al. 2009). Interestingly, some viruses, such as MCMV, encode a necrosis inhibitor (Lamkanfi and Dixit 2010), which suggests that anti-necrosis mechanisms have already evolved to overcome host control. Upon MCMV infection, DNA sensor DAI interacts with RIP3 through the RHIM domain to initiate necroptosis. The MCMV-encoded viral inhibitor of RIP activation (vIRA) targets the DAI-RIP3 complex to inhibit necroptosis (Upton et al. 2012).

In a mouse model of acute pancreatitis, induction of the RIP3 protein is believed to be responsible for cellular necrosis in the pancreas (He et al. 2009). Upregulation of RIP3 protein levels was also reported in some other disease-related conditions, including hepatocytes showing steatohepatitis (Zorde-Khvaleyevsky et al. 2009), photoreceptors after retinal detachment (Trichonas et al. 2010), and vascular smooth muscle cells undergoing arterial injury (Li et al. 2010). High expression of RIP3 in Paneth cells was detected in the terminal ileum from patients with Crohn's disease (Gunther et al. 2011), suggesting association of RIP3 with the pathogenesis of this disease. RIP3 induction during the course of disease development probably controls the switch from apoptosis to necrosis in vivo. Although RIP3 does not play an important role in inflammatory cytokine production, RIP3 deficiency or RIP1 kinase inhibition protects mice from mortality due to TNF-induced systemic inflammatory response syndrome (SIRS) (Duprez et al. 2011), suggesting a role played by necroptosis in SIRS. RIP3-mediated necrotic death may exacerbate damage-induced inflammation, thereby aggravating the injury in some pathological conditions.

3.4 Perspective

Programmed necrosis or necroptosis has been demonstrated to be an important, intrinsic cellular death program. It plays a role in a variety of biological processes and has functions ranging from development to pathological conditions.

Although significant progress has been made in elucidating the molecular mechanisms of necroptosis, the necroptotic pathway is still largely unknown. It is unclear how RIP3 switches the apoptotic pathway to the necroptotic pathway. Although mitochondria ROS and mitochondria fission were proposed to be part of the execution mechanism of necroptosis, exceptions have been observed. Whether there is a common execution mechanism for programmed necrosis is still an unsolved question.

Mitochondria have been implicated to play an essential role in both apoptosis and necrosis (Kroemer et al. 1998). Bcl-X_L, an anti-apoptosis member of the Bcl-2 family, also inhibits TNF-induced necroptosis (Karsan et al. 1996). Mitochondria permeability pore opening, a trigger of apoptosis, is believed to cause necrosis as well (Kim et al. 2003). Cyclophilin D is a component of the permeability pore, and its deletion was reported to block necrosis, but not apoptosis (Zamzami et al. 2005). It is unknown at present whether cyclophilin D deletion will affect TNF-induced necroptosis. The mitochondrial event(s) in the process of necroptosis still need to be further explored.

The study of the clinical implication of necroptosis is still hampered by lack of in vivo biomarkers. In addition to phosphorylation of RIP3, a recent study on MLKL suggests that MLKL phosphorylation could also be a marker of necrosis initiation. Examining a large number of patients' samples is urgently needed to determine the role of necroptosis in human disease. We speculate that inhibition of necroptosis can be one of the effective cytotoxic or cytoprotective therapies in the future.

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Chapter 4

IAPs and Necroptotic Cell Death

John Silke and David Vaux

4.1 Technological Advance

Important discoveries are often preceded by technological advances. The discovery of the role of IAPs in regulating necroptosis was due in large part to the development of small molecule IAP antagonist compounds, also known as “smac-mimetics”, which upon binding trigger the rapid auto-ubiquitylation and degradation of cIAPs (Gaither et al. 2007; Varfolomeev et al. 2007; Vince et al. 2007). Equally important was the development of the specific RIPK1 kinase inhibitors, most notably nec-1, frequently referred to as necrostatin (Degterev et al. 2005, 2008; Takahashi et al. 2012; Vandenabeele et al. 2013), and potent, broad-spectrum caspase inhibitors such as Q-VD-Oph (Caserta et al. 2003). These molecular tools made it feasible to survey large numbers of cell types and conditions to reveal a novel, caspase- and Bax/Bak-independent mechanism by which cells can kill themselves: necroptosis. The challenges now are to determine all the components of the necroptotic mechanism, to elucidate its physiological and pathophysiological roles and to develop further drugs that can promote or inhibit necroptosis to treat disease.

4.2 What Is Necroptosis? Maxwell’s Silver Hammer

Necroptosis is the third mechanism for cell suicide to be identified in metazoans. The first, based on genetic analysis of *C. elegans*, showed that developmentally programmed cell death during development required a cysteine protease, CED-3, that

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was the archetype of a family of proteases now known as caspases. Caspase-dependent cell death also occurs in mammalian cells and can be defined as a form of cell death that can be inhibited by a caspase inhibitor. Cells undergoing caspase-dependent cell death typically display a classic “apoptotic” morphology by forming membrane blebs and cleaving their DNA following activation of caspase-dependent DNase (CAD). The internucleosomally cleaved DNA forms a characteristic “ladder” upon electrophoresis. The necroptotic pathway of cell death appears to be held in check by caspase, particularly caspase-8, activity. If therefore caspase-8 activity is inhibited (perhaps by a virus), the necroptosis pathway can come into play, and to paraphrase the words of the Beatles’ song, “make sure that it is dead”.

The other well-characterised form of cell death depends on the Bcl-2 family members Bax and Bak and also exhibits an apoptotic morphology, because in this case cytochrome c released from the mitochondria (via Bax/Bak) triggers activation of Apaf-1, caspase-9 and caspase-3. However, in the case of Bax/Bak-dependent apoptosis, caspase inhibitors do not allow the treated cells to permanently cheat death, because loss of cytochrome c causes the cells to die from lack of ATP, even if caspases are inhibited.

Like caspase-dependent apoptosis and Bax/Bak-dependent apoptosis, necroptosis is a form of cell suicide because the mechanism for the cell’s demise is encoded by the host’s genes, and the function of those gene products is, amongst other functions, to cause the cell to die. Necroptosis can be functionally distinguished from the other two forms of cell death as cell death is not prevented by broad-spectrum caspase inhibitors, or deletion of Bax and Bak, or over-expression of anti-apoptotic Bcl-2 family members. In some, but not all cases, necroptosis can be inhibited by treatment with necrostatin.

Of course, cells in which necroptosis and Bax-/Bak- and caspase-dependent apoptosis are blocked are still mortal: although they cannot commit suicide by these mechanisms, they can still be killed if a vital metabolic pathway is inhibited. Cells that are killed (e.g. by a toxin, anoxia, starvation or physical injury such as heating) may exhibit an apoptotic morphology, because stress often induces activation of an apoptotic mechanism, or the morphology known as “necrosis”, in which there is cell swelling and early loss of plasma membrane integrity. The neologism “necroptosis” was coined to indicate a genetically programmed cell death that is caspase and Bax/Bak independent and which typically induces cellular changes that resemble those of cells undergoing necrosis.

The history of necroptosis research is presented elsewhere in this volume, and while it is indisputable that smac-mimetics and necrostatins drove necroptosis research forward, as William Gibson wrote, “The future is already here; it’s just not very evenly distributed”. Thus groundbreaking studies were made without these reagents. What all these early studies have in common was that they were all investigating caspase-independent cell death induced by the extrinsic apoptosis pathway (Vercammen et al. 1998a, b; Holler et al. 2000) and this pathway features heavily in subsequent studies. The extrinsic apoptosis pathway is initiated by ligands of the TNF superfamily (TNFSF) binding to receptors of the same superfamily (Schneider 2008).

4.3 Death Receptor Signalling: The Long and Winding Road

Death receptors (DRs) are a subset of the TNF receptor superfamily (TNFRSF) that contain a cytoplasmic death domain (DD). The DD is a conserved intracellular domain that, upon receptor ligation, recruits other intracellular proteins via homotypic DD-DD interaction. Despite the evocative name, there are two important points to note. Firstly, while activation of death receptors can certainly lead to cell death, the name can be misleading because when they signal they do not necessarily kill: for example, cells rarely die when exposed to TNF (Fig. 4.1a), and while Fas ligand and TRAIL often trigger cell death, they do not always do so (Peter et al. 2007; Silke 2011; Wajant and Scheurich 2011). Secondly, ligation of DRs induces formation of signalling complexes that activate MAP kinases and transcription factors such as NF- κ B. Signalling is clearly initiated from the plasma membrane where the receptors first interact with their respective ligands, but it is also accepted that these complexes mature to generate cytoplasmic signalling complexes that are no longer associated with the plasma membrane (Lavrik and Krammer 2012; Silke 2011; Schütze et al. 2008; Dickens et al. 2012) (Fig. 4.1). Exactly how these secondary signalling complexes are generated is still unclear, but it appears to occur not only for TNFR1 (Micheau and Tschopp 2003; Schneider-Brachert et al. 2004; Harper et al. 2003) but also for Fas and TRAIL receptors (Lavrik et al. 2008; Geserick et al. 2009; Varfolomeev et al. 2005; Lavrik and Krammer 2012).

The mechanics of Fas and TRAILR signalling have principally been examined in cells where FasL and TRAIL induce cell death (Figs. 4.1b, c and 4.2), but this is not the sole type of physiological signalling from these receptors (Peter et al. 2007; O'Reilly et al. 2009; Varfolomeev et al. 2005). When their ligands bind, the cytosolic DDs of Fas and TRAILR recruit Fas-associated death domain protein (FADD), and FADD in turn recruits caspase-8, forming the so-called death-inducing signalling complex (DISC) and leading to the oligomerisation and activation of this upstream caspase at the plasma membrane (Fig. 4.1a) (Kischkel et al. 1995; Muzio et al. 1996; Chang et al. 2003; Lavrik and Krammer 2012).

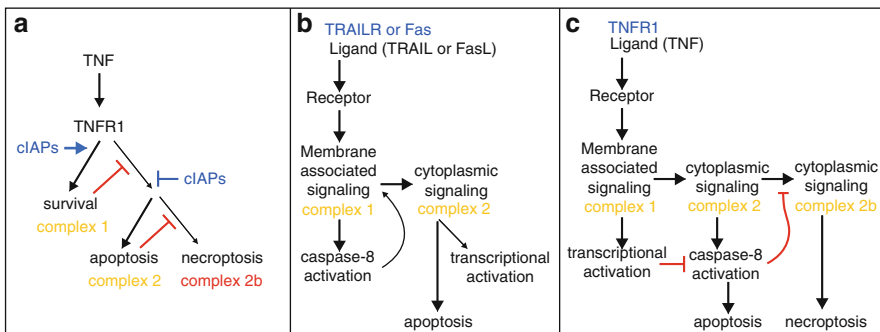


Fig. 4.1 Schematic of key concepts in death receptor signaling

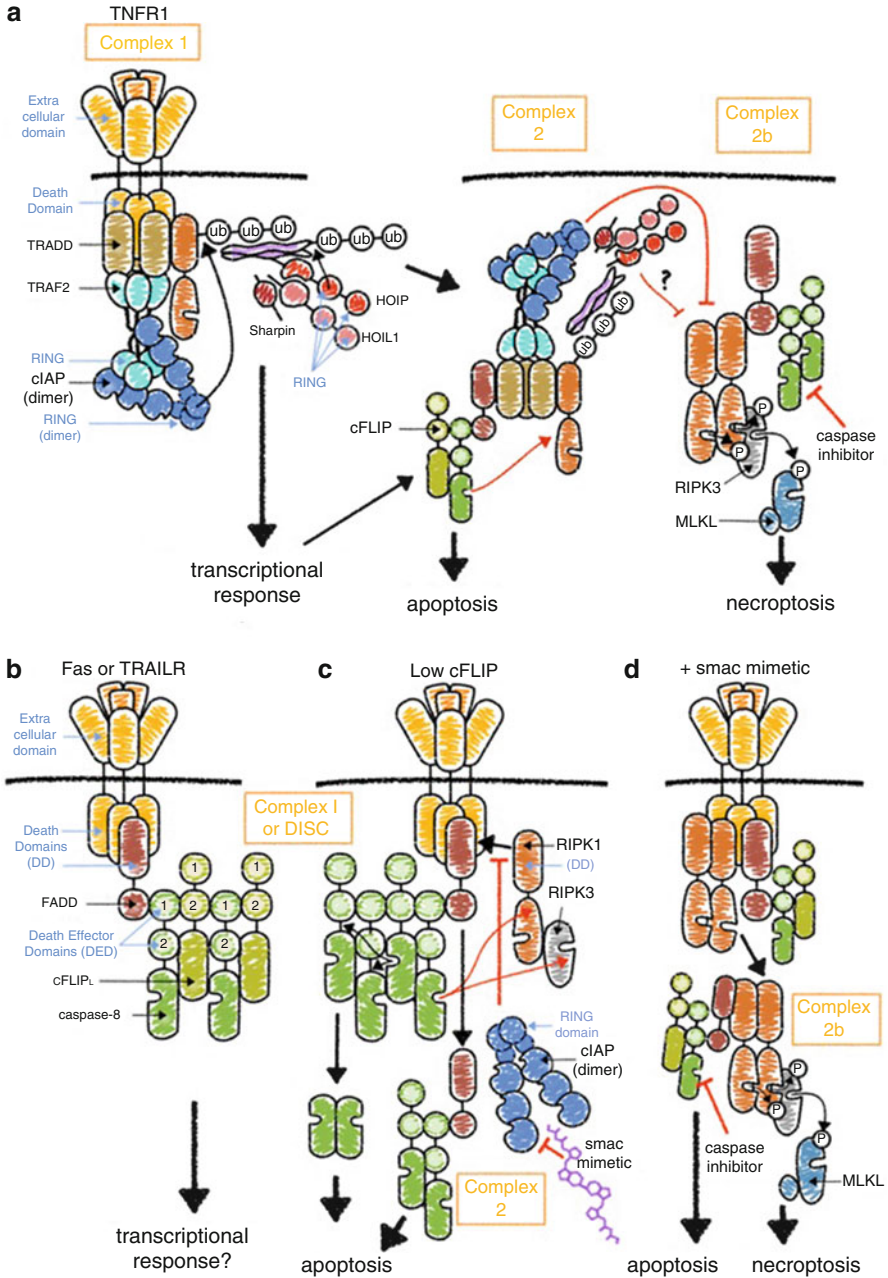


Fig. 4.2 Schematic of molecular components of death receptor signaling platforms

Because addition of TNF alone rarely causes cell death, TNFR1 signalling has been more thoroughly characterised with regard to the transcriptional response than for the death response. In fact, in most normal and transformed cell types, TNF only induces cell death if the transcriptional signalling pathway is blocked (Fig. 4.1a). Some of the additional complexity of TNFR1 signalling, compared to Fas or TRAILR, might be due to the adaptor protein TRADD, which binds to the DDs of TNFR1 and recruits TRAF2 together with cIAP1 and cIAP2. However it should be noted that TRADD is apparently not required in all cell types for TNF signalling (see Silke (2011) and Wajant and Scheurich (2011) for discussion).

In addition to TRADD and FADD, another DD-bearing adaptor protein recruited to DR signalling complexes is RIPK1. This protein sits at the core of the bipotential transcriptional and cell death signalling pathways emanating from DRs, and because the amount and activity of RIPK1 are regulated by IAPs and caspase-8, we should introduce the IAPs.

4.4 IAPs

Inhibitor of apoptosis proteins were originally identified in baculoviruses, where they prevent apoptosis of their host cell, thereby gaining time for viral replication (Crook et al. 1993). IAPs are defined by the presence of one or more baculovirus IAP repeat (BIR) domain(s), a ~70 residue large zinc-binding domain that mediates protein–protein interactions (Birnbaum et al. 1994; Hinds et al. 1999; LaCasse et al. 1998; Vaux and Silke 2005). The mammalian cellular IAPs cIAP1 and cIAP2, which bear three BIR domains and a carboxy-terminal RING domain, were identified because of their similarity to viral IAPs and by virtue of their indirect binding to TNFR2 via the adaptor protein TRAF2 (Rothe et al. 1994, 1995; Liston et al. 1996; Uren et al. 1996).

XIAP, which is the other major IAP with a role in inhibiting cell death, was identified by its similarity to the baculoviral IAPs (Duckett et al. 1996; Liston et al. 1996; Uren et al. 1996), and like the cIAPs, it bears three BIRs and a RING domain, but unlike the cIAPs, it does not bind to TRAF1 or TRAF2 (Uren et al. 1996). Because XIAP also differs from cIAP1 and cIAP2 in its ability to directly inhibit caspase-3 (Deveraux et al. 1997) and caspase-9 (Deveraux et al. 1998), it is not thought to play a major role in regulating signalling by TNF receptor family members.

4.5 Smac/Diablo, Other IAP Antagonists and Small Molecule Smac-Mimetics

The IAP-binding protein Smac/Diablo was identified by Verhagen et al. by co-immunoprecipitation with XIAP (Verhagen et al. 2000) and by Du et al. (2000) by its ability to promote caspase activation by cytochrome c and Apaf-1. Other IAP antagonist proteins were soon identified (Verhagen et al. 2001, 2007; Hegde et al. 2001;

Martins et al. 2001), and all shared a common motif, four amino acids at a processed N-terminal end that interact with the BIRs of XIAP (Silke et al. 2000; Wu et al. 2000). The ability of this motif to displace active caspases (Srinivasula et al. 2001; Ekert et al. 2001) attracted the interest of several pharmaceutical companies (Garber 2005), who developed “smac-mimetic” compounds that not only relieved inhibition of caspase-3 by XIAP *in vitro* but also caused the death of certain cancer cell lines. Because XIAP is the only mammalian IAP that can directly inhibit caspase activity, and XIAP does not bind to TRAFs, and smac-mimetics were designed to bind to XIAP, the ability of smac-mimetics to regulate DR-induced cell death was not immediately apparent.

However, smac-mimetics also promote loss of cIAP1 within minutes of being added to cells (Gaither et al. 2007; Varfolomeev et al. 2007; Vince et al. 2007; Darding et al. 2011; Bertrand et al. 2008; Wang et al. 2008), and this discovery provided some rationale for their effects on DR signalling. For smac-mimetics to promote proteasomal degradation of their IAP targets, they have to bind to the BIR2 or BIR3 of the IAP, the IAP RING must be intact, and the RING has to be able to bind to an E2 ubiquitin-conjugating enzyme (Varfolomeev et al. 2007; Vince et al. 2007; Feltham et al. 2011; Dueber et al. 2011; Blankenship et al. 2009). Some smac-mimetics promote XIAP degradation, but the mechanism has not been as well characterised as for cIAPs.

Smac-mimetics, and particularly the bivalent compounds, are therefore useful tools that promote rapid cIAP1/cIAP2 auto-ubiquitylation and degradation (Gaither et al. 2007; Varfolomeev et al. 2007; Vince et al. 2007) and bind to XIAP predominantly in the BIR3 and therefore may inhibit some (but not all) XIAP interactions. However not all smac-mimetics are equal, and each may affect each major IAP distinctly (Ndubaku et al. 2009; Darding et al. 2011). Furthermore, some on-target effects of these compounds mean that their effects on cells are not equivalent to cIAP1 and cIAP2 knockout. For example, smac-mimetic-induced loss of cIAP1 leads to activation of the NF- κ B-activating kinase NIK1 (Varfolomeev et al. 2007; Vince et al. 2007). Because cIAP2 is rapidly induced by NF- κ B and cIAP2 homodimers are relatively resistant to smac-mimetic-induced degradation (Darding et al. 2011; Feltham et al. 2011), smac-mimetic treatment can result in increased levels of cIAP2.

Because smac-mimetics are a diverse set of chemicals, they will have distinct off-target effects. Similarly, while genetic experiments allow the contribution of each individual IAP to be disentangled, there are limitations to what can be learnt especially when they result in embryonic lethality. On the other hand, findings that are consistent with both smac-mimetic experiments as well as with genetically mutated cells are very likely to be reliable.

4.6 IAPs and Death Receptors: Come Together

Early indications that IAPs might be important in regulating DR signalling included a pivotal study showing that smac or smac peptides could dramatically sensitise glioma, neuroblastoma and melanoma cells to killing by TRAIL (Fulda et al. 2002).

Similarly, a small molecule smac-mimetic sensitised a glioblastoma cell line to TRAIL- and TNF-induced cell death (Li et al. 2004). Although this particular smac-mimetic was designed to antagonise XIAP, it nevertheless appeared to sensitise cells to DR-induced cell death. As described above it was not at all clear at the time why, until it was subsequently shown that the same compound, like other smac-mimetics (Varfolomeev et al. 2007; Vince et al. 2007), promoted degradation of cIAP1 and cIAP2 by the proteasome (Wang et al. 2008).

Because most cells do not die when exposed to TNF alone, but die when it is added together with an inhibitor of translation or transcription (such as actinomycin D or cycloheximide, respectively), it has become accepted that transcription of a labile cell death inhibitor(s) is required to stop TNF from triggering cell death (Wajant and Scheurich 2011). The finding that cell lines derived from p65/RelA NF- κ B deleted mice are killed by TNF alone (Beg and Baltimore 1996) and that the early embryonic lethality of p65 knockout mice was prevented by crossing to TNF knockout mice (Doi et al. 1999) was consistent with this notion and suggested that wild-type cells do not die in response to TNF because it activates canonical (p65/RelA) NF- κ B which drives production of one or more cell death inhibitory proteins. Consistent with this model, expression of a super-repressor of I κ B α that cannot be degraded and which thereby prevents NF- κ B activation also sensitises cells to TNF-induced cell death (Van Antwerp et al. 1996).

The finding that cIAP1-gene-deleted or cIAP1-gene-depleted but not XIAP-gene-deleted cell lines was killed by TNF alone, just like p65/RelA mutant cells, suggested that either cIAP1 was required for TNF to efficiently activate NF- κ B or that cIAP1 was the cell death inhibitor induced by NF- κ B. cFLIP is the best candidate for the NF- κ B-induced inhibitor of cell death (Micheau et al. 2001), and experiments studying TNF-induced degradation of I κ B α and nuclear localisation of p65/RelA in wild-type and cIAP-deficient cell lines (Varfolomeev et al. 2008; Mahoney et al. 2008; Feltham et al. 2010; Moulin et al. 2012) indicate that the former is the case: cIAPs are needed for TNF to efficiently activate canonical NF- κ B (Fig. 4.2a).

One explanation for why cIAP-deficient cells might be defective in activating NF- κ B relates to the role of RIPK1 in TNF-induced NF- κ B. RIPK1 has been reported to play a pivotal role in TNF-induced NF- κ B activation (Kelliher et al. 1998), and there is no doubt that RIPK1 becomes rapidly ubiquitylated in response to TNF signalling (see Haas et al. (2009) for particularly stunning examples of TNF-induced RIPK1 ubiquitylation). Findings such as these suggested RIPK1 ubiquitylation was required for TNF-induced NF- κ B activation and that K63-linked ubiquitin chains on RIPK1 directly recruited NEMO/IKK1/IKK2 (Fig. 4.2a). As a consequence, IKK2 was activated and phosphorylated I κ B α , resulting in translocation of p65/p50 NF- κ B into the nucleus (Ea et al. 2006; Wu et al. 2006). This model has been extensively refined (Wajant and Scheurich 2011; Wertz and Dixit 2010; Silke and Brink 2010; Silke 2011) by identifying a new type of M-1-linked ubiquitin chain, “linear ubiquitin” (Kirisako et al. 2006), and a new ubiquitin E3 ligase, LUBAC, that play pivotal roles in TNF-induced activation of NF- κ B (Kirisako et al. 2006; Haas et al. 2009; Tokunaga et al. 2009; Gerlach et al. 2011; Tokunaga et al. 2011; Ikeda et al. 2011). But it should also be noted that RIPK1 is not

universally required for TNF-induced NF- κ B (Wong et al. 2010; Wajant and Scheurich 2011; Blackwell et al. 2013) and wild-type embryonic hepatocytes do not express RIPK1 and yet activate NF- κ B in response to TNF (Wong et al. 2010; Blackwell et al. 2013).

Whatever the precise details, it is clear that in several cell types RIPK1 appears to be a focus of the ubiquitin platform assembling machinery activated upon TNF binding to TNFR1 and that the assembly of ubiquitin chains on components of the TNFR1 signalling complex is essential for activation of NF- κ B in response to TNF/TNFR1 signalling. Significantly, one of the most prominent and readily observable effects of depleting cIAPs is a reduction in RIPK1 ubiquitylation (Vince et al. 2007; Varfolomeev et al. 2008; Bertrand et al. 2008; Mahoney et al. 2008; Haas et al. 2009; Feltham et al. 2010; Moulin et al. 2012). Furthermore, cells in which cIAP protein levels are reduced, whether genetically or chemically, do not efficiently activate canonical NF- κ B in response to TNF; rather, the cells die (Varfolomeev et al. 2008; Mahoney et al. 2008; Feltham et al. 2010; Moulin et al. 2012). It is only natural therefore to draw the conclusion that cIAP-deficient cells die in response to TNF because they fail to ubiquitylate RIPK1 which leads to a failure to activate NF- κ B and a failure to drive production of cFLIP.

Only natural, but not the whole story. When TNF is added, but canonical NF- κ B signalling is blocked, cells usually die by caspase-8-mediated apoptosis, presumably because cFLIP fails to be induced (Micheau et al. 2001; Nakajima et al. 2006). Similarly, treatment with smac-mimetics sensitises cells to a caspase-8-dependent death because crmA, a viral inhibitor of caspase-8, is able to inhibit smac-mimetic-induced death in some types of cells (Vince et al. 2007). However cell death induced by TNF/CHX can be distinguished from cell death induced by TNF and smac-mimetic, because TNF-/CHX-induced death is increased by RIPK1 deficiency whereas TNF-/smac-mimetic-induced death is prevented by loss of RIPK1 (Wang et al. 2008; Wong et al. 2010).

Therefore increased sensitivity of smac-mimetic-treated cells to TNF cannot be as simple as a loss of NF- κ B signalling. One of the first experiments to hint at what this added complication might be was an increase in RIPK1 accumulation at the cytoplasmic tail of TNFR1 following addition of TNF to either smac-mimetic-treated or cIAP1 knockout cells (Vince et al. 2007). With this fact in mind, we discuss the other data that lead to a proposed model to explain this added complication.

4.7 cIAPs and RIPK1: Regulating the Regulators

Consistent with the reduction in RIPK1 ubiquitylation in cIAP-deficient cells, it has been known for almost 10 years that cIAPs are able to ubiquitylate RIP kinases (Park et al. 2004; Bertrand et al. 2008, 2011; Dynek et al. 2010) and this may be the K48-type linkage that promotes proteasomal degradation, or the K63 type that promotes NF- κ B activation, or some other type (Blankenship et al. 2009; Dynek et al. 2010; Bertrand et al. 2011). We have proposed therefore that in the absence of

cIAPs, RIPK1 in complex 1 is not ubiquitylated, so its level increases abnormally (Geserick et al. 2009) (Fig. 4.2a, Complex 2). This indicates that at least some of the ubiquitylation on RIPK1 is K48 linked, thereby promoting proteasomal degradation. However, there are other potential scenarios, and it is difficult experimentally to address this because the proportion of RIPK1 recruited to receptors appears to be a minor part of the total pool. In the case of the Fas and TRAILR DRs, when ligand (FasL or TRAIL) is added together with smac-mimetic, the high levels of RIPK1 that accumulate in complex 1 cause increased activation of caspase-8 (Geserick et al. 2009; Wang et al. 2008). This is possibly because of the extra DD supplied by RIPK1 that could promote increased recruitment and activation of caspase-8. Smac-mimetic treatment also increases the formation of a cytoplasmic caspase-8-containing complex (Fig. 4.2a, d, complex 2; Geserick et al. 2009). This model passes one test in that it predicts that in smac-mimetic plus TNF-, FasL- or TRAIL-induced cell death, loss of RIPK1 would prevent death because high levels of RIPK1 are required for caspase-8 activation.

A variation on this model is that recruitment of RIPK1 into the DISC is inhibited when it is ubiquitylated by cIAP. The experiments described by Geserick et al. could not distinguish whether cIAPs limit RIPK1 recruitment into the DISC or whether they limit the accumulation of RIPK1 within the DISC by K48 ubiquitylating RIPK1, leading to its proteasomal degradation.

On the other hand, in cells treated with TNF and low-dose cycloheximide, the only part of the TNFR1 signalling pathway that is affected is production of the NF- κ B-responsive cell death inhibitor (most likely, cFLIP). In the absence of RIPK1, low-dose cycloheximide would reduce NF- κ B activation even further, such that RIPK1 knockout cells are more sensitive to cycloheximide + TNF-induced cell death.

It has been shown that knock-down of CYLD, a deubiquitinating enzyme, decreases smac-mimetic + TNF-induced apoptosis (Wang et al. 2008; Vanlangenakker et al. 2010). This could mean that the absolute levels of RIPK1 might not determine whether complex 1 progresses to complex 2 (as suggested above) but that RIPK1 might have to be deubiquitylated for complex 2 to form. However, the interpretation of these data in this way is difficult to reconcile with the fact that levels of ubiquitylated RIPK1 in complex 1 are already dramatically reduced in cIAP-defective cells (Geserick et al. 2009; Haas et al. 2009; Moulin et al. 2012; Gerlach et al. 2011) and that the degree of RIPK1 ubiquitylation appears to be identical for RIPK1 associated with complex 1 and complex 2 (Geserick et al. 2009). If the deubiquitylation model for transition from complex 1 to complex 2 is correct, one prediction is that CYLD knock-down should also inhibit TNF+cycloheximide-induced death; however, this test has not, to our knowledge, been reported.

4.8 Cell Death Without Complex 1: The Ripoptosome

As we have discussed, it is an axiom in DR signalling that formation of complex 1 is followed by formation of complex 2. Consistently, when treating cells with one of the death ligands together with a smac-mimetic, it has not been possible to

decisively demonstrate complex 2 formation without complex 1 (Geserick et al. 2009). However, when cell death was induced by combining smac-mimetics with a non-DR stimulus, such as double-stranded RNA, which activates Toll-like receptor 3 (TLR3), a complex 2 was formed without DR signalling (Feoktistova et al. 2011; Tenev et al. 2011). These results suggest two possibilities: either cIAPs are involved in preventing recruitment and activation of RIPK1 to DRs in the absence of ligand or cIAPs prevent the formation of complex 2 and that normally DR ligands overcome this inhibition. Both Feoktistova and Tenev et al. examined recruitment of RIPK1 to TNFR1 in smac-mimetic-treated cells and did not observe recruitment in the absence of a DR ligand, indicating that the first model is less likely to be true, although they did not examine all DR signalling platforms. As with FasL and smac-mimetic treatment, Feoktistova et al. showed that cFLIP_L inhibited complex 2 formation (Fig. 4.2e), while cFLIP_S promoted it (Fig. 4.2f). Because this complex 2 contained RIPK1, it was referred to as the “riposome” (Fig. 4.2g).

Thus a common mechanism is suggested for DR and non-death receptor induced cell death that is dependent upon RIPK1 and caspase-8, and the results suggest that DR signalling normally inactivates IAPs in some way to promote the generation of the death-inducing complex.

We have covered the formation of complex 2 in detail because it is integral to understanding the final necroptotic arm of the cell death pathway induced by DRs, which again involves RIPK1 as the cornerstone of the process.

4.9 RIPK1, RIPK3 and MLKL Required for Necroptosis

Our limited recent understanding of necroptosis means that the models explaining it are still, thankfully, very simple and are also described in detail elsewhere in this volume. In essence it has been shown that RIPK1 kinase activity is required for most cases of DR-induced necroptosis and the function of RIPK1 is to phosphorylate and activate RIPK3 (He et al. 2009; Cho et al. 2009; Zhang et al. 2009). RIPK3 knockout mice and cells are relatively normal (Newton et al. 2004) but are resistant to treatments that cause wild-type cells to die by necroptosis (He et al. 2009; Cho et al. 2009). RIPK3 phosphorylates and activates the pseudokinase MLKL (Sun et al. 2012; Zhao et al. 2012; Murphy et al. 2013). How MLKL activation results in necroptotic cell death is still unknown. It has been suggested that PGAM5, a mitochondrial phosphatase, may play a role (Wang et al. 2012), but it does not seem to be universally required (Murphy et al. 2013).

The small molecule necrostatin (Nec-1) was isolated in a screen in U937 cells for inhibitors of cell death induced by TNF together with the caspase inhibitor zVAD.fmk (Degterev et al. 2005). These and later results (He et al. 2009; Cho et al. 2009) indicate that the kinase activity of RIPK1 is required for DR-induced necroptosis, presumably because it phosphorylates and thereby activates RIPK3. Although Nec-1 inhibits the kinase activity of RIPK1, it does so in a very unusual manner whereby it is “caged” in a hydrophobic pocket between the N- and C-lobes of the

kinase domain that disrupts the structure of RIPK1. Therefore it may have effects that are distinct from its ability simply to inhibit the kinase activity of RIPK1. In this regard it is interesting that Nec-1 appears to inhibit recruitment of RIPK1 into complex 2/ripiptosome (Geserick et al. 2009; Tenev et al. 2011; Feoktistova et al. 2011).

Caspase-8 usually plays the executioner role in TNF-, FasL- or TRAIL+smac-mimetic-induced death, but, remarkably, when caspase-8 is blocked by an inhibitor such as CrmA, zVAD or Q-VD-Oph, in some cell types the amount of cell death actually increases. The proposed explanation for this is that normally caspase-8 homodimers or caspase-8/cFLIP heterodimers within complex 2 are able to cleave and inactivate RIPK1 (Lin et al. 1999; Geserick et al. 2009; Feoktistova et al. 2011; Pop et al. 2011), and it has also been shown that RIPK3 can be similarly inactivated by caspase-8 cleavage (Feng et al. 2007). In the absence of caspase-8 proteolytic activity, enough active RIPK1 and RIPK3 accumulate to cause cell death by necroptosis.

Consistent with caspase-8 having a role in limiting complex 2b/ripiptosome formation and hence blocking necroptosis, cFLIP, which structurally resembles a catalytically inactive form of caspase-8, is able to inhibit necroptosis as well as caspase-8-dependent apoptosis. Evidence supporting this idea is the striking similarity between the embryonic lethal phenotypes of mice mutant for caspase-8, FADD and cFLIP and the protection afforded to each by combined deletion of genes for RIPK3 (Oberst et al. 2011; Kaiser et al. 2011; Dillon et al. 2012). However, the role of cFLIP is complex, because cFLIP_s' expression sensitises cells to smac-mimetic-induced necroptosis while cFLIP_L inhibits it (Geserick et al. 2009; Tenev et al. 2011; Feoktistova et al. 2011). Because both the short and long forms of cFLIP inhibit activation of caspase-8, the difference cannot simply be due to inhibiting caspase-8 activity, and indeed cFLIP_L, in contrast to cFLIP_s, inhibits recruitment of RIPK1 into complex 2b/ripiptosome.

The model we favour is that recruitment of RIPK1 into complex 2 is enhanced by smac-mimetics because smac-mimetic-induced depletion of cIAPs prevents RIPK1 from being ubiquitylated. According to this model, a RIPK1 deubiquitylating enzyme would enhance rather than prevent smac-mimetic-induced necroptosis (Wang et al. 2008). Recent work suggests CYLD is required for necroptosis and is one of the targets of caspase-8 in apoptotic cells (O'Donnell et al. 2011). However when complex 2b was analysed, there appeared to be very little difference in RIPK1 recruitment (O'Donnell et al. 2011), and the evidence from the CYLD knockout mice that CYLD is a negative regulator of RIPK1 is weak (Wright et al. 2007). An alternative hypothesis is that the deubiquitylating activity of CYLD on Tak1 is more important in regulating the necroptotic response (Vanlangenakker et al. 2010).

4.10 IAPs and Necroptosis In Vivo

As discussed elsewhere in this review, and in this book, FADD, cFLIP and caspase-8 knockout mice are all embryonic lethal around embryonic day 10 (E10; Yeh et al. 1998; Varfolomeev et al. 1998; Yeh et al. 2000). Remarkably the embryonic

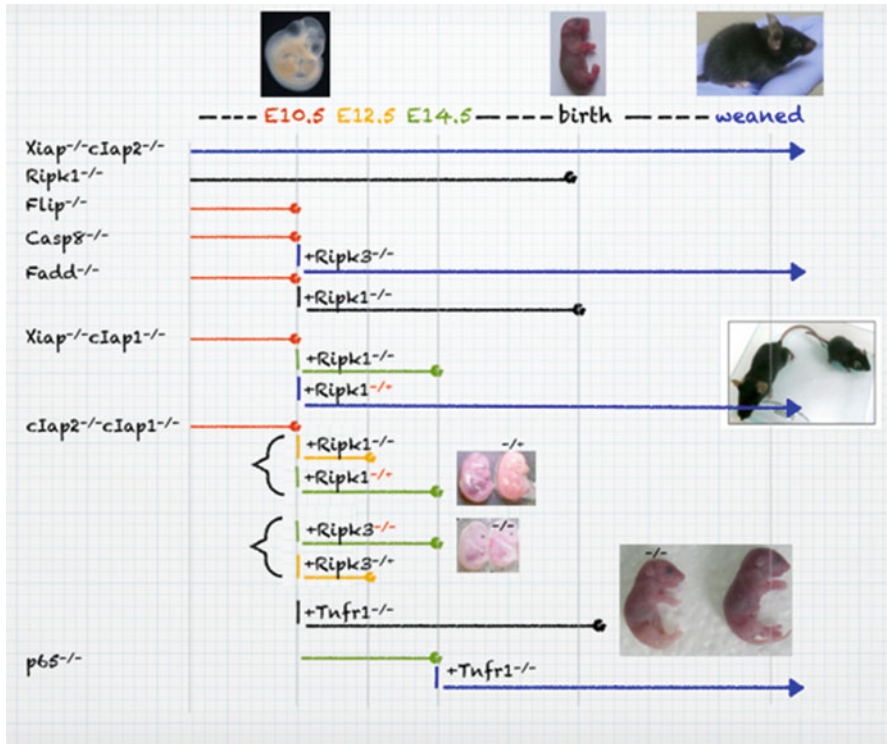


Fig. 4.3 Table of phenotypes of knockout mice relevant to death receptor signaling

lethality of caspase-8 knockout mice is prevented by crossing them to RIPK3 knockout mice (Kaiser et al. 2011; Oberst et al. 2011), while the embryonic lethality of FADD knockout mice is prevented by crossing them to RIPK1 or RIPK3 knockout mice (Dillon et al. 2012; Zhang et al. 2011). These results are sometimes interpreted as genetic evidence that FADD/caspase-8 and cFLIP are engaged in inhibiting a necroptotic pathway that occurs at this stage of embryonic development. However, because of the potential roles that RIPK1 and RIPK3 play in generating inflammatory cytokines, there are also other potential explanations.

Consistent with the ability for cIAPs to regulate components of complex 2 and thereby necroptosis, it was gratifying to find that the cIAP1 cIAP2 double-knockout embryos also die at E10 with a very similar phenotype to the caspase-8 knockouts (Fig. 4.3; Varfolomeev et al. 1998; Kang et al. 2004; Moulin et al. 2012). And again, consistent with the FLIP, FADD and caspase-8 knockouts, the phenotype was suppressed and survival was prolonged to birth when the cIAP double knockouts were combined with deletion of RIPK1 or RIPK3 (Moulin et al. 2012). Most remarkably, the cIAP1/cIAP2 double-knockout embryonic lethality was also prevented by crossing these mice to TNFR1 knockout mice (Moulin et al. 2012). This strongly suggests that the embryonic lethality of FADD, cFLIP and caspase-8 knockout mice

will also be delayed or prevented if these mice are crossed to TNFR1 knockout mice, a result that would be highly counterintuitive because TNFR1 signalling is not required for survival of mice in utero (Kang et al. 2004). However, it is plausible that there is a certain level of TNFR1 signalling that occurs in embryos around day E10 but which is not required for development but that when one of the essential components of complex 2 described above is absent, this provokes an inappropriate response, leading to death of certain cells in the developing placenta and loss of viability of the embryo at E10.

4.11 IAPs, Pyroptosis and the Inflammasome

The role of IAPs in regulating the inflammasome is worth commenting on briefly. The inflammasome, like the apoptosome and the ripoptosome, is a caspase-activating complex, but in this case the core adaptor is ASC, and the caspase is caspase-1 (and sometimes caspase-8 (Sagulenko et al. 2013)). Its role is to activate the cytokine IL-1 β and sometimes to cause cell death, which in this case is termed “pyroptosis” (Bergsbaken et al. 2009). This type of cell death typically has an appearance resembling that of necroptosis, including plasma membrane rupture and release of intracellular contents. The fact that when LPS-primed bone marrow-derived macrophages or dendritic cells (BMDMs or BMDCs) were treated with the smac-mimetic compound A, the inflammasome was activated, IL-1 β was produced and they died by pyroptosis indicates that IAPs have a role in limiting assembly or activation of the inflammasome (Vince et al. 2012).

IL-1 β levels are usually very low in resting cells, and in order to detect measurable quantities of the pro form of this cytokine, they therefore need to be “primed” with a stimulus, typically a TLR ligand such as LPS (Fig. 4.4). The pro form of IL-1 β is cleaved and secreted, typically in a caspase-1-dependent manner. Vince et al. demonstrated that single cIAP1, cIAP2 or XIAP knockout BMDMs each behaved like wild-type BMDMs, and in order to see significant processing of IL-1 β , cells had to be first primed with LPS to produce pro-IL-1 β and then activated with a classic inflammasome activator such as alum. However in XIAP/cIAP1/cIAP2 triple-knockout BMDMs (somewhat analogous to smac-mimetic-treated cells), all that was required to see processing and secretion of IL-1 β was LPS priming. This dramatic result demonstrates that in the absence of the three IAPs, the inflammasome can form and activate spontaneously and suggests that the inflammasome is already poised to process IL-1 β in these triple-knockout cells. Intriguingly, this work also showed that IAPs not only hold the canonical NLRP3/ASC/caspase-1 inflammasome in check in a RIPK3-dependent manner but also inhibit a RIPK3/caspase-8 ripoptosome-like complex that is also capable of processing pro-IL-1 β into the active and secreted mature form (Vince et al. 2012). Whether this apparent processing of pro-IL-1 β by a ripoptosome is a direct consequence of IAP depletion that occurs in parallel to inflammasome activation, or whether the two pathways are somehow connected sequentially, will be an interesting problem to solve. Certainly it is clear that

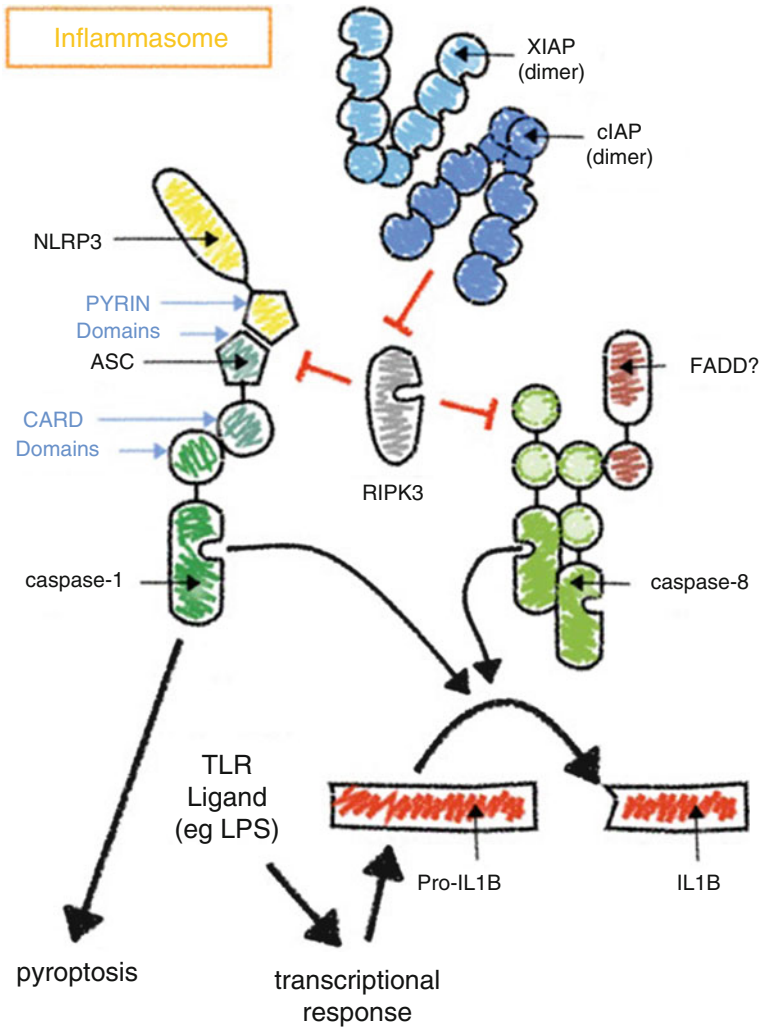


Fig. 4.4 Schematic of inflammasome components

caspase-8 processing of IL-1 β can occur physiologically (Miwa et al. 1998; Bossaller et al. 2012) and that this is not simply a smac-mimetic-induced artefact.

These results, while consistent with the systemic inflammatory phenotype of *Ciap1^{LysM-cre}Xiap^{-/-}Ciap2^{-/-}X* knockout mice that lack all three IAPs in their macrophage lineages (unpublished), are however controversial. Labbé et al. showed that cIAP 1 and cIAP 2 and TRAF2 associated with caspase-1 and that cIAP2 weakly ubiquitylated caspase-1. In their hands, BMDMs from cIAP2 mutant mice were defective in their response to a range of different inflammasome-activating stimuli. Furthermore cIAP1 or cIAP2 knockout mice or mice treated with the bivalent

smac-mimetic, BV6, were as defective as caspase-1 knockout mice in their response to inflammasome activators such as alum. Their data therefore are in direct contrast to those of Vince et al. and led these authors to propose that TRAF2, cIAP1 and cIAP2 together are required to ubiquitylate caspase-1 and this ubiquitylation is required for full caspase-1 activation. This model has some parallels with recent work showing that caspase-8 ubiquitylation by a CUL3/RBX ubiquitin E3 was required for full activation of caspase-8 by the death receptors DR4 and DR5 (Jin et al. 2009), but it is unknown how general this mechanism might be.

It is hard to reconcile such different conclusions: Labbé et al. state that IAPs are required to activate the inflammasome, while Vince et al. claim that IAPs are required to inhibit inflammasome activity. It is unlikely that the differences between the two groups are solely due to the different smac-mimetics used because each group also obtained different results with knockout cells and mice. One point worth bearing in mind is that the genotypes of the knockouts used were different. Labbé et al. used knockout mice derived from 129/Sv ES cells, while Vince et al.'s mice were from C57BL/6 ES cells. Embryonic stem cells derived from the 129/Sv mouse strain harbour a caspase-11-inactivating mutation, and mouse knockout lines derived from 129/Sv ES cells obtained by targeting genes closely linked to the caspase-11 locus might also be mutated for caspase-11 (Kayagaki et al. 2011). In the case of closely linked genes, such as caspase-1, this is despite extensive backcrossing of these animals to C57BL/6 mice. The cIAP locus is approximately 2.5 Mbp from the caspase-11 locus, and Kenneth et al. reported that the 129/Sv-generated cIAP1-deficient mice over several backcrosses have still not recombined with the C57BL/6 wild-type caspase-11 (Conze et al. 2005; Kenneth et al. 2012). These are the same strain of cIAP1 knockout mice used by Labbé et al. The cIAP2-deficient mice analysed by Kenneth et al. are also the same strain as those used by Labbé et al. (Conte et al. 2006) and are now carrying functional caspase-11 genes, although precisely when this occurred is unclear (Kenneth et al. 2012). However Labbé et al. observed the same defect in inflammasome activation in both cIAP1 and cIAP2 knockout mice indicating that differences in caspase-11 probably do not explain the differences between their work and that of Vince et al.

4.12 Physiological Role of IAPs: IAPs or Regulators of Cell Death

It is too late to rename the IAPs, but it should be clear from the foregoing that these proteins are not pure and simple apoptosis inhibitors. As discussed elsewhere (Silke and Brink 2010), the recent gene duplication of the cIAPs is probably a reflection of an extremely important function for these proteins in regulating TNFSF signalling and cell death. Their regulation of RIP kinase function and levels by ubiquitylation (Bertrand et al. 2011) is likely to be key to this function, but in this regard much remains to be discovered: How are cIAPs activated to ubiquitylate RIP kinases? Is it a mechanism analogous to smac-mimetic-induced activation? Does XIAP have

any role to play in this regulation? How do cIAPs create the correct ubiquitin chain needed for signalling when they are capable of generating all ubiquitin chain linkage types? How does ubiquitylation of RIPK1 affect complex 2 and 2b formation? What role does cIAP-dependent recruitment of LUBAC play in regulating complex 2 formation? Who knows, maybe we need more technological advances before we find out!

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Chapter 5

Regulation of Death Receptor-Induced Necroptosis by Ubiquitination

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5.1 Introduction

Programmed cell death is critically important for the development and survival of multicellular organisms. Hence, deregulation of cell death processes lies at the root of many human diseases including neurodegenerative disorders, immunodeficiencies, autoimmune diseases and cancer. Apoptosis, the best studied form of programmed cell death, relies on signalling pathways leading to the activation of caspases, an evolutionarily conserved family of cysteine proteases. During apoptosis, caspases cleave a large number of substrates in the cell, facilitating efficient removal of the cellular corpse. In contrast, necrosis was long regarded as a form of accidental and unregulated cell death caused by physical stresses. Necrotic cell death occurs independently from caspases and lacks the morphological features that characterise apoptotic cells. However, there is a growing body of evidence that necrotic cell death can also occur in a regulated, programmed manner (Vandenabeele et al. 2010). This mode of cell death is referred to as programmed necrosis or necroptosis. Whereas apoptosis is generally thought of as an anti-inflammatory form of cell death, through the release of damage-associated molecular patterns (DAMPs), necrosis is thought to result in inflammation.

The first findings that indicated that necrosis can occur as a regulated process came from research on members of the tumour necrosis factor (TNF) superfamily (TNFSF) of cytokines. TNF, the first identified member of this family, is a pleiotropic cytokine involved in inflammatory responses, immunity and cell death (Balkwill 2009; Walczak 2011). TNFSF cytokines bind to and cross-link their cognate

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receptors, the members of the TNF-receptor superfamily (TNF-RSF). These single-pass membrane-spanning receptors are characterised by the presence of cysteine-rich domains in their extracellular portion. Death receptors (DR) constitute a subset of the TNF-RSF and are characterised by the presence of an intracellular death domain (DD). The DR subfamily includes TNF-R1, TRAMP (DR3), CD95 (Fas/APO-1), TRAIL-R1 (DR4) and TRAIL-R2 (KILLER/TRICK/DR5/Apo2) as bona fide members and DR6 as a less well-characterised member (Walczak 2013). DRs are able to mediate programmed cell death by apoptosis following ligation by their respective ligands, at least under certain conditions. The ligands of the bona fide members are TNF, TL1A, CD95L (FasL/APO-1L) and TNF-related apoptosis inducing ligand (TRAIL, also known as Apo2L), respectively. The signalling mechanisms induced by TNF, CD95L and TRAIL are best characterised. Whereas TNF can mediate its effects through binding to two different receptors, TNF-R1 and TNF-R2, of which only TNF-R1 contains a DD (Gray et al. 1984; Loetscher et al. 1990; Pennica et al. 1984; Schall et al. 1990; Smith et al. 1990), CD95L can induce cell death via CD95 (Itoh et al. 1991; Oehm et al. 1992) or be inhibited by the soluble receptor DcR3 (Pitti et al. 1998). TRAIL can induce apoptosis through binding to its DD-containing receptors TRAIL-R1 and TRAIL-R2 (Pan et al. 1997a, b; Screaton et al. 1997; Sheridan et al. 1997; Walczak et al. 1997; Wu et al. 1997). However, TRAIL can also bind to three other receptors, TRAIL-R3, TRAIL-R4 and osteoprotegerin (OPG), but these receptors lack a DD and, hence, do not trigger apoptosis (Walczak and Krammer 2000).

Apart from their ability to activate signalling pathways that result in apoptosis, DRs are also capable of gene activation and induction of pro-inflammatory cytokines. The intracellular signalling pathways involved include the NF- κ B pathway and MAP kinase pathways (ERK and JNK pathways). Although the precise mechanisms are currently unclear, the relative balance between the pro-apoptotic and gene activation signals may be determined by several factors, including cell type, strength of ligand-induced signal and presence or absence of certain intracellular proteins that form part of the signalling complexes triggered by the different ligands. When the gene activation pathway dominates over the pro-apoptotic pathway, the consequence would be resistance to ligand-induced cell death.

TNF has long been known to also induce necrosis. In fact, when TNF was first identified, it was shown to selectively induce necrosis in the mouse fibrosarcoma cell line L929 (Carswell et al. 1975). Intriguingly, inhibition of caspases, the central executioners of apoptotic cell death, was found to exacerbate the necrosis-inducing capacity of TNF, and this observation has been extended to cell death induction by TRAIL and CD95L (Holler et al. 2000; Vercaamen et al. 1998a, b). Hence, TNF, TRAIL and CD95L are not only able to induce apoptosis but also necrosis.

So why was the necrosis-inducing capacity of TNF and its siblings virtually ignored by the cell death research community during the past two decades? The reason for this is quite simple: apoptosis took centre stage and pushed necrosis off into a "Schattendasein". During this time there were some scattered reports about TNF-, TRAIL- or CD95L-induced non-apoptotic cell death being necrotic, and receptor-interacting protein 1 (RIP1) was the most likely candidate to be involved in

mediating this (Holler et al. 2000). However, it was not until 2008 that Degterev et al. discovered that TNF-induced necrosis can in fact be prevented pharmacologically, indeed by interfering with the kinase activity of RIP1 (Degterev et al. 2008). This discovery has reignited interest in studying DR-mediated necrosis induction because it suddenly appeared feasible to pharmacologically interfere with this type of cell death, i.e. a cell death that could not only not be inhibited by caspase inhibitors but was even exacerbated by caspase inhibition. Much hope was suddenly placed on specific inhibitors of this newly discovered form of programmed necrosis, also referred to as necroptosis, in regard to the possible treatment of several pathological conditions that involve cell death. Clearly, the feat now is to identify the components of and best pharmacological targets within the necroptosis signalling pathways, as well as the matching pathological conditions in which inhibition of programmed necrosis is likely to be beneficial. It is therefore important to gain a detailed understanding of the processes that lead to the triggering of necrosis, both in physiological situations and under pathological conditions, and the exact biochemical mechanisms of necroptosis induction.

Ubiquitination, i.e. the post-translation modification of target proteins by ubiquitin, is a central theme in DR signalling (Bianchi and Meier 2009; Walczak 2011; Wertz and Dixit 2010). In this chapter, we will focus on the role of ubiquitination and its reversal, de-ubiquitination, in DR-mediated signalling that results in necroptosis. Following an introduction into the ubiquitin system and an overview of DR signalling pathways, we will discuss how signalling towards necroptosis is mediated by DRs, and how ubiquitination and de-ubiquitination events in DR-triggered signalling complexes are currently thought to determine the balance between gene activation, apoptosis or necroptosis as outputs of DR triggering.

5.2 The Ubiquitin System

Ubiquitin is a small 8 kDa protein belonging to the family of ubiquitin-like (Ubl) proteins. Ubiquitination is important in a wide range of intracellular signalling processes and normally results in the covalent attachment of ubiquitin to lysine (K) residues of target proteins (Komander and Rape 2012). Ubiquitination involves the action of a three-step enzymatic cascade involving a ubiquitin-activating enzyme (E1), a ubiquitin-conjugating enzyme (E2) and a ubiquitin ligase (E3). In the first step, ubiquitin is activated in an ATP-dependent manner by forming a thioester bond with a cysteine residue in the E1 enzyme. Next, the ubiquitin is transferred from the E1 to the E2 enzyme, which can bind E3s. Finally, the E3, which recruits specific substrates, mediates the transfer of ubiquitin, usually via an isopeptide bond to the lysine residues of the target protein. Ubiquitin E3s can be divided into HECT- and RING-type E3s. In the case of HECT E3 ligases, ubiquitin is first transferred from the E2 to a catalytic cysteine residue of the HECT domain. This ubiquitin-thioester intermediate subsequently transfers ubiquitin to the substrate that is bound to the HECT E3. In contrast to HECT E3s, RING-domain E3s do not form a

ubiquitin-thioester intermediate and instead stimulate the direct transfer of ubiquitin from E2 to substrate. An exception to this are the RING E3s that harbour RING-in-between-RING domains (RBR) which were recently shown to function like RING/HECT hybrids whereby the first RING domain binds the E2 after which the ubiquitin moiety is first transferred to a cysteine in the second “RING” domain—which therefore acts as a HECT rather than a RING domain—before ubiquitination of the substrate (Stieglitz et al. 2012; Wenzel et al. 2011). The removal of ubiquitin moieties from protein substrates is catalysed by a diverse class of proteases termed de-ubiquitinases (DUBs).

When a single moiety of ubiquitin is covalently attached to a lysine residue of a target protein, this is referred to as mono-ubiquitination. Ubiquitin itself contains seven lysine residues (K6, K11, K27, K29, K33, K48 and K63), and these can in turn be conjugated with another ubiquitin molecule, allowing the formation of ubiquitin chains. Additionally, also the N-terminal methionine (M1) of ubiquitin can be conjugated with another ubiquitin, resulting in M1-linked chains (also called linear chains) (Kirisako et al. 2006; Rieser et al. 2013; Walczak 2011). All lysines and M1 of ubiquitin are present in different positions on the surface of the protein. Therefore, depending on which ubiquitin-contained lysine or whether M1 is used for ubiquitin chain formation, each type of ubiquitin linkage adopts a structurally distinct conformation (Komander 2009). The different ubiquitin linkages are connected to specific downstream signalling processes which are, in turn, translated into distinct cellular functions induced by specific proteins that are termed ubiquitin receptors. Ubiquitin receptors harbour ubiquitin-binding domains (UBDs) that allow them to recognise the different ubiquitin modifications through non-covalent interactions, in many cases in a linkage-type-specific manner (Dikic et al. 2009). Ubiquitination-dependent signalling is terminated by the action of DUBs that specifically hydrolyse ubiquitin chains, sometimes in a linkage-specific manner, and thereby counteract the action of E3 ligases.

5.3 Death Receptor Signalling

Two groups of DRs can be identified: those that recruit the adaptor protein Fas-associated death domain (FADD) (CD95, TRAIL-R1, TRAIL-R2) and those that recruit the adaptor protein TNFR-associated death domain (TRADD) (TNF-R1 and DR3). The primary signalling outcome for the FADD-recruiting receptors is cell death, whilst recruitment of TRADD results in gene activation as the primary signalling output (Fig. 5.1). Binding of TRAIL to TRAIL-R1 and/or TRAIL-R2, and of CD95L to CD95, results in the formation of the death-inducing signalling complex (DISC). First, the adaptor protein FADD is recruited to the intracellular portion of the receptor(s) whose cross-linking was triggered by the respective ligand. This happens through homotypic interaction between the DD of FADD and the DD of TRAIL-R1/R2 or that of CD95. In addition to a DD, FADD also contains a death

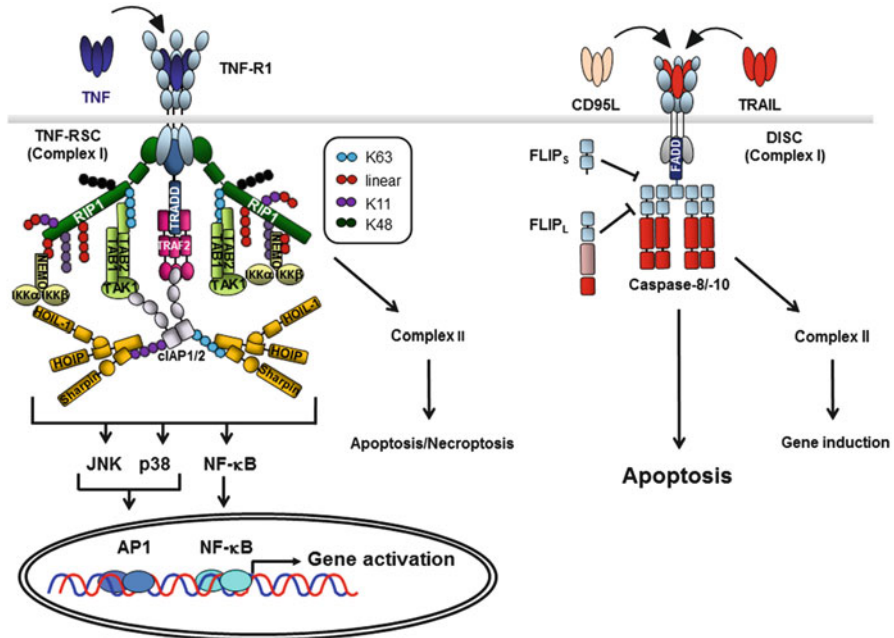


Fig. 5.1 Death receptor signalling. TNF-R1 signalling (*left*) and TRAIL-R1, TRAIL-R2 and CD95 signalling (*right*) are depicted. DRs trigger two main signals. The primary signalling output for TNF-R1 is gene activation via NF- κ B and MAPK, whereas CD95, TRAIL-R1 and TRAIL-R2 primarily induce apoptosis. For all DR systems, the protein complex that forms at the plasma membrane and exerts the primary function of the respective receptor is defined as complex-I. Binding of TNF to its receptor TNF-R1 results in the formation of the TNF-R1 signalling complex (TNF-RSC). Cross-linked TNF-R1 recruits RIP1 and the adaptor protein TRADD to the DD of the receptor. Subsequently, TRADD recruits TRAF2, which in turn provides the platform for recruitment of the ubiquitin E3 ligases cIAP1 and cIAP2. cIAP1/2 then place various ubiquitin chains of different linkages on several components of the TNF-RSC. cIAP1/2-mediated ubiquitination of TNF-RSC components allows recruitment of LUBAC. Once recruited, LUBAC places M1-linked (linear) ubiquitin chains on RIP1 and NEMO. The different ubiquitin chains generated by cIAP1/2 and LUBAC in the TNF-RSC enable recruitment of the IKK and TAB/TAK complexes, which leads to downstream gene activation. Binding of TRAIL or CD95L to their cognate receptors leads to the formation of the death-inducing signalling complex (DISC). First, the adaptor protein FADD is recruited by a homotypic interaction of the DD of one FADD molecule with the DDs of three ligand-cross-linked receptors. Subsequently, the pro-forms of caspase-8 and caspase-10 are recruited by interaction of their DED with that of FADD. Oligomerisation of caspase-8/10 in the DISC leads to its activation and induction of apoptosis. FLIP isoforms can also be recruited to the DISC, resulting in inhibition of apoptosis by completely or partially preventing caspase-8 activation. The primary complexes can dissociate from the DD of the respective receptor and recruit additional proteins from the cytosol to form a secondary complex, also called complex-II, which triggers the respective secondary signal. In the case of TNF-R1, this can be the induction of necroptosis or apoptosis (see Fig. 5.2), whereas in the case of CD95 and TRAIL-R1/2, the secondary signal is gene activation

effector domain (DED) through which it recruits the two initiator caspases, caspase-8 and caspase-10. Recruitment of caspase-8/10 to FADD results in their activation at the DISC. Active caspase-8/10 subsequently undergoes a series of autocatalytic events, which separates the pro-domain from the caspase domains, and stabilises caspase-8/10 dimers. Subsequently, fully activated caspase-8 cleaves the downstream effector caspases caspase-3 and caspase-7, which results in apoptotic cell death.

Caspase-8-mediated apoptosis is negatively regulated at the DISC by the caspase-8-like molecule FLICE-like inhibitory protein (FLIP). FLIP can also be recruited to the DISC through binding to the DED of FADD. The initially discovered form of FLIP was a viral protein that was found to inhibit caspase-8 (Thome et al. 1997). Shortly thereafter, the cellular version of this protein was identified (also called cellular FLIP, cFLIP) (Irmeler et al. 1997). In human cancer cells, two FLIP isoforms are prominently expressed: the long, 55 kDa (FLIP_L), and the short, 26 kDa (FLIP_S), isoforms (Budd et al. 2006). FLIP_L resembles caspase-8 in its domain architecture but lacks a catalytic cysteine in the caspase-like domain necessary for enzymatic activity. Hence, FLIP_L represents an inactive pseudo-caspase. FLIP_S is highly homologous to viral FLIP and only encodes the pro-domain, which contains the DED domains necessary for FADD binding. Dimerisation of FLIP_{L/S} with caspase-8 inhibits full caspase-8 activation and apoptosis. However, the FLIP_S and FLIP_L isoforms differentially regulate DR-induced necroptosis, as will be discussed in Sect. 5.4. Caspase-8 activation at the DISC can also be regulated by ubiquitination events. For instance, in DR signalling the E3 ligase Cullin-3 interacts with caspase-8 in the DISC and modifies it with K48- and K63-linked poly-ubiquitin chains. The ubiquitin receptor p62 is then recruited to poly-ubiquitinated caspase-8, which promotes its aggregation and activation (Jin et al. 2009). In addition, K48-linked poly-ubiquitination of caspase-8 was also reported to promote its degradation, thereby shutting off apoptotic signalling (Gonzalvez et al. 2012).

Unlike stimulation of the FADD-recruiting receptors, binding of TNF to TNF-R1 does not usually result in cell death but instead induces transcription of genes important for inflammation and cell survival. The TNF-induced signalling pathway that results in gene activation has been best described for the activation of NF- κ B transcription factors. NF- κ B family members (p65/RelA, c-REL, REL-B, NF- κ B1 and NF- κ B2) exist as homo- and heterodimers and regulate genes involved in inflammation and cell survival. NF- κ B dimers can shuttle between nucleus and cytoplasm, but under resting conditions they are sequestered in the cytoplasm because they are bound to inhibitor of κ B (I κ B) proteins. Ligation of TNF-R1 by TNF results in the formation of a signalling complex that is referred to as the TNF-R1 signalling complex (TNF-RSC) or complex-I of TNF-R1 signalling (Micheau and Tschopp 2003) (Fig. 5.1). Both TRADD and RIP1 are independently recruited to the DD of TNF-R1 through their respective DDs. TRADD serves as a platform for the recruitment of TRAF2 and/or TRAF5. Whilst TRAF2 carries a RING domain, the role of TRAF2 as an E3 ligase in TNF signalling is controversial (Alvarez et al. 2010; Yin et al. 2009). Although recruitment of TRAF2 to complex-I is required for downstream signalling and gene activation, the RING of TRAF2 is

reportedly dispensable for TNF-mediated activation of NF- κ B (Vince et al. 2009; Zhang et al. 2010). The importance of TRAF2 for TNF signalling can therefore be attributed to the fact that it serves as a platform for recruitment of the RING E3 ligases cIAP1 and cIAP2 to the TNF-RSC through its cIAP interaction motif (CIM) (Vince et al. 2009). The homologous proteins cIAP1 and cIAP2 are members of the inhibitor of apoptosis (IAP) protein family. It appears that they can, at least in part, compensate for the loss of each other. Nevertheless, subtle functional differences seem to exist between cIAP1 and cIAP2 (Darding et al. 2011; Feltham et al. 2011; Gyrd-Hansen et al. 2008) and it will be interesting to dissect this further. Members of the IAP family, such as XIAP in mammals, are classically known to inhibit apoptotic cell death by binding and inhibiting caspases directly. However, cIAPs do not inhibit caspases directly but instead are implicated in ubiquitin-dependent signalling pathways. Structural studies have demonstrated that the TRAF2-cIAP2 complex consists of a TRAF2 trimer binding to one cIAP2 molecule (Mace et al. 2010; Zheng et al. 2010). TRAF5 is also a RING-containing protein, yet it apparently cannot bind cIAPs which leaves its role in TNF signalling less clear than originally thought (Silke 2011). Following recruitment of cIAP1/2 to the TNF-RSC, cIAPs ubiquitinate various components of complex-I, most prominently RIP1 and cIAP1 itself, with K63- and K11-linked poly-ubiquitin chains (Bertrand et al. 2008; Dynek et al. 2010; Gerlach et al. 2011; Varfolomeev et al. 2008). cIAP1-mediated ubiquitination is critically important for TNF signalling as genetic or pharmacological depletion of cIAPs results in loss of ubiquitination of RIP1 and failure to activate NF- κ B (Bertrand et al. 2008; Vince et al. 2007). cIAP1/2-generated ubiquitin linkages, placed on components of complex-I, allow the subsequent recruitment of the linear ubiquitin chain assembly complex (LUBAC) (Gerlach et al. 2011; Haas et al. 2009; Ikeda et al. 2011; Tokunaga et al. 2009, 2011). LUBAC is an E3 ligase complex that consists of two RBR proteins, HOIP (RNF31) and HOIL-1 (RBCK1), and one additional factor, SHARPIN (SIPL1). Currently, LUBAC is the only E3 ligase known to generate M1-ubiquitin linkages under physiological conditions. Moreover, LUBAC exclusively generates linear ubiquitin chains. HOIP is the central component of this complex as the formation of linear linkages depends on the enzymatic activity of the RBR of HOIP (Haas et al. 2009; Smit et al. 2012; Tokunaga et al. 2009). LUBAC is recruited to cIAP1/2-generated linkages by a UBD (a NZF2 domain) present in HOIP. Although cIAPs also contain a UBD, its role as a ubiquitin receptor in TNF signalling is not known (Gyrd-Hansen et al. 2008).

The ubiquitin linkages placed on RIP1—and possibly other components of the TNF-RSC—by cIAPs and LUBAC allow for more efficient recruitment and retention of the kinase complexes consisting of TAK1 and TAB2 or TAB3 and of NEMO, IKK α and IKK β , i.e. the TAK/TAB and I κ B kinase (IKK) complexes, respectively. In the native TNF-RSC, RIP1 is simultaneously modified with K11-, K48-, K63- and M1-linked chains (Gerlach et al. 2011). Recruitment of the TAK/TAB and IKK complexes is mediated by the UBDs present in TAB2 and NEMO, respectively. The ubiquitin binding in ABIN and NEMO (UBAN) domain of NEMO is able to bind to K63-, K11- and M1-linked ubiquitin chains, all of which are present in the native TNF-RSC (Dynek et al. 2010; Gerlach et al. 2011; Lo et al. 2009; Rahighi et al. 2009).

However, the affinity of NEMO's UBAN for M1-linked ubiquitins is 100-fold greater than for K63- and K11-linked ubiquitins. The UBD of TAB2, in turn, does not bind M1-linkages but specifically interacts with K63-linked ubiquitins (Komander et al. 2009). In addition to RIP1, LUBAC modifies NEMO with linear ubiquitin chains. In contrast to RIP1, on NEMO exclusively linear ubiquitin chains have been identified when present in the native TNF-RSC, although it is currently unclear what the functional role of this modification is (Gerlach et al. 2011). Following activation, IKK β phosphorylates I κ B which leads to recognition by the Skp1-Cullin-F-box (SCF) β -TRCP E3 ubiquitin ligase complex. SCF β -TRCP ubiquitinates I κ B with K48-linked chains, thereby targeting it for proteasomal degradation. This liberates NF- κ B dimers from I κ B-imposed inhibition so that they can now translocate to the nucleus and drive expression of NF- κ B target genes.

TNF-induced NF- κ B signalling is negatively regulated by its gene products. For instance, I κ B is rapidly transcriptionally upregulated upon NF- κ B activation. In addition, DUBs such as A20 and Cezanne are upregulated by NF- κ B and mediate disassembly of complex-I by hydrolysing the ubiquitin modifications present in the complex. Other DUBs such as CYLD and USP21, whose expression does not depend on NF- κ B, are also implicated in negatively regulating TNF signalling. Although the specific roles of the individual DUBs in the disassembly of the TNF-RSC are not clear, together they achieve removal of the different ubiquitin linkages from the various components of the complex. Notably, RIP1 is usually almost completely stripped of its many ubiquitin modifications. It is likely that different DUBs are recruited to different ubiquitin linkages on different components of the complex, mediated by their own UBDs or UBDs present in their adaptor proteins. For instance, ABINs are adaptor proteins required for the recruitment of A20 to the TNF-RSC. ABINs contain a UBAN domain, allowing them to bind linear ubiquitin chains (Wagner et al. 2008).

Apart from being recruited to specific ubiquitin linkages, different DUBs appear to be specific in cleaving certain ubiquitin-linkage types. For instance, A20 has been reported to cleave K63-linked chains from RIP1, and subsequently targeting it for degradation, thereby terminating TNF signalling (Wertz et al. 2004). CYLD is able to cleave K63- and M1-linked ubiquitin chains whereas Cezanne reportedly specifically hydrolyses K11-linkages (Bremm et al. 2010; Komander et al. 2009). The targeted recruitment of specific DUBs to certain linkages and their preferences for catalysing specific linkage types probably serve to precisely fine-tune the extent and duration of a given signal.

Whilst gene activation is the primary signalling outcome of TNF stimulation, under certain circumstances TNF can also induce cell death. TNF-induced cell death is mediated by a secondary complex that forms approximately 2 h after TNF stimulation (Micheau and Tschopp 2003). This cytoplasmic complex, which derives from complex-I, is frequently referred to as complex-II. Complex-II forms when TRADD dissociates from the receptor and instead binds to FADD in the cytosol. FADD in turn can serve as a platform for the recruitment of caspase-8 and FLIP. When TNF successfully stimulates NF- κ B-mediated expression of target genes, formation of complex-II does not lead to apoptosis because anti-apoptotic genes,

such as Bcl-2, cIAP2 and FLIP, are transcriptionally upregulated. Therefore, TNF only kills under conditions where expression of NF- κ B target genes is blocked, such as upon genetic deletion of NF- κ B, expression of a dominant negative form of I κ B or in the presence of the protein synthesis inhibitor cycloheximide. In these cases, FLIP is not upregulated after TNF stimulation, allowing full caspase-8 activation in complex-II and induction of apoptosis. As will be discussed further in the next sections of this chapter, complex-II can also be formed when ubiquitination events in complex-I are perturbed, thereby altering the ubiquitination status of RIP1. Unmodified RIP1 can then bind to FADD and caspase-8 and stimulate their association, forming complex-II (Wang et al. 2008).

5.4 Necroptosis Signalling

As mentioned above, apart from gene activation and apoptosis, stimulation with death ligands can also lead to the induction of necroptosis, in particular in the presence of caspase inhibitors. As necroptosis has only recently been discovered, at present the necroptosis signalling pathway is not well understood but currently under intense investigation. Importantly, whilst RIP1 plays a central role in ubiquitin-mediated NF- κ B signalling downstream of TNF-R1, RIP1 was also the first factor found to be required for death-ligand-induced necroptosis in the presence of caspase inhibition (Holler et al. 2000). Subsequently, the kinase activity of RIP1 was found to be the target of necrostatin-1, a chemical inhibitor of necroptosis (Degterev et al. 2008). In addition to the kinase activity of RIP1, TNF- and virus-induced necroptosis is dependent on the RIP1-related kinase RIP3 (Cho et al. 2009; He et al. 2009; Hitomi et al. 2008; Zhang et al. 2009). Whereas RIP1 is involved in the induction of apoptosis, necrosis and gene activation by TNF, RIP3 appears to play a more specific role as a key determinant of necroptosis. RIP3 and RIP1 are similar in structure as they both harbour an N-terminal kinase domain and can associate with each other through their respective C-terminal RIP homotypic interaction motif (RHIM) domains. However, RIP3 lacks the DD through which RIP1 is capable of interacting with other DD-containing proteins such as FADD, TRADD or TNF-R1 itself.

When caspase activity is inhibited, RIP1 in complex-II is now able to recruit RIP3 to form a pro-necroptotic signalling complex frequently referred to as the necrosome. The kinase activity of RIP1 is required for necrosome formation as this can be inhibited by necrostatin-1 (Cho et al. 2009). Both RIP1 and RIP3 are highly phosphorylated during necroptosis, which again can be inhibited by necrostatin-1, suggesting that RIP1 is the upstream kinase responsible for phosphorylation of its target RIP3 (Cho et al. 2009; Degterev et al. 2008). Phosphorylation of RIP3 on S227 is needed for recruitment of the mixed-lineage kinase-like (MLKL) protein, a pseudo-kinase that was recently identified as a crucial factor for necroptotic signalling downstream of RIP1 and RIP3 (Sun et al. 2012; Zhao et al. 2012). MLKL interacts with phosphorylated RIP3 through its C-terminal kinase-like domain

during necroptosis induction. Following recruitment, MLKL is phosphorylated by RIP3 at T357 and S358 (Chen et al. 2013; Sun et al. 2012). MLKL was identified as the target of the small molecule inhibitor of necroptosis necrosulfonamide (NSA) in a chemical library screen (Sun et al. 2012). NSA blocks necroptosis by covalently binding to Cys86 in the N-terminal coiled-coil (CC) domain of MLKL, indicating that this domain is important for MLKL's function. As this residue is not conserved in murine MLKL, NSA is unable to block necroptosis in mouse cells. One concept that has recently been put forward, but awaits confirmation, is that RIP1/RIP3/MLKL-containing necrosomes aggregate into amyloid-like structures, resulting in the manifestation of the physical features of necroptosis (Li et al. 2012). Although several other components have been implicated in the execution of necroptosis, the biochemical mechanism of necroptosis induction is not yet understood and formal genetic proof for the requirement of any factors for the execution of necroptosis, apart from RIP1, RIP3 and MLKL, is currently lacking.

Recent studies in mice deficient for key components of the apoptosis machinery provided insight on the mechanisms that regulate RIP1-/RIP3-dependent necroptosis (Dillon et al. 2012; Kaiser et al. 2011; Oberst et al. 2011; Zhang et al. 2011) (Fig. 5.2). At the same time, they provided an explanation for the puzzling observation that deficiency in caspase-8, FADD or FLIP results in an embryonically lethal phenotype that cannot be attributed to deregulated apoptosis. Since all of these three gene-deficient mice die at the same stage of embryonic development at around E10.5, displaying a phenotype that showed lack of vascularisation of the yolk sac (Sakamaki et al. 2002; Varfolomeev et al. 1998), it could be deduced that caspase-8, FADD and FLIP likely act in concert to prevent the death of a precursor cell of yolk sac vascularisation. Until recently it was, however, unclear whether this hypothesis was correct and, if so, what type of cell death the caspase-8/FLIP/FADD triad would be capable of inhibiting. Strikingly, normal development is completely restored in caspase-8- and FADD-deficient mice when RIP3 is absent (Kaiser et al. 2011; Oberst et al. 2011). In addition, the embryonic lethality of FADD-deficient mice is also rescued by the deletion of RIP1 (Zhang et al. 2011). However, similar to RIP1-deficient mice, these animals die shortly after birth. These studies revealed that, together, FADD, caspase-8 and FLIP antagonise RIP1-/RIP3-dependent necroptosis signalling.

What could be the explanation for these observations on the molecular level? The different FLIP isoforms appear to be the key determinants in deciding cell fate. Whilst FLIP_s completely inhibits caspase-8 activation, counter-intuitively FLIP_L actually appears to promote localised activation of caspase-8 (Boatright et al. 2004; Micheau et al. 2002; Oberst et al. 2011; Pop et al. 2011) (Fig. 5.2). FLIP_L-mediated activation of caspase-8 is achieved through dimerisation-induced conformational changes of the FLIP_L-caspase-8 heterodimer. Heterodimerisation of FLIP_L and caspase-8 allows cleavage between their respective large and small subunits and, consequently, activation of the caspase-8 portion of the heterodimer. Although FLIP_L thereby imparts catalytic activity to caspase-8, this activity is not sufficient to trigger cell death, because FLIP_L prevents cleavage of the pro-domain of caspase-8. Moreover, it appears that FLIP_L-caspase-8 heterodimers display less proteolytic

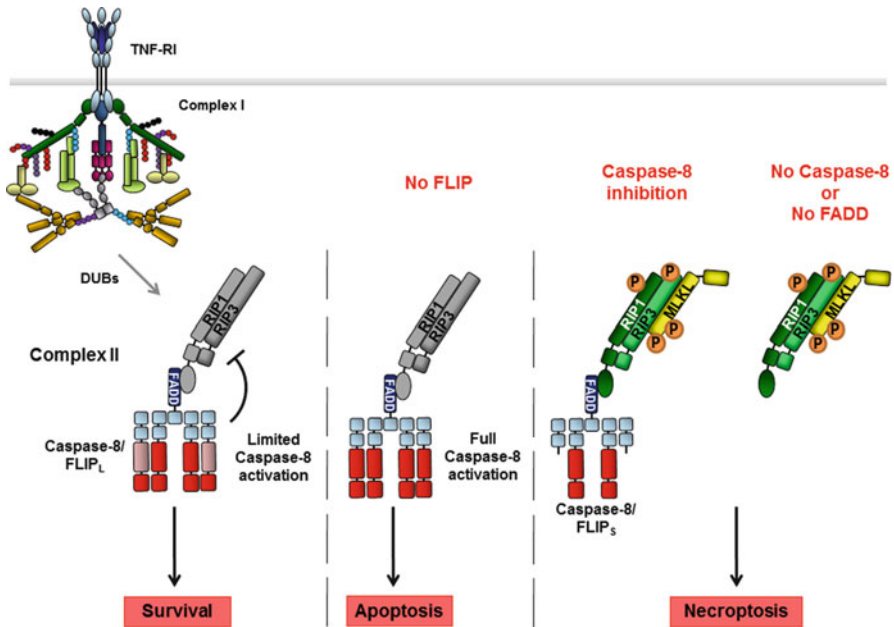


Fig. 5.2 Necroptosis signalling. The different cell death outcomes downstream of TNF-R1 are depicted. Following formation of the TNF-RSC (complex-I), components of this complex, notably TRADD and RIP1, can be released into the cytosol, forming a secondary complex referred to as complex-II. This process is most likely facilitated by the action of DUBs. Complex-II can recruit FADD, caspase-8/10, FLIP isoforms and RIP3, when expressed. The presence of FLIP isoforms in complex-II inhibits full caspase-8 activation and hence apoptosis. The caspase-8/FLIP_L heterodimer also counteracts RIP1 and RIP3 signalling, thereby preventing necroptosis. When FLIP levels are low, for example, when the gene activation signals of complex-I are inhibited, caspase-8 activation is uncontrolled and leads to apoptosis. When caspase-8 activity is completely absent, for instance, by genetic deletion or by the presence of high levels of FLIP_S in complex-II, RIP1 and RIP3 signalling is unchecked. The kinase activities of RIP1 and RIP3 allow their stable oligomerisation and recruitment and phosphorylation of MLKL, resulting in execution of necroptosis by a yet undefined downstream pathway

activity than caspase-8 homodimers on apoptotic substrates such as Bid and caspase-3 (Hughes et al. 2007; Pop et al. 2011). FADD, serving as the scaffold for caspase-8 and FLIP_L, is also able to bind RIP1. The current model is that the FADD/caspase-8/FLIP_L complex allows localised caspase-8 activity that results in cleavage of RIP1 and RIP3 which, in turn, probably results in their inactivation (Feng et al. 2007; Oberst et al. 2011). Hence, FLIP_L inhibits both caspase-8-mediated apoptosis and RIP1/RIP3-dependent necroptosis (Fig. 5.2). In contrast, FLIP_S, which completely prevents catalytic activity of caspase-8, cannot inhibit RIP1/3-dependent necroptosis. Since FLIP_L inhibits both apoptosis and necroptosis, in FLIP knockout mice both pathways need to be neutralised in order to rescue the lethal phenotype. Accordingly, embryonic lethality in mice lacking FLIP cannot be rescued by deletion of RIP3 because in the absence of FLIP, apoptotic cell death can occur in an

uncontrolled manner and, indeed, these embryos display apoptotic cell death (Dillon et al. 2012). Consistent with this notion, the deletion of FADD in addition to FLIP and RIP3 resulted in viable FLIP/FADD/RIP3 triple-knockout mice (Dillon et al. 2012). Thus, the components of the apoptotic machinery, FADD, caspase-8 and FLIP have a survival role by means of negatively regulating RIP1 and RIP3, thereby controlling aberrant necroptosis in the developing embryo.

Currently, it is not clear what the physiological roles of necroptosis are. Whereas RIP1-deficient mice die perinatally, both RIP3- and MLKL-deficient mice are healthy and do not display any remarkable developmental defects (Cho et al. 2009; He et al. 2009; Wu et al. 2013). Whilst these knockouts show that necroptosis is not required for normal development, they also provide invaluable means to study the pathophysiological role of necroptosis. Evidence is emerging that necroptosis is likely to play a crucial role in the host defence against viruses and other pathogens. As viruses commonly bear genes expressing apoptosis inhibitors, RIP3-dependent necrosis most likely serves as a second-line defence cell death mechanism to eliminate infected cells when apoptosis is inhibited. Indeed, although RIP3-deficient mice are developmentally normal, they are unable to control viral infections (Cho et al. 2009; Upton et al. 2010). The notion that necroptosis is a crucial component of anti-viral immunity is further supported by the recent finding that certain viruses also express necroptosis inhibitors, such as the cytomegalovirus protein M45/vIRA that binds and inhibits RIP3 (Upton et al. 2010). In addition, it has been suggested that necroptosis of infected cells enhances the inflammatory response since necroptotic cells release pro-inflammatory DAMPs (Weinlich et al. 2011).

5.5 Regulation of Necroptosis by Ubiquitination

As discussed above, ubiquitination events play an important role in TNF signalling. In fact, over the years the ubiquitin system has emerged as a key regulator of cell death and survival signalling. The first indications of the importance of ubiquitination came from studies on apoptotic signalling in *Drosophila melanogaster*. The drosophila IAPs, DIAP1 and DIAP2, limit caspase activation by modifying both initiator and effector caspases with degradative and non-degradative ubiquitin chains (Broemer and Meier 2009). In mammals, recent evidence suggests that IAPs can regulate caspase-8 activation directly and independently from DR signalling. Loss of IAPs, either due to genotoxic stress or pharmacological inhibition, results in spontaneous formation of a RIP1-containing cytoplasmic death-inducing complex dubbed the “Ripoptosome” (Feoktistova et al. 2011; Tenev et al. 2011). Similar to complex-II, the Ripoptosome contains the core components RIP1, caspase-8, FLIP and FADD and can stimulate caspase-8-dependent apoptosis as well as necroptosis when RIP3 is present. An important difference with complex-II is that the Ripoptosome is assembled in the cytosol independently from DR signalling. Most likely, cIAP1, cIAP2 and XIAP negatively regulate the Ripoptosome by targeting its components for ubiquitination and degradation.

Downstream of TNF-R1, the formation of ubiquitin linkages by cIAP1/2 plays an important role in regulating the signalling outcome. First of all, as outlined above, NF- κ B activation downstream of TNF-R1 depends on various degradative and non-degradative ubiquitination events. In addition, ubiquitination of RIP1, and possibly other components of the TNF-RSC, by cIAPs and LUBAC, is important to actively protect cells against the lethal effects of TNF. The importance of IAPs in TNF signalling was manifested by the use of Smac mimetics (SMs). SMs are a class of small molecule drugs that mimic the N-terminal IAP-binding motif (IBM) of the mature form of the endogenous IAP antagonist Smac. Originally, these compounds were designed to cause apoptosis of cancer cells by antagonising XIAP and relieving caspases from its inhibition (Li et al. 2004; Schimmer et al. 2004). However, SM compounds exert their strongest effect on cIAP1 and cIAP2 by causing their proteasomal degradation (Petersen et al. 2007; Varfolomeev et al. 2007; Vince et al. 2007). These two cellular IAPs normally mediate the constitutive degradation of NF- κ B-inducing kinase (NIK), a kinase that mediates non-canonical activation of NF- κ B. Depletion of cIAPs by treatment with SMs results in stabilisation of NIK and spontaneous activation of non-canonical NF- κ B signalling. In some cells, SM-mediated activation of NF- κ B leads to induction of TNF, resulting in subsequent autocrine stimulation of TNF-R1. In the absence of cIAPs, cells are sensitised to the lethal effects of TNF since components of complex-I, in particular RIP1, are no longer ubiquitinated. The lack of ubiquitination in complex-I leads to the formation of the cytoplasmic complex-II, which is dependent on RIP1 (Petersen et al. 2007; Wang et al. 2008). RIP1 promotes the association between caspase-8 and FADD in complex-II, resulting in caspase-8 activation and induction of apoptosis (Fig. 5.2). When RIP3 is present, however, it can also be recruited to RIP1 in complex-II; when, in addition, caspase-8 is inhibited, the combination of SM treatment and TNF stimulation can result in necroptosis.

Apart from the E3 ligase activity of cIAPs, linear ubiquitination of components of complex-I by LUBAC is also required to protect cells against the lethal effects of TNF. Interestingly, mice carrying a mutation in the LUBAC component SHARPIN, which results in loss of SHARPIN expression, develop chronic proliferative dermatitis (*cpdm*) (Seymour et al. 2007). Whilst gene induction by TNF and other inflammatory ligands is attenuated, *cpdm* cells are sensitised to TNF-induced cell death (Gerlach et al. 2011; Ikeda et al. 2011; Tokunaga et al. 2011). The observation that TNF stimulation results in aberrant death of *cpdm*-derived cells and that this cell death is both apoptotic and necroptotic—and hence possibly inflammatory—inspired the cross between TNF-deficient and *cpdm* mice, with the result that the formation of inflammatory lesions that characterises *cpdm* mice was completely prevented in the absence of TNF (Gerlach et al. 2011). These data strongly support a model according to which TNF-induced cell death, the only TNF signal that was increased in cells derived from SHARPIN-deficient *cpdm* mice, is causative for inflammation in *cpdm* mice. It remains to be shown, however, to which extent TNF-induced necroptosis and/or apoptosis contribute to the *cpdm*-characterising inflammation and whether, together, these two forms of cell death might be required and sufficient for it to occur.

Apart from E3 ligases, DUBs also play an important role in the regulation of DR-mediated necroptosis. CYLD is recruited to the TNF-R1 signalling complex where it targets ubiquitin linkages on RIP1 (Wright et al. 2007). CYLD has been identified in a genome-wide siRNA screen in the mouse cell line L929 to be required for efficient induction of TNF-induced necroptosis (Hitomi et al. 2008). Subsequently, several other studies have confirmed the role of CYLD in necroptosis as well as apoptosis (Bonnet et al. 2011; O'Donnell et al. 2011; Welz et al. 2011). Similar to RIP1 and RIP3, CYLD is also being cleaved by caspase-8 after DR stimulation. This inactivates CYLD and is another mechanism by which caspase-8 suppresses necroptosis (O'Donnell et al. 2011). The finding that CYLD appears to be capable of not only cleaving K63- but also M1-linked ubiquitin chains (Komander et al. 2009) strengthens the notion that linear ubiquitination by LUBAC prevents RIP1 from inducing cell death. Recently, the novel DUB FAM105B/OTULIN/Gumby has been identified as specifically hydrolysing linear ubiquitin linkages, thereby antagonising LUBAC activity (Keusekotten et al. 2013; Rivkin et al. 2013).

Detailed investigations will be required to understand the exact mechanisms by which cIAPs, LUBAC, OTULIN and CYLD, and most likely other E3 ligases and DUBs, regulate the balance between the gene-activatory, apoptotic and necroptotic outcomes of signalling downstream of death receptors. This will not only be important downstream of TNF-R1 but also of TRAIL-R1/2 and CD95, as the necroptotic signalling arm and the role of ubiquitination downstream of these receptors is less well understood. Moreover, the elucidation of hitherto unknown components and regulators of the necroptosis pathway beyond the ubiquitin system will clearly be the focus of future studies. As necroptosis is being reported to be involved in a wider range of pathologies, it will be crucial to completely dissect the signalling pathways that results in necroptosis. Evidently, the understanding of the exact molecular mechanism underlying necroptosis will lead to the identification of novel therapeutic targets and opportunities.

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Chapter 6

Dead if You Do, Dead if You Don't: How Caspase-8 Causes and Prevents Cell Death

Andrew Oberst

6.1 Apoptosis: It All Makes Sense

Apoptosis is a form of programmed cell death defined by the activation of the caspase proteases. Billions of cells are eliminated from the body by apoptosis each day, and apoptosis can be triggered by normal developmental and homeostatic cues, as well as by stresses or pathogen infection. The mechanisms by which apoptosis is initiated and executed have been very well studied and are generally well understood. Since these pathways are exhaustively described elsewhere (Green 2011), I will provide only a brief summary.

6.1.1 *The Apoptotic Pathway*

The apoptotic signaling cascade is generally divided into two branches, termed the “intrinsic” and the “extrinsic” apoptotic pathways. Intrinsic apoptosis is triggered by cell-intrinsic stresses, such as DNA damage, oncogene upregulation, or ER stress; these stimuli converge on the Bcl-2 protein family, which mediates the permeabilization of the outer mitochondrial membrane. This event leads to release of caspase-activating proteins and activation of caspase-9 in a large protein complex called the “apoptosome.”

In contrast, extrinsic apoptosis—upon which we will focus in this chapter—is triggered by engagement of cell surface receptors of the TNF superfamily, collectively called the “death receptors.” These include TNF receptor-1 (TNFR1),

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Fas (also called CD95), and the TRAIL receptors DR4 and DR5, also respectively called TRAIL-R1 and TRAIL-R2. Ligation of these receptors has complex and pleiotropic effects, many of which lie beyond the scope of this chapter (Wilson et al. 2009). For our purposes, it is important to understand that one consequence of death receptor ligation is the recruitment and activation of the pro-apoptotic protease caspase-8. Once activated, caspase-8 can directly activate the downstream effector caspases, caspase-3 and caspase-7; however, in most cell types this process is prevented by the IAP proteins (Jost et al. 2009). Thus, caspase-8-dependent apoptosis generally requires an amplification step, which is achieved by the caspase-8-dependent processing and activation of the Bcl-2 family member Bid. Processed Bid promotes mitochondrial permeabilization and thereby engages the intrinsic apoptotic pathway, leading to efficient apoptosis.

6.2 Caspase Inhibitor-Induced Programmed Cell Death: A Challenge to the Apoptotic Paradigm

The pathways described above neatly explain the activation of the caspases and the execution of apoptosis. In the course of working out these pathways, potent, cell-permeable inhibitors of the caspases were developed; these were quite effective at inhibiting cell death in response to many stimuli and in numerous cell types (Garcia-Calvo et al. 1998; McStay et al. 2008). However, it was found that caspase inhibition failed to protect certain cells—notably L929 murine fibroblasts, in which many seminal early observations were made—from TNF-induced cell death (Vercaemmen et al. 1997, 1998). In fact, addition of the caspase inhibitor zVAD actually sensitized these cells to death, though the death appeared morphologically more similar to necrosis than to apoptosis. The concept of TNF-induced “programmed necrosis” (also called necroptosis; the terms are used interchangeably here) was thereby born; however, the molecular mechanisms that govern this non-apoptotic form of cell death are only partly understood.

6.2.1 *The Necroptotic Pathway*

Let us now turn to the pathway of necroptosis as we understand it; after examining this signaling pathway, we will return to the apoptotic players described above and consider how these two cell death processes are functionally linked. Early findings implicated receptor-interacting protein kinase-1 (RIPK1) in the process of TNF-induced necroptosis (Holler et al. 2000; Lin et al. 2004); indeed, a major breakthrough was the identification of a small molecule that blocked this form of cell death, called necrostatin-1, and the demonstration that this molecule is an inhibitor of RIPK1 (Degterev et al. 2005, 2008). However, it remained mysterious why the combination of TNF and zVAD led to potent necroptosis only in certain cell lines;

indeed, this observation led to speculation that this “zVAD toxicity” was an artifact restricted to specific cultured cells. This notion was put to rest with the identification of RIPK3 as a downstream target of RIPK1 in the necroptotic pathway (Cho et al. 2009; He et al. 2009; Zhang et al. 2009). RIPK3 is silenced in many commonly used cell lines, but is notably present in L929 and Jurkat cell lines, as well as in many primary cell types; this finding explained why these lines, but not other commonly cultured cells, undergo necroptosis in response to TNF+zVAD treatment. The identification of RIPK3 as a key mediator of necroptosis also confirmed this as a bona fide signaling pathway.

The molecular mechanism by which the TNF receptor activates RIPK1 and RIPK3 is described in greater detail elsewhere (Van Herreweghe et al. 2010; Vandenabeele et al. 2010), including in this book. Briefly, TNFR1 ligation recruits many proteins, including RIPK1 and the cIAPs; this complex, often called “complex I,” leads to activation of the NF- κ B transcriptional program, which in turn upregulates numerous genes involved in inflammation and cell survival (Ea et al. 2006). (We will return to the importance of this event later.) Subsequently, RIPK1 translocates out of the receptor-associated complex to form additional complexes in the cytosol (Hsu et al. 1996; Wang et al. 2008). The nature of these complexes is a subject of continuing study; for example, it is not clear how—or indeed if—RIPK1 is modified by its recruitment to complex I and how such modifications influence the formation and function of subsequent complexes. However, it is clear that once in the cytosol, RIPK1 can interact with RIPK3, via the RIP homotypic interaction motif (RHIM) shared by both proteins. Structural studies suggest that this interaction involves formation of an amyloid-like oligomeric structure (Li et al. 2012), though how the formation of this oligomer influences kinase activity and signal transduction remains unclear. Downstream of RIPK3 activation, the pathway becomes murky; the pseudokinase MLKL has been identified as a RIPK3 substrate required for RIPK3-dependent necroptosis (Sun et al. 2012), but how this protein—which seems to lack kinase activity—causes rapid cell death remains unclear.

6.3 Meanwhile, in the Apoptotic Pathways, a Genetic Mystery

Having surveyed both apoptosis and necroptosis, let us now consider the intersection of these cell death pathways, as defined by the control of necroptosis by the pro-apoptotic protease caspase-8. The importance of this cross talk was highlighted by genetic studies, which provide a useful jumping-off point.

Apoptosis is generally considered to be a mechanism for removing superfluous or damaged cells from the organism; one would therefore predict that knocking out pro-apoptotic genes would lead to phenotypes associated with an overabundance of cells. In many cases, this is true: for example, knockout or inactivation of the death receptor Fas or its ligand causes accumulation of an aberrant lymphocyte population (Watanabe-Fukunaga et al. 1992; Takahashi et al. 1994; Fisher et al. 1995)

(more on this later), while knockout of pro-apoptotic Bcl-2 family members produces mice that manifest autoimmunity or increased susceptibility to tumors (Lindsten et al. 2000; Bouillet et al. 2002; Rathmell et al. 2002; Pellegrini et al. 2003; Tan et al. 2005). Similarly, knockout of caspase-9 or APAF-1 causes severe neurological phenotypes associated with an overabundance of neurons (Kuida et al. 1998; Yoshida et al. 1998); all these phenotypes are consistent with a failure to eliminate unwanted cells.

However, there are a few exceptions to this paradigm, and they prove interesting. Specifically, knockout of caspase-8, its adapter FADD, or its catalytically inactive paralog cFLIP_L (hereafter called FLIP) leads to embryonic lethality at developmental day 10.5 due to a failure of hematopoiesis (Varfolomeev et al. 1998; Yeh et al. 1998, 2000). Further studies using conditional knockouts demonstrated that lymphocytes lacking caspase-8, FADD, or FLIP failed to proliferate following antigen receptor activation (Zhang et al. 2001; Kang et al. 2004; Zhang and He 2005; He and He 2012). Mysteriously, it was found that these phenotypes are not shared by knockout of the death receptors that lie upstream of caspase-8 in the apoptotic pathway nor by knockout of Bid or the executioner caspases downstream of caspase-8. These observations, first made over 15 years ago, led to extensive speculation regarding possible non-apoptotic roles for caspase-8. Candidates included participation in NF- κ B signaling (Hu et al. 2000; Dohrman et al. 2005; Golks et al. 2006), cell motility (Helfer et al. 2006; Senft et al. 2007), inflammation (Ben Moshe et al. 2007; Kovalenko et al. 2009), lymphocyte activation (Su et al. 2005), and TLR signaling (Imtiyaz et al. 2006; Lemmers et al. 2007); however, none of these proposed functions fully explained the phenotypes of the knockout animals. Something else was going on; but what?

6.3.1 *Suppression of Necroptosis by Caspase-8/FLIP: Genetic Evidence*

A key finding came when Ch'en et al. took a closer look at the phenotype of mice lacking caspase-8 only in their T cells (Ch'en et al. 2008). It had been previously reported that T cells from these animals failed to proliferate upon TCR ligation; this finding was explained by a proposed requirement for caspase-8 in the TCR-driven NF- κ B transcriptional response, which is required to coordinate the proliferative program in these circumstances (Su et al. 2005). What Ch'en et al. observed, however, was that caspase-8-deficient T cells did in fact proliferate upon antigen receptor stimulation; however, they then rapidly underwent cell death. Importantly, the authors demonstrated that the RIPK1 inhibitor Nec-1—but not caspase inhibitors—could rescue this cell death phenotype. This finding strongly implied that the requirement for caspase-8 in T cell proliferation is defined by the suppression of RIPK1-dependent, caspase-independent cell death. In other words, caspase-8 is needed to prevent necroptosis in activated T cells (Ch'en et al. 2008).

This finding raised an obvious question: if the requirement for caspase-8 in T cells is defined by the suppression of necroptosis, what about the requirement for caspase-8 in normal embryonic development? This question is not easily addressed using a chemical inhibitor of RIPK1, and the RIPK1 knockout is itself perinatally lethal (Kelliher et al. 1998); however, the studies demonstrating a fundamental role for RIPK3 in necroptosis had recently been published, and the RIPK3 knockout had no overt phenotype (Newton et al. 2004). Based on these findings, I set out to cross the caspase-8 knockout animals to RIPK3-deficient mice during my postdoctoral work in the laboratory of Dr. Douglas Green; Dr. William Kaiser at Emory, thinking along similar lines, was carrying out similar crosses concurrently.

What we found, to our surprise, was that caspase-8::RIPK3 double-knockout (DKO) animals were born at Mendelian frequencies and were overtly healthy (Kaiser et al. 2011; Oberst et al. 2011). Consistent with elimination of the extrinsic pathway of apoptosis by caspase-8 ablation, these DKO animals were completely resistant to injection of an activating anti-Fas antibody, a treatment that causes massive liver apoptosis and rapid lethality in wild-type animals. Interestingly, these animals also developed a progressive accumulation of an aberrant lymphocyte population identical to that observed in Fas- or FasL-deficient mice (Watanabe-Fukunaga et al. 1992; Takahashi et al. 1994). The origin of these cells—which are positive for B220 and CD3, but lack CD4 and CD8 expression—remains poorly understood, but subsequent studies found that conditional deletion of caspase-8 in T cells using CD4-driven Cre led to emergence of this cell population only if RIPK3 was also absent (Ch'en et al. 2011). Together, these findings indicate that this lymphocyte population is eliminated by Fas-dependent cell death, presumably dying by apoptosis in RIPK3-deficient animals and necroptosis in mice conditionally lacking caspase-8 in T cells; when either the Fas receptor signal or *both* RIPK3 and caspase-8 are absent, this population is allowed to accumulate.

The unexpected viability of the caspase-8::RIPK3 DKO animals also allowed us to test the putative role of caspase-8 in other processes, such as proliferation and cell motility. The striking finding from these animals was, in fact, the lack of striking findings; T cells from DKO animals (prior to accumulation of the aberrant lymphocyte population discussed above) expanded and contracted normally in response to a bacterial superantigen and exhibited normal NF- κ B activation, and with the exception of the progressive lymphoaccumulation, the DKO animals were normal, fertile, and viable. It is tempting to interpret the overall normality of the DKO animals as demonstrating that caspase-8 does not participate in NF- κ B activation, cell motility, inflammation, or other non-apoptotic processes. However, all we can truly say is that any function of caspase-8 in these processes is either (1) not required for normal development and survival or (2) defined by regulation of RIPK3 and therefore fails to manifest in mice lacking both caspase-8 and RIPK3. Indeed, ongoing studies are uncovering roles for RIPK1 and RIPK3 that are independent of the induction of necroptosis (Kang et al. 2012; Vince et al. 2012), and the regulation of these processes by caspase-8 may point to broader functions for this signaling axis.

6.4 Caspase-8 in Cell Survival: A Killer Turns Over a New Leaf

The rescue of the early embryonic lethality of caspase-8 knockout mice by ablation of RIPK3 indicates that caspase-8 is required during normal development to suppress necroptosis. Furthermore, tissue-specific deletion of caspase-8 shows that this requirement for suppression of RIPK3 extends to several other tissues. Caspase-8 is therefore a key pro-survival protein, because it is needed to prevent necroptosis. However, this idea raises another conundrum: as you recall from Part I of this chapter, caspase-8 is a key effector of extrinsic apoptosis. How, then, can caspase-8 be brought to bear to limit necroptosis without killing cells by apoptosis? In other words, how do you activate this pro-death enzyme to promote survival? To answer this question, we must look more closely at the mechanism of caspase-8 activation.

6.4.1 *The Molecular Mechanism of Caspase-8 Activation*

Caspases are cysteine proteases that cleave substrates at aspartic acid residues (Pop and Salvesen 2009). Caspases are present as inactive zymogens in the cytosol of healthy cells, where they can be activated by a variety of stimuli. The caspases can be broadly divided into “initiators” and “executioners.” Initiators—such as caspase-8—possess long N-terminal domains, called “prodomains,” that mediate their interactions with regulatory and activating proteins. Executioners, such as caspase-3 and caspase-7, lack these domains. These differences give rise to distinct modes of activation between initiator and executioner caspases: initiator caspases are activated by recruitment and dimerization of monomeric proenzymes. In the case of caspase-8, prodomain-driven recruitment to receptor- or RIPK1-associated complexes by the adapter protein FADD leads to dimerization of two molecules of procaspase-8 (Boatright et al. 2003) (Fig. 6.1). Following this dimerization—and importantly for our discussion of the regulation of necroptosis—caspase-8 undergoes key autoproteolytic cleavage events, which allows rearrangement of the caspase-8 catalytic domain and stabilization of the active caspase-8 enzyme (Pop et al. 2007; Oberst et al. 2010). Executioner caspases, on the other hand, are present in healthy cells as inactive dimers and are activated by interdomain cleavage by initiator caspases. Thus, initiator caspases are activated by recruitment to specific complexes and induced dimerization of inactive proenzymes, and these can then activate executioner caspases by cleaving them (Fig. 6.1).

So, what does this have to do with the selective activation of caspase-8 to suppress necroptosis? A significant clue to how this process might work was provided by the generation of a BAC transgenic mouse expressing a version of caspase-8 with a mutation in the autoproteolytic processing site within the catalytic domain (Kang et al. 2008). As mentioned, this cleavage event normally stabilizes the active homodimeric enzyme, and processing at this site is required for formation of a fully

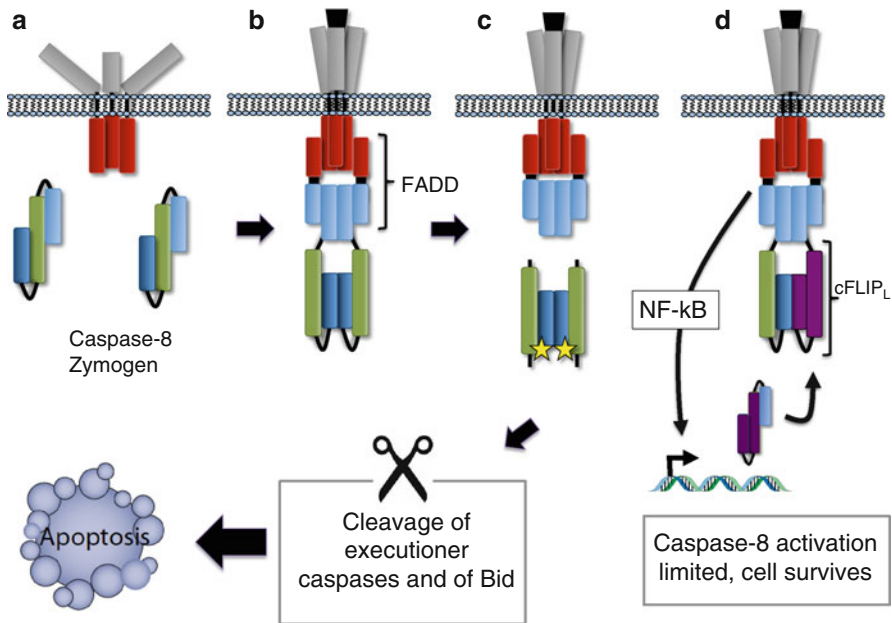


Fig. 6.1 Molecular mechanism of caspase-8 activation. **(a)** Caspase-8 is present in the cytosol of healthy cells as an inactive, monomeric zymogen. **(b)** Upon receptor ligation (depicted here, as occurs with FasL and TRAIL signaling) or formation of cytosolic caspase-8-activating complexes (as occurs with TNF, not shown here), recruitment of the adapter protein FADD leads to dimerization of caspase-8 zymogens. **(c)** Dimerization causes interdomain autoproteolytic cleavage events, which stabilize the mature caspase-8 enzyme and allow full proteolytic activity (stars). Activated caspase-8 can then cleave substrates and trigger apoptosis. **(d)** When FLIP is present, it can substitute for one half of the caspase-8 homodimer. This caspase-8/FLIP heterodimeric species allows cell survival by limiting caspase-8 activation

active, mature caspase-8 enzyme. It was therefore striking that the transgenic mouse expressing non-cleavable caspase-8 was found to survive normally—that is, it did not manifest embryonic lethality—but that cells and tissues from this mouse were resistant to caspase-8-dependent apoptosis. This finding indicated that non-cleavable caspase-8 was able to carry out the survival functions of caspase-8, but not the proapoptotic functions. But, if the autoproteolytic processing of caspase-8 is required for its activation (Oberst et al. 2010), how could the non-cleavable form have any activity at all?

6.4.2 Things Get FLIPping Complicated

In order to understand how caspase-8 can be activated to suppress necroptosis without killing cells, we need to add the protein FLIP to the picture. FLIP stands for “FLICE-like inhibitory protein,” FLICE being the former name of caspase-8.

As this name indicates, FLIP bears significant sequence and structural homology to caspase-8, but importantly lacks a catalytic cysteine. This property allows it to substitute for one half of the caspase-8 homodimer, thereby forming a FLIP-caspase-8 heterodimer instead (Fig. 6.1). Also as its name implies, FLIP was initially described as an inhibitor of caspase-8 (Irmeler et al. 1997), and formation of this heterodimer was thought to block caspase-8 activation.

In fact, the effect of FLIP on caspase-8 is more complicated than that. FLIP is clearly able to prevent caspase-8-dependent apoptosis during DR stimulation, as evidenced by the fact that knockdown or knockout of FLIP greatly sensitizes cells to death receptor-induced apoptosis (Yeh et al. 2000; Kreuz et al. 2001; Micheau et al. 2001). Indeed, FLIP is a potent transcriptional target of NF- κ B, and NF- κ B activation is an early event in TNFR1 and TLR signaling; in most cellular settings, TNFR1 and TLR ligation does not induce cell death, and this is largely attributable to FLIP upregulation blocking caspase-8.

However, careful analysis of the heterodimeric FLIP-caspase-8 complex indicated that this enzyme species does have catalytic activity (Chang et al. 2002; Micheau et al. 2002; Boatright et al. 2004). And this is where a key piece of the puzzle arrives: heterodimerization with FLIP is able to impart catalytic activity to non-cleavable caspase-8 (Pop et al. 2011). Thus, non-cleavable caspase-8, which is able to suppress necroptosis but not induce apoptosis, can be activated by heterodimerization with FLIP but not by homodimerization. This finding strongly implies that it is the caspase-8/FLIP heterodimer, rather than the caspase-8/caspase-8 homodimer, that is responsible for suppression of necroptosis. Indeed, this idea is now supported by extensive experimental evidence (Geserick et al. 2009; Feoktistova et al. 2011; Oberst et al. 2011) and provides a neat explanation for the pro-survival engagement of caspase-8 (Fig. 6.2).

6.4.3 Summing Up the Mechanism: How Caspase-8 Is Engaged to Suppress Necroptosis

In the preceding discussion of the history and discovery of these mechanisms, details may have impeded a clear understanding of how we think this pathway works. So here's a direct explanation, using signaling through TNFR1 as an example:

Ligation of TNFR1 by its cognate ligand, TNF, leads to formation of a signaling complex at the cytoplasmic tail of the receptor. This complex contains RIPK1, among several other proteins, and formation of this complex causes the degradation of the inhibitory I κ B proteins and thereby activates the NF- κ B transcriptional program. This, in turn, leads to transcriptional upregulation of FLIP. Meanwhile, RIPK1 leaves the receptor-associated complex and forms a second complex in the cytosol. This complex leads to the recruitment of RIPK3 but also to the recruitment of the caspase-8 adapter protein FADD, which interacts with the C-terminal death

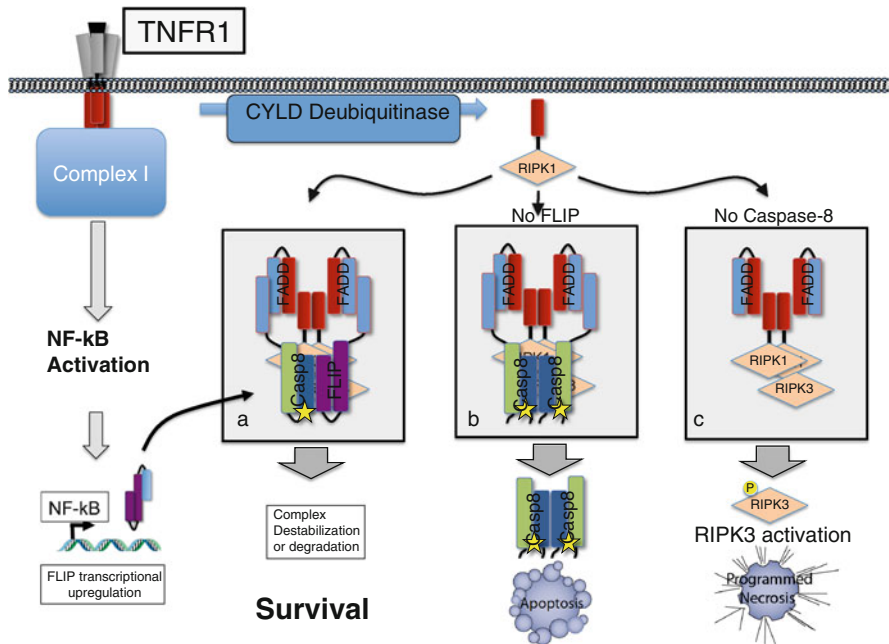


Fig. 6.2 TNF-induced complexes and their effects. TNFR1 ligation leads to NF- κ B activation. Thereafter, RIPK1 translocates from the receptor-proximal complex into the cytosol, through the action of the deubiquitinase CYLD. In the cytosol, RIPK1 can interact with RIPK3, caspase-8, and FLIP; the relative abundance and activity of these proteins determine cell fate. (a) If both caspase-8 and FLIP are present, RIPK1/RIPK3 signaling is inhibited, and the cell survives. (b) If FLIP is absent, caspase-8 activation proceeds unchecked, resulting in apoptosis. (c) If caspase-8 is absent, RIPK3 signaling dominates, leading to RIPK3-dependent necroptosis

domain of RIPK1. FADD, in turn, recruits both caspase-8 and FLIP. They form a heterodimeric enzyme complex, which suppresses RIPK3 activation and thereby prevents necroptosis. However, heterodimerization with FLIP also limits caspase-8 activation and thereby does not trigger apoptosis (Fig. 6.2).

An important feature of this proposed mechanism is that TNFR1 signaling can result in cell survival, apoptosis, or necroptosis, depending on the relative abundance of the enzymes involved. If caspase-8, FLIP, and FADD are all present, cell death is prevented. However, if caspase-8 or FADD is absent, RIPK3 activation proceeds unchecked, leading to necroptosis. If FLIP is absent, caspase-8 activation is uncontrolled, and apoptosis ensues. (Note: this last statement is not strictly true, as we will discuss in Sect. 6.6).

While complicated, this model received genetic backing from recent work by Dillon et al. (Dillon et al. 2012). This study used FADD and FLIP knockout mice, both of which die at E10.5, apparently due to the same hematopoietic defect observed in caspase-8 knockouts. This work found that while FADD knockout mice are rescued by knockout of RIPK3 (analogous to caspase-8 knockouts), FLIP

knockout mice are not. Analysis of FLIP::RIPK3 double-knockout embryos revealed that these pups die due to massive apoptosis in hematopoietic precursors, as revealed by cleaved caspase-3 staining; by contrast, while FADD knockout animals die at the same time, they do not display hallmarks of apoptosis. These observations are consistent with the idea that FADD knockouts die due to unchecked RIPK3 and necroptosis, while FLIP::RIPK3 DKO mice die due to unchecked caspase-8 activation. Interestingly, Dillon et al. showed that FADD::FLIP::RIPK3 triple knockout mice survived to adulthood; thus, the apoptotic phenotype of the FLIP::RIPK3 double knockout is rescued by also ablating FADD. In addition to being informative, this study turns a neat trick: it crosses two embryonically lethal genetic strains (FADD knockout crossed to FLIP::RIPK3 double knockout) and emerges with a viable mouse.

6.5 How Does Caspase-8/FLIP Block Necroptosis?

As discussed, extensive evidence points to the suppression of necroptosis by the caspase-8/FLIP complex as a key component of survival signaling. But how does this really work? Caspase-8 is a protease; what is it cutting to block necroptosis, and how is FLIP involved in this process? The answer to this question remains unclear, and several mechanisms have been proposed to account for this phenomenon.

One caspase-8 substrate proposed to account for the suppression of necroptosis is CYLD (O'Donnell et al. 2011). CYLD is a deubiquitinase, and its activity is associated with the translocation of RIPK1 from the receptor-associated complex I to the RIPK3-activating cytosolic complex. O'Donnell et al. showed that CYLD is processed by caspase-8 during normal TNF signaling and that this processing leads to proteasomal degradation of CYLD. This inhibition of CYLD would prevent RIPK1 deubiquitination and thereby prevent formation of a cytosolic RIPK1 complex capable of inducing necroptosis. However, it remains unclear exactly how and where this processing occurs; caspase-8 forms a cytosolic complex with RIPK1 and RIPK3, but it is not clear that CYLD is also present in this complex.

More directly, both RIPK1 and RIPK3 have been shown to contain caspase cleavage sites (Lin et al. 1999; Feng et al. 2007). In particular, careful analysis of cytosolic RIPK1 complexes has demonstrated the presence of a cleaved RIPK1 fragment when caspase-8 and FLIP are present (Feoktistova et al. 2011; Tenev et al. 2011), and reconstitution with non-cleavable RIPK1 mutants has been shown to eliminate the protective effects of caspase-8/FLIP in multiple systems (Lu et al. 2011; Rajput et al. 2011). Furthermore, in some cases these studies have proposed that RIPK1 cleavage may produce an inhibitory fragment of RIPK1, which is capable of acting in a dominant-negative manner to prevent RIPK1/RIPK3 complex formation (Rajput et al. 2011).

6.5.1 *The IAPs Get in on the Act*

Lurking in the wings of this discussion are the IAP proteins. The IAPs are ubiquitin ligases, and several reports indicate that they can ubiquitinate and promote the degradation of components of the necroptosis-inducing RIPK1/RIPK3 complex (Feoktistova et al. 2011; Tenev et al. 2011). The IAPs can thereby prevent necroptosis, a fact that has been demonstrated in multiple systems (Geserick et al. 2009; Vince et al. 2012). However, it remains unclear how the IAPs interact with caspase-8 and FLIP to promote this function. These observations are further clouded by the fact that the IAPs participate in NF- κ B signaling by TNFR1 complexes; inhibition or knockout of the IAPs thereby prevents FLIP upregulation while also preventing degradation of cytosolic RIPK1 complexes. Thus, while the cIAP1/cIAP2 double-knockout animals die at E10.5 due to the same defects observed in caspase-8, FADD, or FLIP knockouts, this phenotype is only slightly ameliorated by RIPK1 or RIPK3 knockout (Moulin et al. 2012). This may be due to unrestrained activation of caspase-8; consistent with this idea, TNFR1 knockout rescues cIAP1/cIAP2 double-knockout mice to a greater degree.

The action of the IAP ubiquitin ligases may help to answer another persistent question regarding the suppression of necroptosis by caspase-8/FLIP: how does FLIP prevent caspase-8-dependent apoptosis? That this is the case is clear from knockout and knockdown studies; however, these observations are not supported by biochemical studies. Specifically, the caspase-8/FLIP heterodimer has similar substrate specificities as the caspase-8/caspase-8 homodimer, and artificially forming caspase-8/FLIP heterodimers in the cytosol using inducible dimerization systems leads to potent apoptosis (Pop et al. 2011). Thus, there is nothing inherent to the caspase-8/FLIP enzyme complex that prevents apoptosis. This is where other components of the RIPK1 complex may play a role; for example, the presence of FLIP may allow the recognition and ubiquitination of the complex by the IAPs, or the activity or the RIP kinases themselves may affect caspase-8 activity and thereby limit apoptosis. A full understanding of the interactions of these proteins remains a challenge for future studies.

6.6 But Why Is It Wired This Way?

To this point, we have discussed genetic and biochemical data that prove that the apoptotic enzyme caspase-8 is required to suppress RIPK3-dependent necroptosis. These data are both compelling and complicated, and the mechanisms discussed here represent the culmination of dozens of studies. However, in considering these we risk losing sight of a bigger question: why are the cell death systems set up this way? That is, why is caspase-8, a key mediator of one cell death pathway, also required to prevent another? Why has this arrangement been favored by evolution, and what are its implications? We cannot yet answer these questions, but we can speculate.

Most studies of necroptosis use chemical inhibitors of the caspases and IAPs or genetic systems in which these proteins are ablated. Of course, neither of these conditions regularly occur naturally, which begs the question: when is necroptosis engaged under physiological conditions? One possible answer lies in the observation that many viruses encode caspase inhibitors. The subversion of cell death pathways by viruses is covered elsewhere in this book, but it is sufficient to note that viral infection can promote TNF signaling, as well as activating TLR3. These stimuli, in combination with caspase inhibition, could be sufficient to trigger physiological necroptosis; in this hypothetical scenario necroptosis would be a “backup” mechanism to overcome viral inhibition of apoptosis. The idea that necroptosis is a physiological response to viral infection is attractive; it has been demonstrated that RIPK3 knockout mice are hypersusceptible to MCMV and vaccinia infection (Cho et al. 2009; Upton et al. 2010), and MCMV encodes a specific RIPK3 inhibitor (Upton et al. 2010), a sure sign that this pathway is relevant to viral infection.

However, while this is undoubtedly the case, this may not fully explain the links between caspase-8 and necroptosis. CMV infection induces RIPK3 activation via DAI (Upton et al. 2012), and neither caspase-8 nor RIPK1 seems to alter this phenomenon; that is, caspase-8 inhibition is dispensable for necroptosis in this setting. Furthermore, our analysis of one viral caspase inhibitor, the poxvirus serpin CrmA, showed that this protein preferentially inhibits the pro-apoptotic caspase-8/caspase-8 homodimer while leaving the activity of the anti-necroptotic caspase-8/FLIP heterodimer intact (Oberst et al. 2011). This finding explains the previously puzzling result that CrmA transgenic T cells proliferate normally upon activation, while caspase-8 knockouts do not (Smith et al. 1996). It may also demonstrate a refined approach to caspase-8 inhibition by the virus, blocking apoptosis without triggering necroptosis.

If viral caspase inhibitors are not sufficient to explain the induction of necroptosis under physiological conditions, what alternatives do we have? One interesting possibility is that it is not the inhibition of caspase-8 that allows physiological necroptosis, but rather the absence of FLIP. In considering this possibility, we must return to a statement made back in Sect. 6.4 that when FLIP levels are low, caspase-8 is unrestrained and apoptosis ensues. As I mentioned, this is not strictly true. Interestingly, FLIP not only is required to prevent caspase-8 activation but is in fact necessary for the suppression of necroptosis per se. Thus, when FLIP is absent, caspase-8 is unrestrained, but so is RIPK3; the protective link between caspase-8 and necroptosis is effectively broken, and both apoptosis and necroptosis can proceed unchecked. While this is highly speculative, it may be that in many cases necroptosis “wins” this race to the death (Fig. 6.3).

What are the physiological implications of this scenario? Several bacteria express inhibitors of NF- κ B or of general protein translation. Furthermore, PKR-eIF2 α -dependent inhibition of general protein synthesis is a common feature of viral infection. Inhibition of protein synthesis is also a component of various stress response pathways, including ER stress and DNA damage. Thus, in all these scenarios, de novo FLIP expression would be prevented, and necroptosis may thereby ensue in response to TNF or TLR signaling (Fig. 6.3).

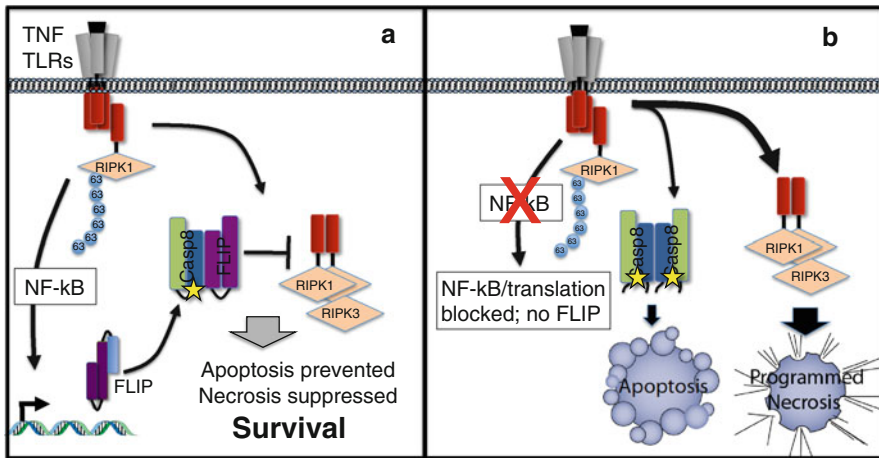


Fig. 6.3 A speculative scenario for physiological necroptosis. **(a)** In healthy cells, TNF-dependent NF-κB activation leads to formation of the caspase-8/FLIP heterodimer, which suppresses RIPK3-dependent necroptosis while also preventing apoptosis. The cell survives, and NF-κB-dependent inflammatory signaling is the result. **(b)** If NF-κB signaling or *de novo* protein synthesis is prevented by pathogen-encoded effectors or cellular stress, FLIP is not upregulated. In this case, the suppressive link between caspase-8 and RIPK3 is broken, and both apoptosis and necroptosis may occur. In such a scenario, necroptosis may be kinetically favored in some cells

But again, why would such an arrangement be evolutionarily favorable? One possible answer lies in the presumed inflammatory nature of necroptosis. TNF and TLR signaling is normally pro-inflammatory, not pro-death; these signals tell cells to produce cytokines and thereby propagate inflammatory signals and coordinate immune responses. In the situations outlined above—bacterial or viral infection or severe cellular stress—cells would be unable to heed these signals, because protein synthesis would be blocked. It may therefore be that in these instances, necroptosis has evolved as an emergency fail-safe means of propagating inflammatory signals. If a cell is unable to respond to the normal cues due to an infection or other crisis, it may be advantageous for that cell to die in a manner that is itself inflammatory, thereby alerting surrounding cells to the danger and promoting the recruitment of immune cells to the site of death. This idea may provide a more general explanation for the induction of necroptosis under physiological conditions. (Or it might be *totally* wrong (Fig. 6.3)).

6.7 Concluding Remarks

The recent years have seen an explosion in interest in the phenomenon of necroptosis, but many fundamental questions remain to be answered. Most notably, the definition of necroptosis has led to a reevaluation of the field of cell death research in

general. Because necroptosis is both genetically programmed and (presumably) inflammatory, its addition to the cell death lexicon means that we must now consider not only *whether* a cell dies in response to a given stimulus but *how* that cell dies and what the effects of that death are for surrounding tissues and global immune responses. Many of the topics discussed in this chapter contain significant speculation, and finding definitive answers to them remains a challenge for future studies. For those interested in these questions, the coming years are certain to prove exciting.

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Chapter 7

The In Vivo Significance of Necroptosis: Lessons from Exploration of Caspase-8 Function

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7.1 Growing Knowledge of Necrotic Cell Death in Inflammation and Causal Interrelationships Between Necrotic Cell Death and Inflammation: A Brief Historical Perspective

Cell death in tissues damaged as a result of inflammation was noticed almost as early as the detection of the leukocyte mobilization events that underlie inflammation. However, definition of the death process was initially so vague that today we cannot tell exactly what was observed in those early studies. Furthermore, we are not even sure what the terms for death used in those studies actually referred to (see Majno et al. (1960) for a discussion of such terms). The clear definition of apoptosis in 1972 (Kerr et al. 1972) opened the way to exploration of the relevance of this form of death to inflammation. Some evidence for apoptotic cell death was reported well before that time, but the concept had not been clearly defined (Clarke and Clarke 1996). The post-1972 studies disclosed that apoptosis serves an

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important role in the eventual elimination of leukocytes that mediate various manifestations of inflammation and, as a consequence, in the resolution of this process (e.g., Haslett et al. 1994). Identification of molecular changes specific to apoptotic cell death, and of signaling mechanisms that induce it, contributed to more accurate recognition of the occurrence of apoptosis in inflammatory processes and provided evidence for its induction in these processes by specific ligands.

In contrast, studies of the occurrence of non-apoptotic cell death in inflammation yielded perplexing data on its role in the process. Accumulating evidence suggested that other cellular changes occurring in inflammation, particularly vascular blockage and activation of granulocytes, precede such death and are the cause of it (Menkin 1948; Henson and Johnston 1987). Yet there was also evidence suggesting that non-apoptotic death plays causal role in inflammation. Of particular note were the studies of Valy Menkin, who suggested that many of the manifestations of inflammation are mediated by molecules generated by injured cells (Menkin 1948), and, much later, the work of Polly Matzinger attributing crucial roles to “danger signals” that emanate from injured tissues both in adaptive and in innate immunity (Matzinger 1994). Accumulating knowledge about cellular components that indeed act as “danger signals” (danger-associated molecular patterns—DAMPs) supports Menkin’s and Matzinger’s suggestions, though understanding of the exact functional role of individual DAMPs in inflammation is still limited (Rock and Kono 2008). More recently it was shown that necrotic cell death can be induced by binding of specific agonists such as the cytokine TNF or bacterial endotoxin (LPS) to specific receptors and by subsequent activation of a distinct group of signaling molecules (reviewed in Vandenabeele et al. 2010). These findings provided further support for the idea that necrosis might serve to promote inflammation and possibly some other physiological roles as well.

7.2 Roles of Caspase-8 in Induction of Apoptotic Cell Death and in Necroptosis

Caspase-8 was initially discovered as the proximal enzyme in the induction of apoptotic cell death by receptors of the TNF family (Boldin et al. 1996; Muzio et al. 1996). It mediates this effect by cleaving and hence activating executioner caspases such as caspase-3 and also via proteolytic processing of the Bcl-2 family member BID which, once cleaved, initiates proapoptotic changes in the mitochondria (Wallach et al. 1999).

Receptors of the TNF family that induce apoptotic cell death can also, in some cells and certain situations, induce necrotic cell death. Two protein kinases, RIPK1 and RIPK3, were recently found to initiate the signaling for necrotic cell death by these and other inducers (Holler et al. 2000; Degterev et al. 2008; Cho et al. 2009; He et al. 2009; Zhang et al. 2009). While serving a crucial function in triggering apoptotic cell-death induction, caspase-8 also plays a major role in restricting the

RIPK1-/RIPK3-mediated induction of necrotic cell death. It is believed to serve this latter role by cleaving the activated RIPK1 and RIPK3 molecules and also by cleaving the deubiquitinase CYLD, a tumor suppressor that regulates the initiation of necroptosis (Green et al. 2011; O'Donnell et al. 2011).

7.3 Caspase-8 Deficiency In Vivo Stimulates Inflammation

Consistent with the crucial role of caspase-8 in the induction of apoptotic cell death through the extrinsic cell-death pathway, knockout of this enzyme in mice was found to block activation of this pathway (Varfolomeev et al. 1998). However, the main phenotypic changes so far observed in mice as a result of such knockout reflect other functional roles of this enzyme, distinct from the induction of apoptotic death. One of the most obviously apparent of these changes is an increased propensity for inflammation or even its spontaneous emergence. We first observed this functional consequence when studying the phenotype of mice whose hepatocytes were deficient in caspase-8. Under normal conditions this deficiency seemed to have no effect on the mice. However, partial hepatectomy in these mice triggered chronic liver inflammation characterized by increased accumulation of leukocytes, phosphorylation of STAT-3, and hypertrophy of the liver (Fig. 7.1, Ben Moshe et al. 2007). A much more severe inflammatory process was found to develop spontaneously in the mouse skin when *caspase-8* was deleted in the basal cells of the epidermis (Fig. 7.2, Kovalenko et al. 2009). This acute inflammation first became evident

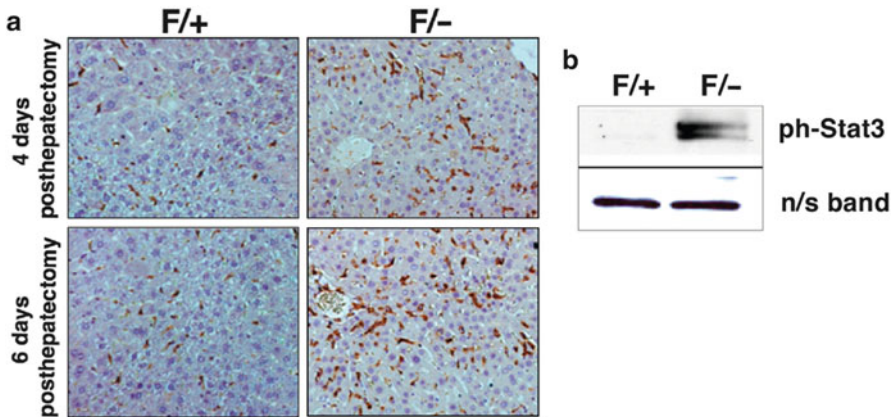


Fig. 7.1 Caspase-8 deficiency in hepatocytes prompts inflammation of the liver after partial hepatectomy. Comparison of the effects of partial hepatectomy on wild-type mice (F/+) and mice with caspase-8-deficient hepatocytes (F/-). **(a)** Staining with the anti-F4/80 antibody for accumulation of leukocytes in the liver 4 and 6 days after partial hepatectomy. Magnification: 400 \times . **(b)** Western blot analysis of STAT-3 phosphorylation in the liver 14 days after partial hepatectomy. From Ben Moshe et al. (2007)

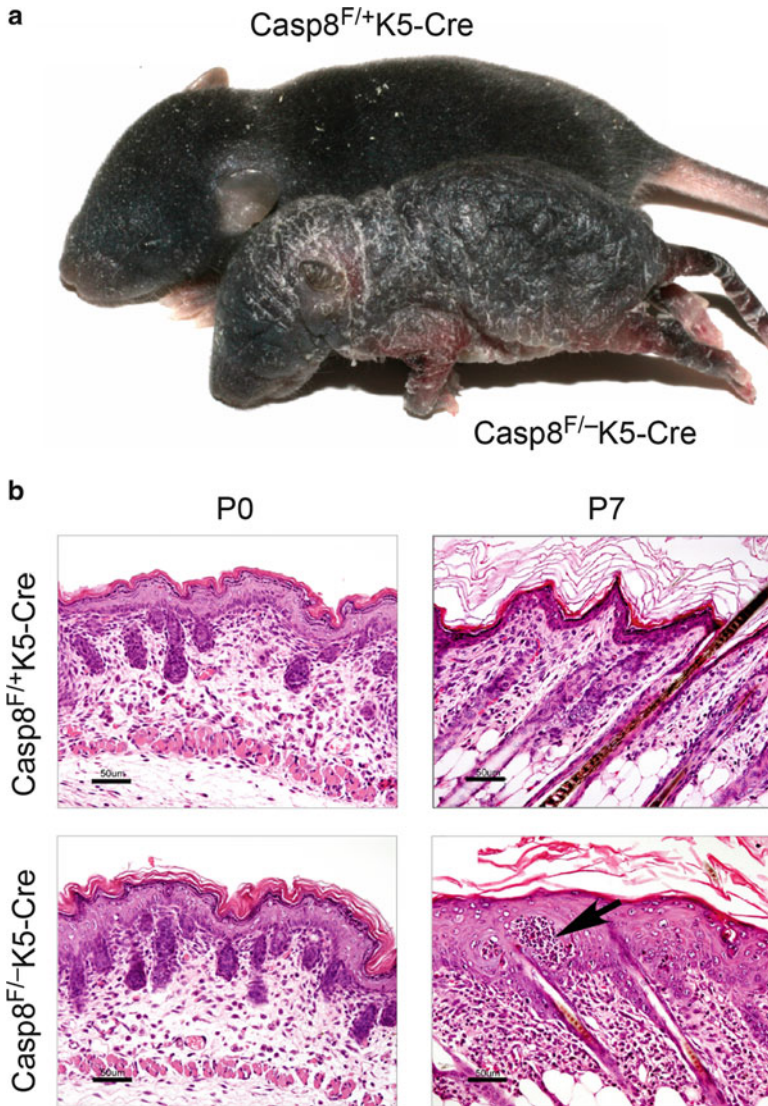


Fig. 7.2 Caspase-8 deficiency in the basal layer of the epidermis prompts acute spontaneous skin inflammation. **(a)** General appearance of mice that express caspase-8 ($Casp8^{F/+}K5-Cre$) or do not express it ($Casp8^{F/-}K5-Cre$) in the basal cells of the epidermis at P7 (7 days after birth). **(b)** Microscopy of the skin. At P0, the skin of the $Casp8^{F/-}K5-Cre$ mouse is indistinguishable in appearance from the skin of the $Casp8^{F/+}K5-Cre$ mouse. At P7 there is marked epidermal hyperplasia and widespread dermal inflammatory cellular infiltration in the $Casp8^{F/-}K5-Cre$ mouse. Arrows in **(b)** point to intraepidermal eosinophilic pustules. H&E; bars, 50 μ m. From Kovalenko et al. (2009)

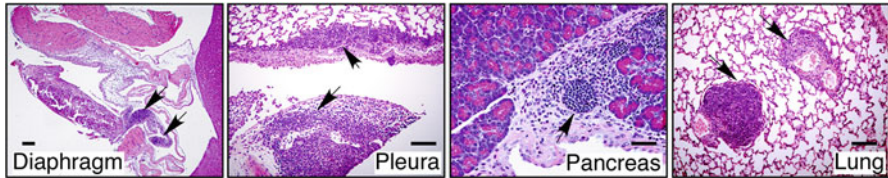


Fig. 7.3 Ubiquitous expression of an enzymatically inactive caspase-8 allele induces inflammation in various organs. Tissue specimens of mice with one wild-type and one enzymatically inactive *caspase-8* allele demonstrate multifocal cellular inflammatory infiltration in diaphragmatic parietal pleura, lung visceral pleura, and interstitium of pancreas and lung (arrows). Scale bar, 100 μm . From Kovalenko et al. (2009)

about 3 days after birth and rapidly strengthened, with death occurring a few days later. Deletion of *caspase-8* in enterocytes was similarly shown to trigger chronic inflammation of the intestine (Gunther et al. 2011).

Ubiquitous deletion of *caspase-8* is fatal in utero (Varfolomeev et al. 1998). Therefore, to obtain a broad view of the function of this enzyme, we had to find a way to impose partial blockage of its activity throughout the body. Mice expressing subnormal amounts of caspase-8 owing to deletion of one of its two alleles did not display any evident abnormality. However, mice that also expressed an enzymatically inactive allele of *caspase-8* developed chronic inflammation in the skin, as well as in a variety of internal organs, apparently as a result of interference of the mutant enzyme with the function of the enzyme expressed by the wild-type allele (Fig. 7.3, Kovalenko et al. 2009). This finding further demonstrated that caspase-8 acts to restrict inflammation in various tissues.

7.4 Several Different Functions of Caspase-8 May Contribute to Restriction of Inflammation

The suspected contribution of necroptosis to inflammation is currently the focus of much research interest. It is therefore important to stress that although caspase-8 deficiency can result in enhanced necroptosis in cultured cells treated with certain inflammation-related ligands and that if this process occurs in vivo it may indeed promote inflammation, the inhibition of necroptosis induction is by no means the only mechanism by which caspase-8 restricts the initiation of inflammation. Therefore, ablation of this particular effect is not the only factor that can account for the inflammation observed in mice when caspase-8 function is obliterated (Fig. 7.4). For one thing, apoptotic cells block activation of the innate immune response in other cells (Voll et al. 1997; Fadok et al. 1998). Therefore, the function that occasioned the discovery of caspase-8, namely, its initiation of the extrinsic apoptotic cell-death pathway, can contribute to restriction of inflammation through the effects of cells that have died apoptotically as a result of caspase-8 activation (“1” in Fig. 7.4). Even when cell death does not occur, activation of executioner caspases

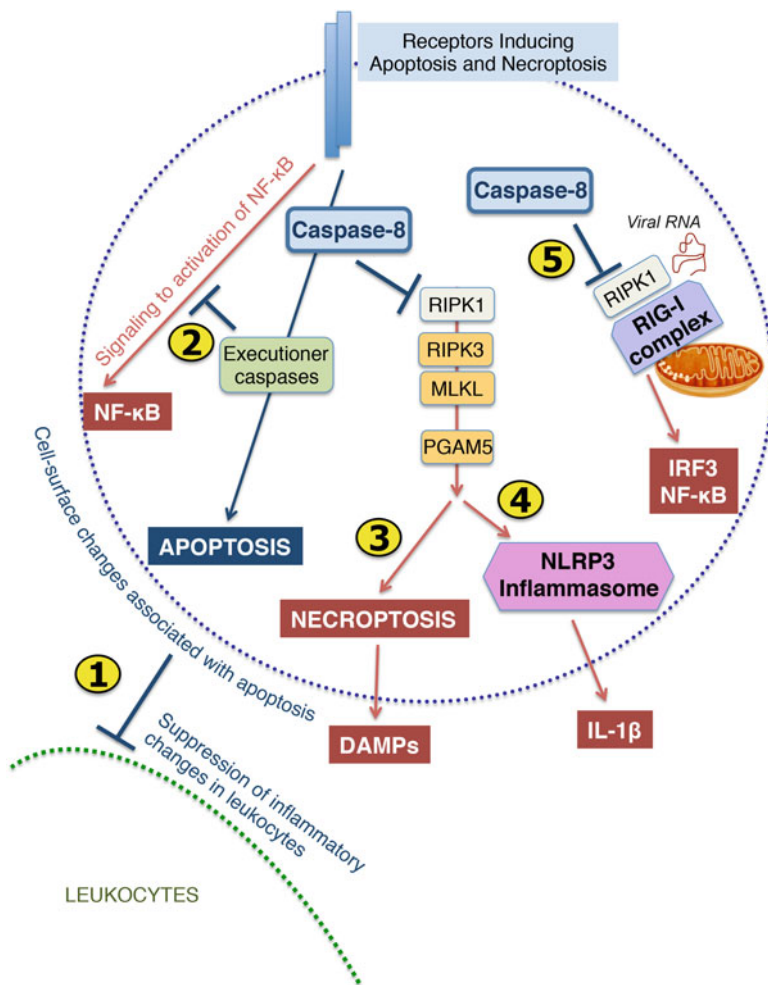


Fig. 7.4 Signaling mechanisms participating in various anti-inflammatory effects of caspase-8. See text for further explanation

by the extrinsic cell-death pathway may suppress signaling for inflammation (such as that mediated by the NF- κ B transcription factors) by cleaving proteins that participate in these signaling pathways (e.g., cf. Levkau et al. 1999; Lin et al. 1999; Henkler et al. 2003; Frelin et al. 2008, “2” in Fig. 7.4).

The extrinsic cell-death signaling pathway and signaling for necroptosis branch out from a common starting point, namely, a signaling complex whose assembly is dictated by receptors such as the TNF receptor or certain Toll-like receptors (TLRs) that can initiate both effects. Downstream of the ramification point the necroptotic pathway leads to activation of several proteins, including RIPK3, MLKL, and PGAM5 (Cho et al. 2009; He et al. 2009; Zhang et al. 2009; Sun et al. 2012;

Wang et al. 2012; Zhao et al. 2012), which do not participate in the extrinsic cell-death pathway (“3” in Fig. 7.4). However, these further downstream events are still not distinctive of necroptosis. Persuasive evidence indicates that the kinase function of RIPK1 serves several functions other than induction of necrotic cell death (e.g., Devin et al. 2003; Biton and Ashkenazi 2011; Lukens et al. 2013). Moreover, we recently found that activation of RIPK3, MLML, and PGAM5 in a way that depends on the kinase function of RIPK1 can also lead to activation of the NLRP3 inflammasome, a complex that mediates generation of inflammatory cytokines such as interleukin (IL)-1 β , and that this function is elicited independently of the induction of cell death (Fig. 7.5 (Kang et al. 2013) and “4” in Fig. 7.4). It might well turn out that this pathway leads to various additional kinds of functional changes. As with the induction of necroptosis, triggering of these various other changes is likely to be suppressed by caspase-8 and thus enhanced in its absence.

Moreover, caspase-8 also participates in signaling complexes other than those triggered by the cell-surface receptors that activate the extrinsic cell-death pathway, and its effects in the latter complexes might also result in suppression of inflammation. An example of this function is the role served by caspase-8 in controlling the response to cytoplasmic nucleic acids. RIG-I, a complex that contains both caspase-8 and RIPK1, associates with the mitochondria and peroxisomes, senses viral and cellular cytoplasmic nucleic acids, and mediates antiviral responses through signaling for activation of IRF3 and NF- κ B. Binding of caspase-8 with this complex and the resulting caspase-8-induced cleavage of RIPK1 restrict the activation of IRF3 by cytoplasmic nucleic acids (Fig. 7.6 (Rajput et al. 2011) and “5” in Fig. 7.4).

There are also functions of caspase-8 that might yield the opposite consequence—enhancement of inflammation or even its triggering. It was shown, for example, that once caspase-8 is activated, either by the extrinsic cell-death pathway or in some other way, it can cleave pro-IL1 β molecules and thus generate active molecules of this cytokine (Bossaller et al. 2012; Gringhuis et al. 2012; Vince et al. 2012). However, since the present discussion concerns the relative contribution of necroptosis to enhancement of inflammation, we have restricted it to those functions of caspase-8 whose arrest can result in such enhancement.

7.5 Which of the Various Anti-inflammatory Effects of Caspase-8 Contribute to the Inflammatory Processes Initiated by Its Genetic Ablation?

When we first discerned inflammation in mice as a result of *caspase-8* deletion, the only known signaling activity of this enzyme was the extrinsic cell-death pathway. It therefore initially seemed possible that the observed inflammation had resulted from deficient killing of certain cells through the extrinsic cell-death pathway or from impairment of some other consequences of that pathway’s activation. These possibilities, however, were excluded by a subsequent study in which we applied

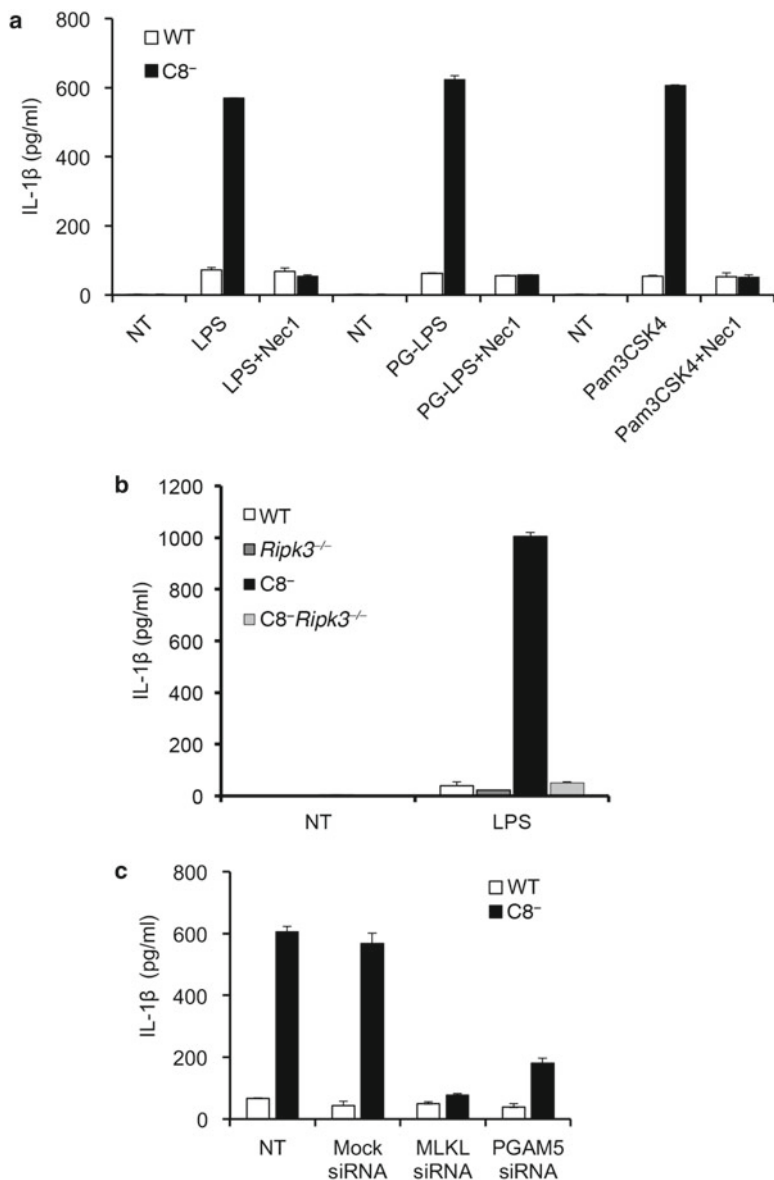


Fig. 7.5 Caspase-8 deficiency in dendritic cells facilitates activation of the NLRP3 inflammasome. **(a)** Secretion of IL-1 β by wild-type (WT) and caspase-8-deficient (C8⁻) dendritic cells in response to treatment for 6 h with the indicated TLR ligands (which induce IL-1 β through activation of the NLRP3 inflammasome) and the effect of added necrostatin (Nec1), an inhibitor of the kinase function of RIPK1. **(b)** Secretion of IL-1 β by dendritic cells derived from the indicated mouse strains in response to treatment with LPS. **(c)** Effects of knockdown of MLKL or PGAM5 in WT and C8⁻ dendritic cells on secretion of IL-1 β in response to their treatment for 3 h with LPS. From Kang et al. (2013)

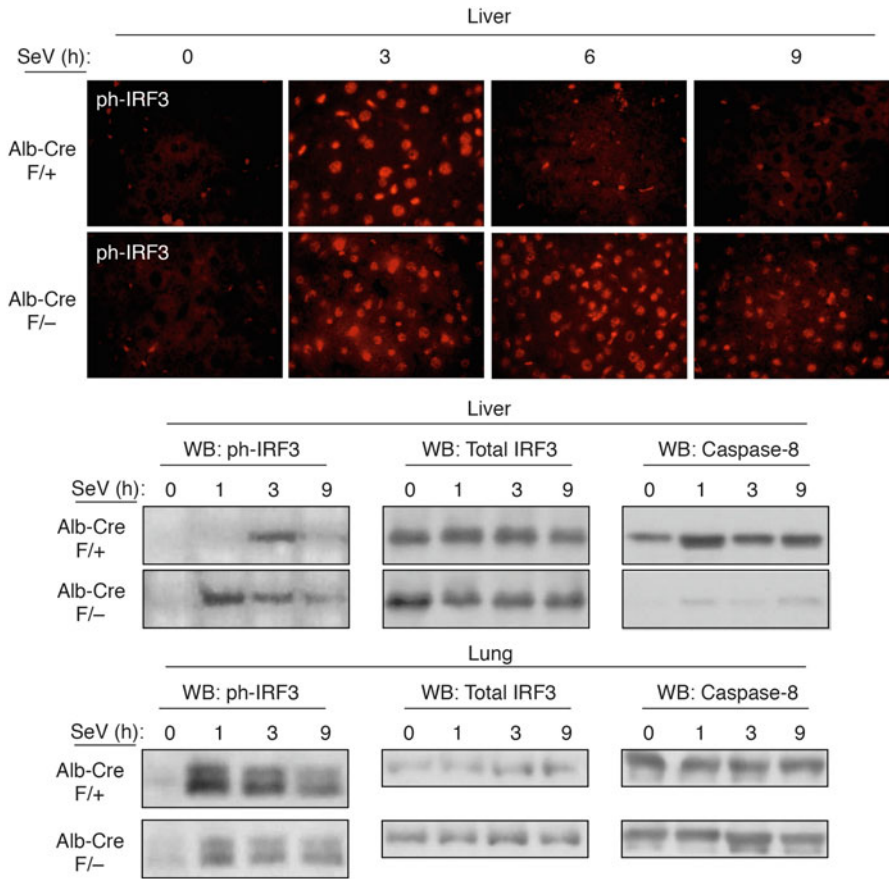


Fig. 7.6 Enhanced viral RNA-induced activation of IRF3 in caspase-8-deficient cells. Effect of conditional deletion of *caspase-8* in hepatocytes on IRF3 activation by Sendai virus (SeV) infection in vivo. *Top* and *middle*, immunohistochemical analyses of IRF3 phosphorylation and translocation to the nuclei and immunoblot analyses of IRF3 phosphorylation in the livers of control mice (Alb-Cre F/+) and of mice with hepatocyte-specific deletion of *Casp8* (Alb-Cre F/-) at various times after SeV injection. *Bottom*, immunoblot analysis of IRF3 phosphorylation in the lungs of the same mice. Immunostained liver sections were inspected and photographed under a Nikon ECLIPSE E600 fluorescence microscope at a magnification of 100x. From Rajput et al. (2011)

bacterial artificial chromosome (BAC) transgenesis to explore structure/function relationships for the various activities of caspase-8 in vivo. That study revealed that activation of the extrinsic cell-death pathway depends on self-processing of caspase-8. However, mutational ablation of such self-processing did not trigger inflammation in the mice (Kang et al. 2008), implying that those caspase-8 function(s) whose ablation upon caspase-8 deletion results in inflammation do not depend on activation of the extrinsic cell-death pathway, but involve a molecular form of caspase-8 distinct from the form that mediates this pathway.

Of the various inflammatory processes that we and others have found to be inflicted by caspase-8 deficiency in mice, my laboratory chose to focus on the skin inflammation imposed by deletion of *caspase-8* at the basal layer of the epidermis. This inflammatory process and similar inflammation resulting from epidermal-specific deletion of FADD (an adapter protein to which caspase-8 binds) have been studied in some other laboratories as well (Li et al. 2010; Bonnet et al. 2011). Our main findings (some of which do not fully concur with the findings from those other laboratories) were as follows:

1. While the first signs of skin pathology and histological evidence of inflammation could be discerned only about 3 days after birth, detailed analyses of gene expression revealed that activation of inflammatory genes in the skin occurs well before that, as early as 2 days before birth (Fig. 7.7 and data not shown). Various signaling enzymes that contribute to inflammation were likewise found to be activated very early. Among the earliest observed were activation of IRF3 and of the kinase TBK1 that phosphorylates it (Kovalenko et al. 2009).
2. Skin inflammation as a result of caspase-8 deficiency in keratinocytes also occurs, albeit to a lesser extent, on a TNF null background. It also occurs in mice deficient in IL-1 α and IL-1 β and in either of the two main adapter proteins (MyD88 and TRIF) activated by the TLRs, suggesting that this inflammation does not depend on triggering of the TNF or IL1 receptors or of TLRs (Kovalenko et al. 2009).
3. In situ hybridization with probes corresponding to some of the main inflammatory genes upregulated in the inflamed skin revealed that whereas deletion of *caspase-8* occurs at the basal layer of the epidermis, activation of these inflammatory genes mainly occurs several cell layers further upwards, in the granular layer of the epidermis (Fig. 7.8, Kovalenko et al. 2009).
4. Our histological analysis of the skin at the time of its extensive inflammation revealed some dead keratinocytes in the epidermis along with various other histological aberrations and accumulation of leukocytes in this tissue. Prior to these massive histological changes, however, death of cells in the epidermis was rare. Despite detailed histological analyses, we could not discern any increase in the frequency of cell death at that time in the caspase-8-deficient epidermis compared to that in the epidermis of normal mice, nor could we see a consistent increase in the number of TUNEL-positive cells in the knockout skin.
5. In agreement with the observations of others (Kaiser et al. 2011), we found that inflammation of the skin resulting from caspase-8 deficiency in the epidermis did not occur on a RIPK3 null background, implying a crucial role of RIPK3 in its induction.

Fig. 7.7 (continued) For each mouse, mRNA expression of the indicated four genes was analyzed by real-time PCR. Samples from pairs of *Casp-8^{fl/-}K5-Cre* and *Casp-8^{fl/+}K5-Cre* mice were tested simultaneously; these pairs are depicted at identical horizontal positions. (In the case of *Isg15*, four additional D-1 WT samples were analyzed.) Shown are the $-\Delta$ cycle threshold (Ct) values obtained by subtraction of the Ct value of each PCR product from the Ct value of the housekeeping gene *Hprt1*. Red arrows point to values for two *Casp-8^{fl/-}K5-Cre* mice that showed significant upregulation of *Isg15* expression before birth. From Kovalenko et al. (2009)

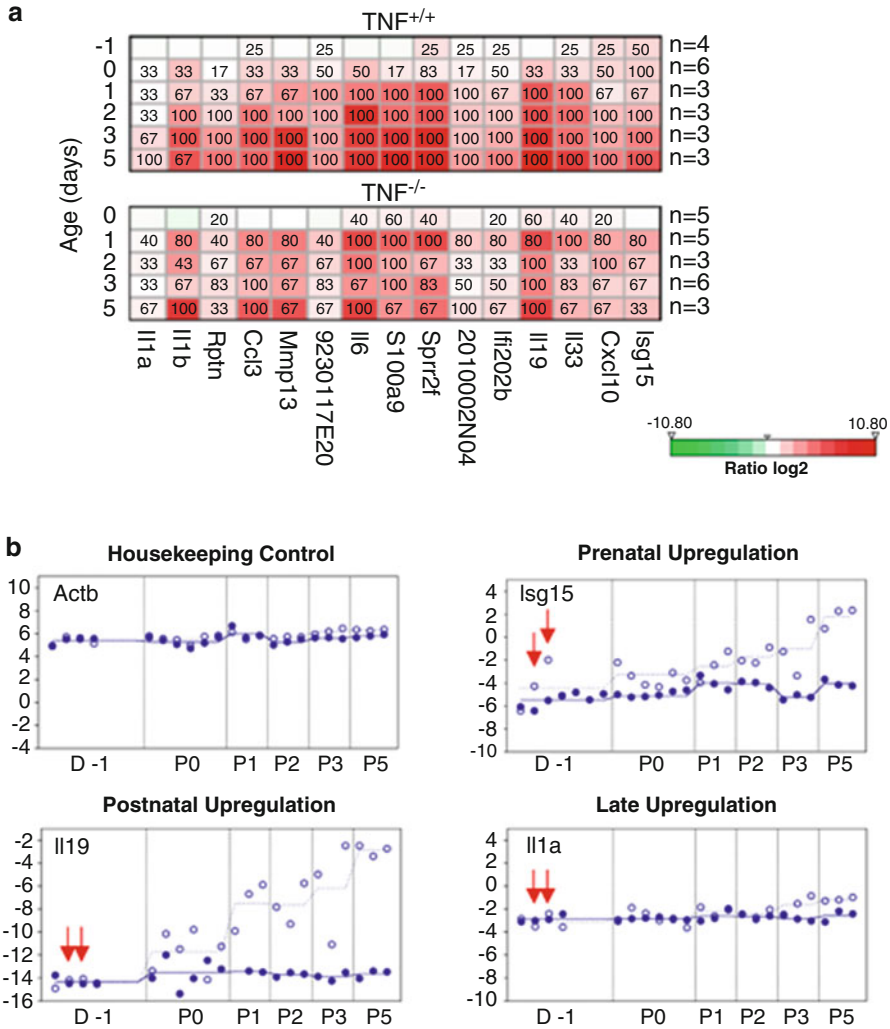


Fig. 7.7 Caspase-8 deficiency in the basal cells of the epidermis already facilitates expression of inflammatory genes in the skin before birth. Kinetic analysis of gene expression changes in the *caspase-8*-null epidermis and assessment of their dependence on TNF. **(a)** RNA isolated from the epidermal tissues of 22 pairs of *Casp-8^{F/+}K5-Cre* and *Casp-8^{F/-}K5-Cre* mice (from eight litters) and from the epidermal tissues of 22 pairs of *TNF^{-/-}Casp-8^{F/+}K5-Cre/TNF^{-/-}Casp-8^{F/-}K5-Cre* mice (from seven litters) was used for real-time RT-PCR determination of the expression of 15 selected genes representative of most of the functional groups of genes found to be upregulated in the skin as a result of *caspase-8* deletion in the basal cells of the epidermis. For heat-map visualization, log₂-transformed expression ratios were ordered according to increasing consistency of changes in mRNA expression in the TNF^{+/+} mice (horizontal axis). Percentages of *Casp-8^{F/+}K5-Cre* mice at a given age with a significantly upregulated transcript relative to its mean expression in all *Casp-8^{F/+}K5-Cre* age-matched mice are recorded in the heat-map boxes. *n*, number of experimental/control mice pairs analyzed for the given age. **(b)** RNA was isolated from the epidermis of *Casp-8^{F/-}K5-Cre* mice (empty circles, values for individual mice born on different dates; broken lines, mean values for all individuals analyzed at a particular age) and of *Casp-8^{F/+}K5-Cre* mice (filled circles and solid lines) 1 day before birth (D-1) and at different times postnatally.

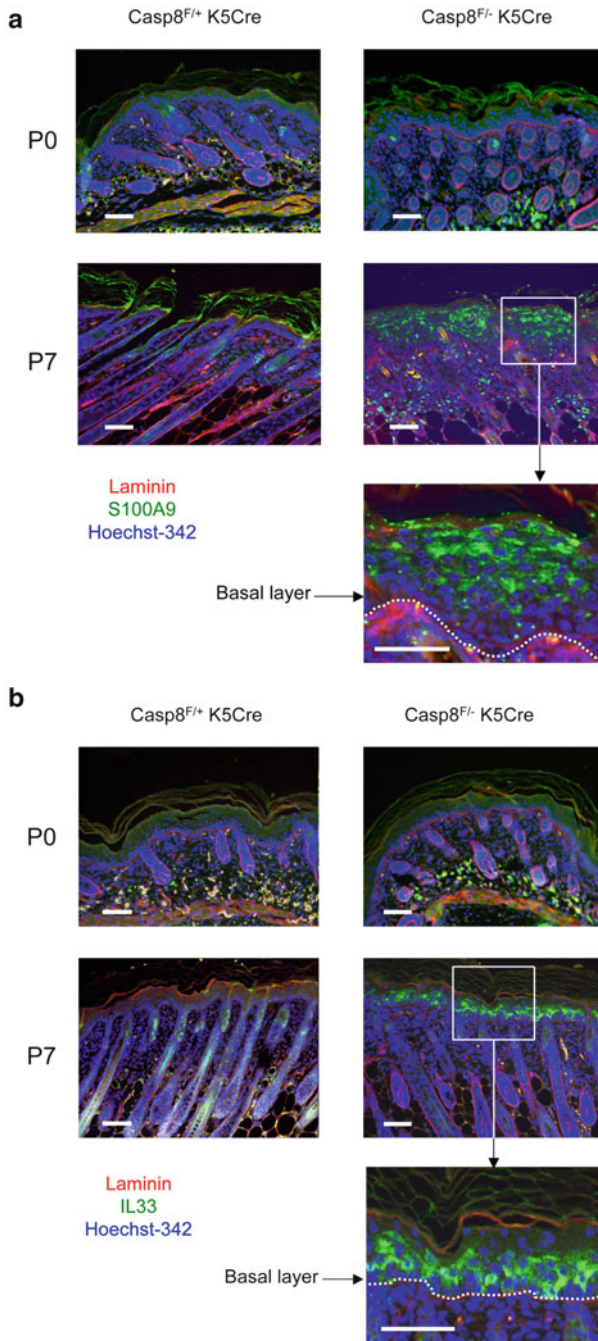


Fig. 7.8 Expression of inflammatory genes in caspase-8-deficient epidermis occurs mainly in the granular layer. In situ hybridization for spatial analysis of upregulated inflammatory genes in the caspase-8-deficient epidermis. Skin samples of *Caspase-8^{F/-}K5-Cre* and *Caspase-8^{F/+}K5-Cre* littermates at P0 and P7 were hybridized with DIG-labeled antisense RNA probe for mRNA of S100a9 (a) or IL33 (b) and then subjected to fluorescence detection (Cy2-anti-DIG, green). Nuclei were counterstained with Hoechst 342 (blue). Rabbit anti-laminin was used to visualize the basal membrane (red), highlighted in the magnified presentation of the insets by dotted lines and detected with Cy3-anti-rabbit Ig. Bars, 50 μ m. From Kovalenko et al. (2009)

Taken at face value, these findings seem to suggest that caspase-8 deficiency triggers prenatal expression of some inflammatory genes and that the death of some cells in the skin observed days later is not the cause of the inflammation but rather a result of pathological changes inflicted on the skin. However, given the limitations of sensitivity of the techniques for detecting necrotic cells *in vivo* and the lack of means to distinguish necroptosis from other forms of necrotic cell death, we cannot exclude the possibility that necroptotic cell death occurring at a frequency lower than our detection limit does precede activation of inflammatory genes in the skin and is the initial cause of it.

7.6 Can Genetic Modulation of a Signaling Protein That Controls Necroptosis Induction Be Applied to Explore the Causal Role of Necroptosis in Inflammation?

The information underlying our current notions of the *in vivo* significance of necroptosis is fragmentary. There are two major gaps in our knowledge: (a) Necroptosis was defined in the framework of cell culture studies. We assume that some of the cells found to die necrotically *in vivo* have died by necroptosis. However, because necrotic death can also be inflicted merely by injury of the cells independently of activation of the necroptotic pathway and since there is currently no known molecular or histological parameter that distinguishes between cells that die through activation of the necroptotic pathway and cells in which necrotic death is inflicted in another way, we cannot clearly identify necroptotic cells *in vivo*. (b) Inflammation and necrotic cell death can each be the cause of the other. Inflammation can inflict necrotic cell death, for example, by arrest of the supply of nutrients and oxygen as a result of clogging of the vasculature or through effects of superoxide radicals and toxic proteins generated by activated granulocytes. (As stated above, the extent of similarity between death induced in this context and necroptosis is not yet known.) Conversely, cellular components released by cells when they die necrotically can trigger inflammation. At this stage we have no way of knowing which of the two sequences of events—induction of necrotic death by inflammation or triggering of inflammation by necrotic cells—has occurred in a given *in vivo* situation (Wallach et al. 2011).

As mentioned at the beginning of this article, on looking back at the early studies of the cellular basis for inflammation, we can now appreciate the limitation of using only histological analysis to affirm the occurrence and define the functional significance of necrotic cell death during inflammation. Deciphering of the molecular basis for cellular phenomena greatly advances our ability to study their *in vivo* significance. Molecules found to contribute to these phenomena can be used as probes for their detection *in vivo*, and mutation of these molecules in mice can allow exploration of their functional significance. As we now begin to acquire molecular knowledge of necroptosis, such tools and techniques, though not yet available to us,

can be expected to emerge. A major limitation of our current knowledge is that none of the necroptosis-regulating molecules identified so far serves exclusively for induction of this process. This article addresses the fact that occurrence of inflammation as a result of caspase-8 deficiency cannot be safely ascribed to necroptosis because there are other mechanisms besides facilitation of necroptosis by which caspase-8 can promote inflammation. The same limitation applies to all other signaling proteins so far found to participate in the initiation or the regulation of necroptosis—the receptors inducing it (the TNF receptor, TLRs, and others) and the signaling proteins activated by them (e.g., FADD, cIAP1 and cIAP2, CYLD, the kinase function of RIPK1). Our recent finding that three molecules known to participate further downstream in the induction of necroptosis—RIPK3, MLKL, and PGAM5—also mediate activation of the NLRP3 inflammasome independently of induction of cell death (Fig. 7.5 and Kang et al. 2013) implies that these molecules likewise cannot serve as exclusive markers for necroptosis. Probes that detect their activation will not necessarily provide a means to detect necroptosis, and functional changes resulting from genetic ablation of these proteins cannot be assumed to result from deficient or excessive necroptosis.

The above constraint does not mean, however, that specific molecular markers for necroptosis cannot be found. Even in the most pleiotropic signaling pathways, it may turn out to be possible to identify distal signaling molecules and molecular changes that are specific to a particular functional consequence of their activation. In the case of the pathways that trigger apoptotic cell death, for example, we currently believe that certain events are distinctive markers of this death, as exemplified by distal changes such as the cleavage of DNA down to nucleosomal units (Arends et al. 1990) or the caspase-mediated cleavage of I-CAD, the protein withholding the enzyme that mediates this DNA cleavage (Enari et al. 1998; Sakahira et al. 1998). Activation of the executioner caspases that mediate these distal events is less specific to this process because these enzymes can also have non-apoptotic functions, and—as demonstrated in this article with regard to the function of caspase-8—proteins acting upstream of the executioner caspases are even more pleiotropic. The terminal signaling enzymes and effector molecules in the necroptotic pathway are still unknown. We also lack reliable knowledge of the DAMPs generated by necroptotic cells *in vivo*, and indeed even the mere existence of such DAMPs has so far only been inferred from reports of their generation by cells in which necrotic death was imposed in other ways.

There is reason to hope that, as in the case of the assessment of apoptosis, once the distal events in necroptosis are identified, they will provide more reliable molecular tools to discern necroptosis *in vivo* and to define more clearly the causal relationship between this form of cell death and inflammation.

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Chapter 8

NOX1, Reactive Oxygen Species, JNK, and Necrotic Cell Death

Michael J. Morgan and You-Sun Kim

8.1 Cellular Reactive Oxygen Species (ROS)

Reactive oxygen species (ROS) are generally small-molecule, oxygen-containing compounds that are produced by the cell either as signaling intermediates, as a mechanism of cellular defense from pathogens, or as by-products of metabolic processes. While ROS are necessary for some cellular events in signal transduction or metabolism, cells are protected from inadvertent ROS damage by systems of antioxidant and repair proteins, such as thioredoxin and glutathione and their associated enzymes (Holmgren 2000; Rhee et al. 2005). Other enzymes directly eliminate specific kinds of ROS, such as superoxide dismutases, catalase, and peroxiredoxins. The cell also has many other nonenzymatic antioxidants, such as vitamins E and C, carotenoids, and oxy-carotenoids (Sies 1997). Thus, while ROS are essential for cellular function, under normal conditions, the cell is equipped with protective molecules such that the amounts of ROS are carefully controlled and managed to prevent cell damage and death.

A variety of ROS are produced in significant quantities in the cell. These include superoxide ($\cdot\text{O}_2^-$); hydrogen peroxide (H_2O_2) and lipid peroxides (ROOH); hydroxyl ($\cdot\text{OH}$), alkylloxy ($\text{RO}\cdot$), and peroxy ($\text{ROO}\cdot$) radicals; hypochlorous acid (HOCl); singlet oxygen ($^1\text{O}_2$); as well as peroxynitrite (ONOO^-). ROS is mainly produced in

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the cell as superoxide or hydrogen peroxide, and these two species can react with other molecules to form many of the other ROS. While lipid membranes are relatively permeable to hydrogen peroxide, superoxide is not believed to diffuse across membranes due to its negative charge. When superoxide is present at high concentrations, its half-life is rather short due to spontaneous dismutation into O_2 and H_2O_2 ; however, since the dismutase reaction is a second-order reaction with respect to the initial superoxide concentration, its half-life can be on the order of hours when the superoxide concentration is low. Therefore, superoxide dismutases, which are highly efficient enzymes, are used by the cell to enzymatically increase the rate of this reaction. Within peroxisomes, the H_2O_2 is then broken down into oxygen and water by the enzyme catalase.

8.1.1 Intracellular Sources of ROS

Quantitative comparison of ROS sources was originally largely based on the pioneering work of Britton Chance in the 1950s–1970s, where his laboratory showed that various isolated subcellular fractions of rat liver, including mitochondrial, microsomal, peroxisomal, and soluble fractions, were all capable of producing H_2O_2 when supplied with various substrates (Boveris et al. 1972). H_2O_2 production was estimated to represent approximately 5 % of O_2 consumption in total, with approximately 1–2 % of electrons lost from mitochondrial electron transport chain complexes to form ROS (Boveris et al. 1972; Boveris and Chance 1973). The mitochondria have been assumed to be the largest intracellular source of ROS, but some have recently called this assumption into question (Brown and Borutaite 2012) and have suggested that peroxisomes are a greater source of cellular ROS during respiration of fatty acids. Since most quantitative comparisons are based on somewhat impure fractionations where an artificially high level of substrate is provided and without physiological conditions or stressors, it is difficult to say definitively which potential source may contribute the most to intracellular ROS. However, whether or not it is the greatest source of ROS, there are many places within mitochondrial respiratory chain that are capable of producing ROS (Turrens 2003; Orrenius et al. 2007), and since the mitochondria are closely associated with cell death, induced mitochondrial ROS during mitochondrial dysfunction is likely to play a significant role during programmed necrosis. Microsomal fractions from the previously cited work suggest that the ER may be another large source of intracellular ROS; the lysosome may also be another potential source when it comes to mediating necrotic cell death.

Another potentially large source of ROS is the NADPH oxidase family (NOX family), which produce superoxide from oxygen using NADPH as a substrate (Lambeth 2004; Brown and Griendling 2009). The superoxide from these oxidases (especially NOX2) is often used as a defense against pathogen infections by the cells of the innate immune system (Quinn et al. 2006). Other family members of the NOX family are expressed in more ubiquitous fashion, and it has recently been

more appreciated that these NOX enzymes contribute to signal transduction, many through being targeted to specific subcellular localization patterns (Ushio-Fukai 2009). Lastly, there are numerous other enzymes, including cytosolic enzymes such as xanthine oxidase that produce ROS within the cell, but these will not be discussed further here.

8.1.2 NADPH Oxidases (NOXs)

NADPH oxidases are some of few enzymes that mediate the deliberate production of ROS (Lambeth 2004; Brown and Griendling 2009). The most well characterized of the NOX enzymes is NOX2 (gp91phox), which is expressed mostly by cells of the innate immune system, such as neutrophils and macrophages, for pathogen defense, and is also expressed in smaller amounts in endothelial cells, vascular smooth muscle cells, cardiac myocytes, hepatocytes, and some fibroblasts (Lambeth 2004; Brown and Griendling 2009).

Other NADPH oxidases (NOX1, NOX3, NOX4, NOX5, DUOX1, and DUOX2) are found in many cell types, and some of these, such as NOX1 and NOX4, are more ubiquitously expressed (Lambeth 2004; Brown and Griendling 2009). Typically, these other members of the family generate smaller amounts of ROS that are thought to be used in signal transduction. NOX enzymes usually function as a heterodimer with the 22-kDa p22phox subunit, and many require activation by other subunits. Phosphorylation of p47phox leads to its binding to membrane phospholipids, where it associates with p22phox and then recruits p67phox. The p67phox protein activates the complex by recruiting and stabilizing the association of the complex with Rac1 or Rac2 small GTPase, which is necessary for superoxide production. The p41NOXO1 and p51NOXA1 homologues of these proteins can function in a similar manner to p47phox and p67phox, respectively, particularly in other oxidase complexes, such as NOX1 and NOX3 (Banfi et al. 2003; Geiszt et al. 2003; Takeya et al. 2003). Unlike p47phox, NOXO1 does not require a phosphorylation event for its membrane translocation and activity, suggesting it is regulated in a different manner. In studies utilizing overexpression of the phox proteins, p47phox and/or p67phox can be interchanged for NOXO1 and/or NOXA1, though this is not as efficient of a complex at generating superoxide production in most cases (Banfi et al. 2003; Geiszt et al. 2003; Takeya et al. 2003). Likewise, NOX1 is more efficient when utilizing NOXO1 and NOXA1. Thus, it is not completely clear as to how specific these subunits are in vivo, but mouse studies indicate that there may be some flexibility in subunit use by the different NOX proteins, though not in every case. Unlike other NOX enzymes, NOX4 appears to be constitutively active when bound to p22phox and does not require any other activating subunits. NOX4 also differs in that superoxide produced by this enzyme is immediately converted to hydrogen peroxide through an unknown mechanism (Brown and Griendling 2009). DUOX1 and DUOX2 do not require p22phox or other activation subunits for their activity and produce hydrogen peroxide directly via a two-electron reduction of oxygen without a superoxide intermediate (Brown and Griendling 2009).

8.2 Programmed Cell Death, Apoptosis, Autophagy, and Necrosis

We often define cell death processes using black or white terminology, which is in large measure due to the fact that death is an “all or none” state. Either a cell is dead or it is not dead. Either an organism is alive or it is dead. However, it is important to realize that cell death processes are made up of events that often occur together and cell death may occur abruptly due to a single set of events, or more slowly, and often going through a continuum of various processes that leads to a final cell demise. ROS is important in many different death processes, and so it is therefore important to understand the definitions, even if individual cells are undergoing multiple processes. The definitions of cell death processes have evolved largely over the past 30 years. In the late 1980s and 1990s, the cell death field evolved quickly owing to what could only be described as an “explosion” of literature and due largely to the realization that some cell death occurred in response to largely genetically defined processes that occurred as much due to the internal cell machinery of a dying cell as much as it did to the external circumstances characterizing the cellular surroundings. And thus the concept of “programmed cell death” (or PCD) was born, or rather reborn, since the phrase appears to be first coined in the 1960s by Lockshin and Williams upon the study of silkworms (Lockshin and Williams 1964, 1965) and first investigated in tadpoles by Carl Vogt as early as 1842 (Cotter 2009). Likewise, the term “apoptosis” was resurrected from its forgotten use by Kerr, Wylie, and Currie in 1972 (Kerr et al. 1972). Apoptosis now took center stage, since many of the genetic components of the apoptotic machinery began to be identified, starting with discoveries in *C. elegans* (Cotter 2009).

Apoptosis was originally defined by the morphological criteria, including cellular shrinkage, chromatin condensation and nuclear fragmentation, membrane blebbing, and the formation of membrane-bounded bodies containing cellular structures and organelles, which were taken up by surrounding cells (Kerr et al. 1972). Kerr et al. particularly wanted to distinguish this form of death as an active, programmed process, as opposed to classical necrosis, which was typically thought of as a purely passive process and eventually characterized by eventual plasma membrane rupture after cellular swelling, organelle dysfunction, and extensive mitochondrial damage (Fiers et al. 1999; Kroemer et al. 2005). Apoptosis eventually was shown to involve caspase cysteine proteases and to occur without inflammation, which further set it apart from necrosis (Fiers et al. 1999; Kroemer et al. 2005). Since apoptosis was clearly a programmed death phenomenon and seemed to occur as the dominant form of cell death in most instances, the terms apoptosis and programmed cell death were often used for a time to mean exactly the same thing.

However, two discoveries showed that interchangeable usage of these terms was not warranted, although these discoveries were slow to be appreciated, due to the prominence of the apoptotic pathway. The first discovery was that although the newly characterized death receptor pathways by the Fas and TNF α ligands indeed induced caspase activation and programmed cell death in many cell types, in other

cell types they were capable of killing cells in a caspase-independent manner with a morphology that more closely resembled classical necrosis than apoptosis (Laster et al. 1988; Grooten et al. 1993; Vercammen et al. 1998; Holler et al. 2000; Denecker et al. 2001). The morphological distinction of the two types of death in L929 cells by the same ligand was an observation that had been made as early as 1972 in lymphotoxin-treated cells but, as with much in the cell death field, had been largely ignored (Russell et al. 1972). The second discovery, made by a number of groups, was that necrotic cell death induced by TNF α was often accompanied by and also required the production of reactive oxygen species (Schulze-Osthoff et al. 1992, 1993; Goossens et al. 1995; Vercammen et al. 1998; Fiers et al. 1999; Sakon et al. 2003; Lin et al. 2004; Ventura et al. 2004). These two discoveries seemed to confirm a different mechanism of death, for although ROS was known to also contribute to apoptosis, it was not essential in most cases, though caspases were essential.

By the end of the century, there was a great deal of evidence to suggest that necrotic cell death was a programmed phenomenon, however examples of programmed necrosis were mostly confined to a very limited number of cell lines: the murine fibrosarcoma cell lines L929 and WEHI164c113. A third important discovery came with two findings. One was that MEF cell lines with genetic deletions of genes that affected NF- κ B activity, such as p65/RelA, TRAF2, and TRAF5, became more susceptible to necrosis, while in order to detect necrosis in normal MEFs treated with TNF α , the addition of transcriptional or protein synthesis inhibitors was necessary (Sakon et al. 2003; Lin et al. 2004). NF- κ B transcription, therefore, was shown to inhibit necrotic cell death to a large extent. In contrast to this, the deletion of RIP (now termed RIP1 or RIPK1), which also had a similar pronounced effect on NF- κ B (Ting et al. 1996; Kelliher et al. 1998; Devin et al. 2000, 2001), had a completely opposite effect: complete inhibition of necrotic cell death, but not inhibition (and sometimes potentiation) of apoptosis (Holler et al. 2000; Lin et al. 2004). This was the first evidence that necrosis was influenced not only by external cell factors often produced by other cells (though certainly physiologically relevant), such as death receptor ligands, but also by an affected cell's own inherent genetic components. The "program" part of "programmed cell necrosis" was found as intrinsic as were the components of the apoptotic "program." Other essential/important genes involved in the process were identified in the intervening years, including RIP3 as an essential partner for RIP1 in inducing necrotic cell death (Cho et al. 2009; He et al. 2009; Zhang et al. 2009).

The final evidence that was lacking was that the necrotic cell death pathway was actually relevant *in vivo* in physiological and pathological conditions. This evidence arrived eventually from a small-molecule screen for inhibitors of cell death induced in U937 cells by TNF α and the pan-caspase inhibitor zVAD, which was now termed "necroptosis" by the authors (Degterev et al. 2005). This compound, termed necrostatin-1, inhibited ischemic brain injury *in vivo* (Degterev et al. 2005) and was later proven to be an inhibitor of RIP1 kinase activity (Degterev et al. 2008). Thus, programmed necrotic cell death occurs *in vivo*, under a condition, which, if not occurring under completely normal physiological circumstances, at least occurs under relevant pathological circumstances. Since that discovery, genetic deletion of

components of the necrotic cell death machinery, including RIP1 and RIP3, has been shown to rescue or ameliorate a variety of developmental defects, inflammatory conditions, and/or synthetic lethality of many different gene deletions, including FADD, caspase-8, cFLIP–FADD double knockout (but not cFLIP knockout alone), XIAP–cIAP1 double knockout, and cIAP1–cIAP2 double knockout, as well as TNF-induced systemic inflammatory response syndrome (SIRS), suggesting that necrotic machinery is quite fully functional *in vivo* but carefully controlled by other gene products (Bonnet et al. 2011; Ch'en et al. 2011; Duprez et al. 2011; Kaiser et al. 2011; Lu et al. 2011; Oberst et al. 2011; Zhang et al. 2011; Dillon et al. 2012; Moulin et al. 2012). Programmed necrotic cell death is therefore clearly a bona fide form of cell death and is clearly distinguished from apoptosis.

Programmed cell death is often classified into three types, with ROS participating in each type. Apoptosis is classified as type I programmed cell death, autophagic cell death classified as type II programmed cell death, and necrotic death classified as type III programmed cell death. ROS can potentially be involved in all three types. Type I programmed cell death (apoptosis) that has been described in the previous paragraphs requires caspase activation according to its purest modern definition. Type II death, or autophagic cell death, involves autophagy. Autophagy (Greek for self-eating) is an evolutionarily conserved process in which cells recycle macromolecules and organelles by targeting them for lysosomal degradation, thereby allowing components to be used in metabolic and catabolic processes. Autophagy promotes cell survival during nutrient starvation by providing amino acids, fatty acids, and ATP for cell functions. It also promotes resistance to oxidative stress by eliminating oxidized, misfolded, or aggregated proteins, and damaged organelles. Hence, it is relevant to the current matter at hand—that of ROS-mediated cell death—since ROS often induces such damage. The classification of type II death, or autophagic cell death, is quite confusing, since under the original morphological criteria it was defined as cell death with autophagic features. Because autophagy often occurs when a cell is undergoing stress and because cells that are dying are almost always under some form of stress, cells are often undergoing autophagy when dying of apoptosis or necrosis. Therefore, this original definition is of little use. Autophagy-dependent cell death, in which autophagy is required for cell death, is actually a much more of a rarity, since autophagy is more often a survival mechanism. But this definition also does not distinguish between cell death that requires autophagy in order for the cell to die through an apoptotic or necrotic mechanism and cell death that is actually mediated solely by the autophagic machinery (i.e., not apoptotic or necrotic), the latter being the most uncommon form of cell death of all. Making this distinction when talking about autophagic cell death is usually the most informative. Since most ATG proteins have both autophagic and non-autophagic functions that affect apoptosis (and probably necrosis as well), there can often be some confusion in interpreting the results of a single given experiment. Much of the literature classifying a cell death event as autophagic actually fits the original definition and is actually more suitably classified as either apoptotic or necrotic. Unless ROS is very limited in scope, it is also probably inducing autophagy whether the ROS is involved cell death of any type, and this may or may not influence the cell death mechanism.

And now we come to type III programmed cell death, or programmed necrosis, which is the main subject at hand and for which we have already given a historical perspective and justification for its classification as an alternate class of cell death. As mentioned above, the general term “necrosis” was originally used to refer to cell death that is characterized by specific morphological criteria. As used in the preceding paragraphs, the terms “programmed necrosis” and “programmed necrotic cell death” are used to distinguish an active death process, carried out by specific genetically encoded cellular apparatus, from the necrosis represented by the original classical concept of a passive or an injury-mediated process largely initiated by direct cellular damage, though both may have a similar general morphology. This distinction is an important one, especially when interpreting whether a result is physiologically relevant. However, when talking about the roles of ROS in cell death, the distinction is often blurry, especially when testing a hypothesis in the lab. For instance, some publications have indicated that modest amounts of ROS can induce apoptosis, whereas necrotic cell death can occur when cells of a similar type are exposed to high ROS levels (Takeda et al. 1999; Teramoto et al. 1999; Saito et al. 2006). While ROS is believed to play a substantial role in programmed necrotic cell death, once the level of ROS reaches a certain amount, classical non-programmed necrosis may occur in the same given cell type due to direct cellular damage.

This illustrates several of the complexities and difficulties in determining the role of ROS in cell death pathways. Since ROS can contribute both to signaling events and also to direct cellular damage, it is often hard to distinguish the difference in terms of a molecular mechanism for a given cell death event. Since some cell types have different abilities to respond to ROS and to repair damage, the actual concentration of actual ROS in one cell type may be different from the concentration in another cell type, even when presented with the same extracellular amount of ROS. Another difficulty lies in the localization of ROS within the cell, which can have a profound influence on both signaling events and the kind and consequences of ROS damage. Measurement of ROS in a given cellular localization is often problematic. Moreover, it is difficult, if not virtually impossible, to deliver a specified concentration of ROS to a given cellular location and equally difficult to quench ROS within a specifically designated cellular location. Therefore, it is also practically impossible to adequately mimic physiological ROS signaling events within a cell using extracellular delivery of ROS or ROS scavengers. Thus, while these agents are widely used in the field to examine biological questions, due to their availability and because they are easy to employ, in many cases effects are initiated or prevented by such agents outside of the given ROS signaling pathways that are being investigated.

8.3 The Necrotic Cell Death Machinery

The RIP1 protein was originally identified as being required for both TNF α -induced ROS production and caspase-independent cell death (Holler et al. 2000; Lin et al. 2004), identifying RIP1 as a central player in programmed necrotic cell death.

Although many of the functions of RIP1, such as its activation of NF- κ B and the kinases, JNK and p38, do not require its kinase activity, the pronecrotic role of RIP1 requires its kinase function. Necrostatin-1, which is an inhibitor of the kinase function of RIP1, was identified in a small-molecule screen as a drug that prevents programmed necrotic cell death (Degterev et al. 2005, 2008). As mentioned, the term necroptosis was originally used to refer to programmed necrotic processes initiated in a death receptor setting and were inhibitable by necrostatin-1. Since this time, others have used the term loosely to refer to general programmed necrosis. However, although most forms of programmed necrotic cell death are RIP1 dependent, some similar necrotic cell death processes that can be classified as programmed are believed to occur in the absence of RIP1. Therefore, we shall use the term necroptosis to refer to only those processes mediated by death receptors that are known to require the activity of RIP1. While RIP1 was for some time the only protein known to be required for programmed necrotic cell death, in the past few years, there have been several other proteins identified that play a role in necrotic cell death. RIP3 is among the most important of these.

RIP3 was classified as a member of the RIP kinase family based on similarity between kinase domains. Three groups used RNA interference screens and differential microarray analysis to independently determine that RIP3 is a downstream component of the TNF α -induced necrotic pathway (Cho et al. 2009; He et al. 2009; Zhang et al. 2009). Unlike RIP1, RIP3 lacks a death domain but interacts with RIP1 through their homotypic interaction motifs (RHIM), forming a filamentous structure (Li et al. 2012). Assembly of the RIP1–RIP3 complex, which is required for necroptosis, appears to be linked to the kinase activity of both proteins (Cho et al. 2009). Thus, necrostatin-1 inhibits the formation of this complex. The downstream effects of RIP3 association are not completely clear at this point, but several proteins have been identified as RIP3 interactors. Zhang et al. found that seven different metabolic enzymes were found in complex with RIP3 as identified by mass spectrometry, including glycogen phosphorylase (PYGL), glutamate–ammonia ligase (GLUL), glutamate dehydrogenase 1 (GLUD1), fructose-1,6-bisphosphatase 2 (FBP2), fumarate hydratase (FH), glycosyltransferase 25 domain containing 1 (GLT25D1), and isocitrate dehydrogenase 1 (IDH1) (Zhang et al. 2009). They went on to verify that three of these seemed to interact with RIP3 when overexpressed (PYGL, GLUL, and GLUD1). These associations may suggest that RIP3 may regulate bioenergetic metabolic pathways, including some associated with glycolysis and some associated with the mitochondria. Upregulation in these pathways may lead to different kinds of ROS generation and cellular damage (Vandenabeele et al. 2010). More recently, two independent labs found that the mixed lineage kinase domain-like protein (MLKL) is an essential downstream interactor of RIP3 (Li et al. 2012; Zhao et al. 2012). MLKL is a RIP3 substrate and is required for formation of an expanded larger complex that is likely needed for downstream substrate recruitment. The drug necrosulfonamide prevents MLKL binding to the RIP1–RIP3 complex and thereby inhibits necrotic cell death (Li et al. 2012). Downstream of MLKL, it has been proposed that the PGAM5 mitochondrial phosphoglycerate mutase, which uses alternative catalytic activity to function as a Ser/Thr phosphatase

(Takeda et al. 2009), is recruited by MLKL, and PGAM5 recruits and activates the protein Drp1, which is involved in mitochondrial fission and which is also apparently involved in necrotic cell death (Wang et al. 2012). Since there are other studies that also suggest that mitochondrial fusion protects from necrotic cell death (Whelan et al. 2012), thus there is an implication that the mitochondrial dynamics are an important component required for necrotic cell death.

RIP1 is highly regulated by ubiquitination. The RING finger ligases TRAF2 and cIAP1/2 and E2 enzymes cooperate to catalyze RIP1 ubiquitination. Noncanonical K63 ubiquitination of RIP1 not only appears to be important for the ability of RIP1 to mediate NF- κ B activation but also prevents RIP1 from interacting with the apoptotic complexes as well as the cellular machinery that mediated necrotic cell death and ROS production (Wang et al. 2008; Vanlangenakker et al. 2011; O'Donnell et al. 2012). Two deubiquitinases, therefore, are thought to be important for death signaling. CYLD, which is a tumor suppressor gene that represses NF- κ B, removes K63-linked ubiquitin chains (Kovalenko et al. 2003), contributing to cell death. A20 also removes K63-linked chains but has a separate domain that adds K48-linked chains, resulting in protein degradation and inhibition of signaling (Wertz et al. 2004). While the stability of the RIP1–RIP3 is crucial to programmed necrotic cell death, RIP1 and its associated proteins are also downregulated by the apoptotic machinery when complexed with FADD, cFLIP, and caspase-8. Thus, while caspase inhibitors prevent apoptosis, inhibition of caspases potentiates necrotic cell death, due to inhibition of protein cleavage, including RIP1 (Lin et al. 1999), RIP3 (Feng et al. 2007), and CYLD deubiquitinase (O'Donnell et al. 2011) by caspase-8 during apoptosis (Lin et al. 1999). As mentioned before, in mice, the knockout lethality of FADD, caspase-8, cFLIP–FADD double knockout (but not cFLIP knockout alone), XIAP–cIAP1 double knockout, and cIAP1–cIAP2 double knockout is rescued to some degree by RIP1–RIP3 deficiency (Bonnet et al. 2011; Ch'en et al. 2011; Kaiser et al. 2011; Lu et al. 2011; Oberst et al. 2011; Zhang et al. 2011; Dillon et al. 2012; Moulin et al. 2012), suggesting that the repressive functions of these proteins are important to prevent RIP1–RIP3-mediated necrosis during development.

In addition to the RIP1–RIP3 complex proteins, cyclophilin D (Li et al. 2004; Baines et al. 2005; Nakagawa et al. 2005; Schinzel et al. 2005), PARPs (Los et al. 2002; Xu et al. 2006), AIF (Delavallee et al. 2011), and lysosomal proteases, such as cathepsins (Luke et al. 2007; Sato et al. 2008), and non-lysosomal proteases, such as calpains (Moubarak et al. 2007), may have functions in programmed necrosis. The stress-activated map kinase JNK may also have an important role in necrotic signaling (Shen and Liu 2006).

Jun-N-terminal kinases (JNKs) are one of three main family members of mitogen-activated protein kinases (MAPKs) (Seki et al. 2012). Of the three isoforms of JNK, two (JNK1 and JNK2) are ubiquitously expressed, while the third (JNK3) is expressed mainly in the nervous system, with some expression in the heart and testis. JNKs are mainly activated by the MKK4 and MKK7 MAP kinase kinases (MAP2Ks), which are activated by upstream MAP3Ks, among which there are at least 14 known to activate JNK (Seki et al. 2012), including MEKKs 1–4 (MAPK/ERK kinase kinases), MLK 2–3 (mixed lineage kinase-2/3), TAK1

(TGF- β -activated kinase-1), and ASK1 (apoptosis signal-regulating kinase-1). The MAP3Ks are often activated in response to cellular stress, as well as a number of cytokine, growth factor, pattern recognition, and death receptors.

The mitochondrial permeability transition pore (MPTP) channel is a nonspecific channel that spans both the inner and outer mitochondrial membranes, the protein composition of which is still highly debated but which may include the voltage-dependent anion channel (VDAC), the adenine nucleotide translocase (ANT), and cyclophilin D (CypD). The opening of this pore (which remains largely closed in unstressed cells) upon oxidative stress (which may or may not involve calcium overload as a stimulus for MPTP opening) results in an influx of ions and a loss in mitochondrial membrane potential, shutting down oxidative phosphorylation and energy (ATP) production. Opening can also be followed by water influx and lead to membrane rupture. Pore opening is regulated by the prolyl isomerase CypD. Though apoptotic signaling through Bcl-2 family members does not require CypD, CypD knockout cells are resistant to oxidative stress-mediated necrosis, while overexpression of CypD leads to ROS sensitization (Li et al. 2004; Baines et al. 2005; Nakagawa et al. 2005; Schinzel et al. 2005). This appears also to be true of ischemia-induced necrosis in vivo (Baines et al. 2005; Nakagawa et al. 2005; Schinzel et al. 2005). Thus, these data suggest that the opening of the mitochondrial permeability transition pore plays an essential role in necrotic cell death induced in response to ROS in several settings. In addition, the opening of the pores may lead to increased release of ROS into the cytosol, which could further amplify the response to the initial ROS. Triggering of this opening may be due to accumulation of p53 within the mitochondrial matrix and its physical interactions with CypD (Vaseva et al. 2012). Since p53 is a master sensor of various kinds of cell stress, this would connect oxidative damage with its cellular response.

PARP-1 is a pronecrotic molecule that is cleaved by caspases during apoptosis, thus preventing it from inducing a necrotic pathway. PARP-1 is activated by DNA damage initiated by ROS and catalyzes the covalent attachment of poly(ADP-ribose) (PAR) onto proteins from NAD⁺. PARP-1 can have multiple effects on necrotic cell death: (1) it can cause NAD⁺ depletion, which must then be replaced, and therefore, it causes the depletion of ATP from the cell, thus removing cellular energy; (2) NAD⁺ is an important cofactor for glycolysis, so its depletion slows the glycolytic rate; (3) NAD⁺ depletion by PARP-1 potentiates mitochondrial membrane depolarization through MPTP opening; and (4) it causes the release of AIF from the mitochondria. *N*-Methyl-*N*-nitro-*N*-nitrosoguanidine (MNNG), an alkylating agent that causes DNA damage, requires JNK activation downstream of RIP1 and TRAF2 to induce necrotic cell death (Xu et al. 2006). In this case, PARP-1 is required for cell death upstream RIP1, TRAF2, and JNK, and JNK may act cooperatively with the PAR polymer (formed by PARP-1), which then acts as a factor that causes the release of apoptosis-inducing factor (AIF) from the mitochondrial intermembrane space through a process that depends on calpain and Bax (Yu et al. 2006; Moubarak et al. 2007). Release from the mitochondria requires AIF binding directly to PAR (Wang et al. 2011). AIF translocates from the mitochondrial to nucleus, where it induces cell death characterized by chromatin condensation and

high molecular weight DNA fragmentation (Susin et al. 1999). PARP-1 has been reported to be required for TNF α -mediated (Los et al. 2002) as well as during TRAIL-mediated (Jouan-Lanhouet et al. 2012) necroptosis. Although most of the PARP activity in the cell is from PARP-1, PARP-2 was identified by siRNA screening as a protein that when knocked down causes some reduction of TNF-induced necrotic death, further suggesting that PARPs contribute to the necrotic process (Hitomi et al. 2008).

During some forms of necrotic death, lysosomal cathepsin proteases appear to mediate part of the downstream machinery involved in cell death execution. In *C. elegans*, where lysosomal function is required for necrotic cell death (Artal-Sanz et al. 2006), cathepsin release from the lysosome appears to play an important role in the process (Luke et al. 2007). The involvement of lysosomal proteases in necrosis may be somewhat conserved in mammalian cells and is thought to play a role under certain circumstances (Sato et al. 2008; Tu et al. 2009). Lysosomal rupture may at times occur in response to ROS damage to lysosomal lipids, thus releasing its proteolytic enzymes (Boya and Kroemer 2008).

As part of its downstream signaling machinery, TNF α appears to be an activator of NADPH oxidases in various cell types (Morgan et al. 2008). NOX1, NOXO1, and Rac1 interact with TNF receptor signaling components upon TNF α treatment leading to superoxide formation and contributing to necrotic cell death (Kim et al. 2007). RIP1 is essential for recruitment of this complex, apparently through a high-affinity interaction with NOXO1, while the polyproline-rich region of TRADD also interacts with the N-terminal SH3 domain of NOXO1 in an interaction that is proposed to support oxidase activation (Kim et al. 2007). RIP3 involvement in complex formation has not yet been investigated. NOX1-derived TNF α -induced superoxide contributes to necrotic cell death in L929 cells, since NOX1 knockdown significantly reduces both superoxide generation and cell death in response to TNF α (Kim et al. 2007). Death in this case was also dependent on JNK. NOX2 and NOX3 have also been shown to be activated by TNF α (Li et al. 2009, 2010; Anilkumar et al. 2008), as has NOX4 (St Hilaire et al. 2008), but the latter oxidase is likely regulated through induction of transcription (Moe et al. 2006), and it is not clear how much role these oxidases play in programmed necrosis.

NOX1 is also important for ROS induction by a DR4/DR5-specific KD548-Fc through the DR4 and DR5 TRAIL receptors (Park et al. 2012). Riboflavin kinase (RFK) is thought to contribute to NOX1 activation by TNF α and by DR5/DR5 (Yazdanpanah et al. 2009; Park et al. 2012). RFK binds directly to these receptors, as well as to p22phox (and possibly TRADD), and is important for NOX1 recruitment. Its enzymatic activity converts riboflavin (vitamin B2) to flavin mononucleotide (FMN), which FAD synthetase then converts to flavin adenine dinucleotide (FAD), which is a critical NADPH oxidase prosthetic group and is required for superoxide generation (Yazdanpanah et al. 2009). Thus, RFK activation enhances FAD loading, allowing for its activation of NOX1.

8.3.1 Mitochondrial Involvement: The Beginning, the Middle, and the End?

It is clear that in many cases, ROS is required for programmed necrotic cell death; however, the exact sources, the kinds of ROS that are involved, and the exact signaling pathways and cellular damage that are responsible are not completely clear in all cases. NADPH oxidase-derived ROS are only one source among many. The mitochondrion is a main cellular source of ROS during necrotic processes. Indeed the mitochondria may function as the initial source of ROS, the ROS amplification machinery, and one potential end target of ROS, leading to loss of mitochondrial function.

Hence, necrotic death stimuli are thought to involve mitochondria in multiple ways. ROS or other necrotic signaling events can result in the opening of the mitochondrial permeability transition pore (MPTP) and loss of mitochondrial membrane potential. Loss of membrane potential means that ATP is no longer being mitochondrially produced, since the transmembrane proton gradient drives the production of ATP by ATP synthase. However, in many cases during necroptosis, membrane potential actually is hyperpolarized for a time following a receptor stimulus (Goossens et al. 1999b; Vanden Berghe et al. 2010), which could be due to increased oxygen consumption (Goossens et al. 1999a) or to a RIP1-dependent inhibition of adenine nucleotide translocase (ANT) (Temkin et al. 2006), which exchanges cytosolic ADP for mitochondrially produced ATP. The latter has been proposed to lead to the reversal of the ATP synthase activity and the resultant pumping of protons into the mitochondrial matrix (Vanden Berghe et al. 2010). Inhibition of ANT could also potentially lead to extensive upregulation of glycolytic pathways, since they are sensitive to the falling levels of ATP available. High glycolysis may then lead to an increase methylglycol, which reacts with protein to form specific methylglycol-derived advanced glycation end-product damage (Van Herreweghe et al. 2002). The eventual loss of membrane potential that occurs during programmed necrosis and subsequent loss of available ATP energy contribute further to necrosis, as the cell is no longer able to carry out essential cellular functions. It also prevents apoptosis, which requires more energy. Loss of membrane potential can also lead to an influx of solutes, precipitating mitochondrial rupture.

In many instances, mitochondrial-derived ROS has been shown to be required for necroptosis (Schulze-Osthoff et al. 1992, 1993; Goossens et al. 1995, 1999a; Festjens et al. 2006; Vanden Berghe et al. 2010), and these largely come from the leakage of electrons from the mitochondrial electron transport chain complexes. As mentioned before, RIP1-dependent inhibition of adenine nucleotide translocase (ANT) (Temkin et al. 2006) leads to an inability of the mitochondria to take up ADP. In the absence of ADP, mitochondria are known to generate superoxide radicals, while in the presence of ADP the membrane potential is translated into ATP synthesis (Boveris et al. 1972). Without ADP, the membrane potential apparently rises. High mitochondrial membrane potential is an important factor in mitochondrial superoxide-derived H₂O₂ release (Korshunov et al. 1997; Votyakova and

Reynolds 2001; Lee et al. 2002; Lambert and Brand 2004), which is partially thought to be due to the reverse flow of electrons from succinate to complex II to complex I (Votyakova and Reynolds 2001; Liu et al. 2002). Complex I is the major source of ROS from the mitochondria, and the N2 iron–sulfur center was identified as one of the likely sources of ROS from this complex (Genova et al. 2001; Brand et al. 2004). Complex III may also contribute to ROS as well, in which case the main source seems to be the ubisemiquinone radical, which interacts with the iron–sulfur Rieske subunit and cytochrome b (Turrens et al. 1985; Brand et al. 2004). ROS produced by complex I is released into the matrix of the mitochondria, while ROS from complex III is released on both inside and outside of the inner mitochondrial membrane (Brand et al. 2004).

ROS generated by complex I is especially important during programmed necrosis, since rotenone has been shown to inhibit TNF necroptosis (Goossens et al. 1999b; Festjens et al. 2006; Vanden Berghe et al. 2010). Oxidative damage can cause the mitochondria to generate further ROS through damage to mitochondrial proteins, which can amplify ROS through a variety of mechanisms (Ott et al. 2007).

Reaction of ROS with mitochondrial aconitase, an iron–sulfur protein, can result in the release of free iron plus an equivalent mole of hydrogen peroxide, leading to the Fenton reaction production of the reactive hydroxyl radical, which can further oxidize mitochondrial components (Orrenius et al. 2007). Since mitochondrial aconitase plays a key role in the citric acid cycle, its deactivation may result in a decrease in the mitochondrial generation of energy.

The hydroxyl radical can extract hydrogen atoms from polyunsaturated fatty acyl chains of membrane phospholipids (Brand et al. 2004). This generates carbon-centered fatty acyl radicals that react with molecular oxygen to form peroxy radicals, which then promulgate lipid peroxidation cascades (Brand et al. 2004). Damage of mitochondrial lipids can result in suppression of mitochondrial metabolism and alteration of important mitochondrial functions, as well as affect the mitochondrial permeability transition (Orrenius et al. 2007).

ROS can react with reactive nitrogen species to cause different kinds of damage. Mitochondrial complex I subunit NDUFB8 is a target of nitration predicted to come from nitrous oxide reaction in the presence of superoxide, thus probably involving a more reactive peroxyxynitrite intermediate (Davis et al. 2010). Nitration of NDUFB8, which occurs in a RIP1- and RIP3-dependent manner during necroptosis, apparently leads to inactivation of NDUFB8, which is essential for mitochondrial function and correlated with mitochondrial membrane potential loss (Davis et al. 2010). MnSOD is inactivated by peroxyxynitrite as well (Quijano et al. 2001), thus allowing superoxide to build up to toxic levels.

8.3.2 *Linking of ROS Sources Together*

While TNF α -induced ROS is believed to cause mitochondrial damage (Mariappan et al. 2009), whether this damage comes as a self-inflicted damage from

mitochondrial sources or from other sources may be context dependent. There is a large possibility that NOX1-produced superoxide and mitochondrial-produced ROS could be linked together in programmed necrosis (Morgan et al. 2008). For instance, superoxide produced by NADPH oxidases may lead to mitochondrial-produced ROS, or vice versa. There is actually a large body of evidence that shows that NOX-produced superoxide is capable of regulating ATP-regulated mitochondrial potassium channels (Dikalov 2011), an effect that in more physiological settings is a likely mechanism for ischemic preconditioning. For instance, NADPH oxidase-derived superoxide activated by angiotensin II can react with sulfhydryl groups of the ATP-regulated mitochondrial potassium channels, resulting in channel opening (Zhang et al. 2001). Opening of these channels has been proposed to increase potassium influx and cause matrix alkalization, leading to ROS production, as well as mild mitochondrial uncoupling and swelling, bordering on membrane rupture (Costa et al. 2006). Thus, there are normal physiological connections between NADPH oxidases and the mitochondrial generation of ROS that may also be used by pathological pathways such as programmed necrosis to commit a cell to its own death, with the necrotic trigger being additional RIP1–RIP3-dependent signals. While NOX1-derived ROS likely would result in mitochondrial damage and the possibility of ROS amplification, NOX1 activation has also been proposed to be downstream of mitochondrial ROS during necrotic cell death induced by serum withdrawal (Lee et al. 2006). This is consistent with other reports showing that hydrogen peroxide can induce superoxide production through a non-phagocytic NADPH oxidase (Li et al. 2001). NOX1 is proposed by some to be present at both the plasma membrane and the mitochondria (Byun et al. 2008), allowing for the possibility of translocation events or multiple places of NOX1-dependent superoxide formation.

In terms of how other cellular ROS sources are incorporated into the picture, we see a similar phenomenon: ROS can beget more ROS. For instance, H_2O_2 reacts with the xanthine oxidoreductase protein, transforming it from xanthine dehydrogenase into xanthine oxidase and thus converting it to a source of superoxide (McNally et al. 2005).

In certain cases, the lysosome may be a potential source of ROS, due to its large iron content and reducing equivalents without sufficient protective enzymes against H_2O_2 , thus making H_2O_2 a potential target for conversion by the Fenton reaction into the more reactive hydroxyl radical (Kurz et al. 2006; Vandenabeele et al. 2010). The lysosome seems to be particularly important for necrosis induced by exogenous ROS, since lysosomal permeability precedes cell death and lysosomal permeabilization and necrosis are prevented by the iron chelator desferrioxamine (Vanden Berghe et al. 2010).

Overexpression of NOX1, NOXO1, and NOXA1 apparently results in TNFR1-dependent activation of JNK and induces TNFR1- and ASK1-dependent cell death (Pantano et al. 2007), indicating that in some cases ROS may also induce the feed-forward signaling at the receptor level.

In any case, ROS generation in large amounts by any cellular source may interact with other cellular sources of ROS and coupled with other signaling potentially coming from RIP1 can generate a vicious cycle of feed-forward ROS signaling (Fig. 8.1).

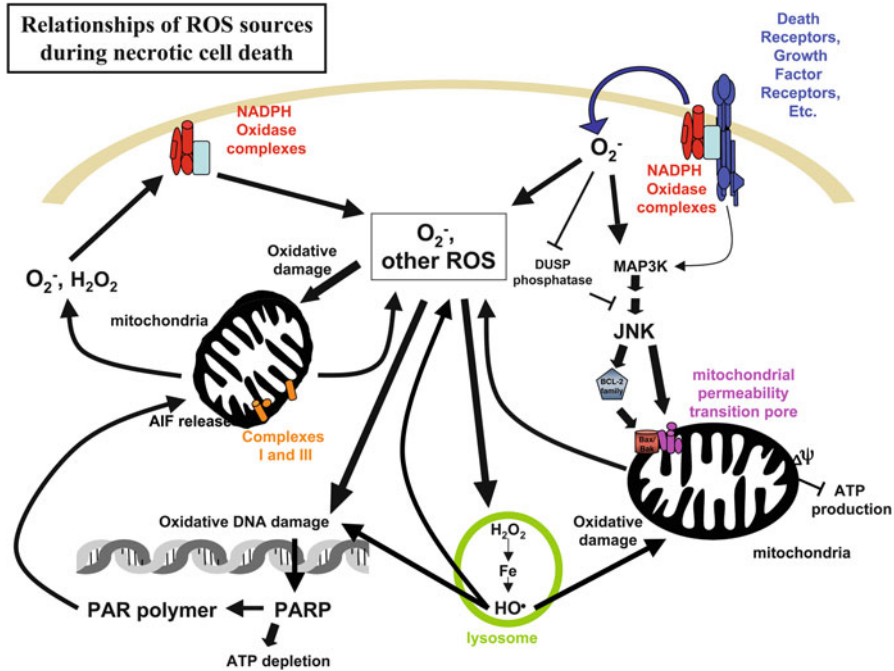


Fig. 8.1 Relationships of ROS sources during necrotic cell death. The various intercellular sources of ROS production are connected by a series of complex interrelationships. ROS, due to its ability to both influence cell signaling and cause direct oxidative damage, may cause the production of ROS by multiple other intercellular ROS sources. The end effect is the amplification of the ROS signal and extensive downstream damage, resulting in cell death

8.3.3 ROS Regulation of JNK

Unlike the receptor-mediated transient activation of JNK, which protects from cell death and is independent of ROS (Lamb et al. 2003; Ventura et al. 2006), prolonged JNK activation is known to be important for cell death in both apoptotic and necrotic settings (Tobiume et al. 2001; Sakon et al. 2003; Ventura et al. 2004, 2006; Kamata et al. 2005; Chang et al. 2006). Significant evidence supports the role of ROS-mediated JNK activation in necrotic cell death (Shen and Liu 2006). Exogenous ROS (H_2O_2) was proposed to require JNK for induction of necrotic cell death (Shen et al. 2004), and therefore JNK is proposed to be a mediator of necrotic cell death pathways (Shen and Pervaiz 2006). Prolonged JNK activity has also been intricately associated with ROS in a number of ways, in terms of both initial activation and potentiation of the active JNK signal.

The thiol groups of cysteine residues within the active sites of enzymes are often reactive with ROS due to their low pKa (Paulsen and Carroll 2010). This seems to be true of phosphatases. Not only can classical protein tyrosine phosphatases be

inactivated by catalytic cysteine oxidation by ROS, as has long been known (Nakashima et al. 2002, 2005; Groen et al. 2005), but ROS can also inactivate dual-specificity phosphatases (Kamata et al. 2005). Since many such phosphatases (such as DUSPs 1, 4, 8, 14, 15, 16, 19) are involved in dephosphorylating JNK (Boutros et al. 2008), the intensity and duration of the JNK signal are controlled in large part by whether these phosphatases are active. The oxidation of catalytic cysteines can be reversible or irreversible on the oxidation state of the cysteine (den Hertog et al. 2005; Groen et al. 2005). Initial oxidation of cysteines to sulfenic acid is usually reversible by the cellular antioxidant machinery through the formation of an S-glutathionated intermediate reduction by glutaredoxin. The further oxidation of the thiol to sulfinic and then to sulfonic acids almost always results in irreversible inactivation of the phosphatases (Paulsen and Carroll 2010), which can in some cases then function as a dominant negative molecule by displacing active phosphatases from molecular complexes.

ASK1 is a MAP3K that is essential for ROS-induced sustained JNK phosphorylation (Tobiome et al. 2001). Several mechanisms have been proposed for the influence of ROS on the activation of ASK1. In the first, reduced thioredoxin binds to ASK1 and inhibits its kinase activity in a large complex which is designated the ASK1 signalosome (Saitoh et al. 1998; Liu et al. 2000; Noguchi et al. 2005). When thioredoxin is oxidized, ASK1 is released from the complex and is then capable of being activated, in large part due to recruitment of TRAF2 and TRAF6, which facilitate the N-terminal homophilic interaction of ASK1 through its N-terminal coiled-coil domain, which is required for its activation (Noguchi et al. 2005; Fujino et al. 2007). Autophosphorylation of Thr845 (Thr 838 in human) is thought to be critical to activation of ASK, and this is negatively downregulated by the PPP5C phosphatase (Morita et al. 2001). Alternatively, thioredoxin was proposed to inhibit ASK1 activation through promoting its ubiquitination and subsequent degradation (Liu and Min 2002). The deubiquitinating enzyme USP9X is known to interact with activated ASK1 and prevent this degradation by removing the ubiquitin conjugates (Nagai et al. 2009). In the third proposed mechanism, SENP1, a SUMO-specific protease, forms an inactive complex with thioredoxin in resting endothelial cells. When oxidation of the complex occurs, SENP1 translocates to the nucleus where it desumoylates HIPK1. HIPK1 then translocates to the cytoplasm and activates ASK1 (Li et al. 2008). The last and simplest mechanism is proposed by Nadeau et al., which proposes that ASK1 is activated directly by ROS oxidation of cysteines which leads to multimerization of ASK1 through disulfide bonds (Nadeau et al. 2007). In this final model, thioredoxin reduces the ASK1, thus reducing its activity. Trx1 is bound to ASK1 through an interaction that occurs between Cys250 of ASK1 and Cys32 of Trx1 (Nadeau et al. 2009). Several of these models are consistent with NOX1-produced ROS at the TNF complex being a potential source of localized ROS that mediate ASK1 activity. Direct oxidation of ASK1 may also explain why this kinase is associated with prolonged JNK signaling (Tobiome et al. 2001), since the ASK1 would be covalently bonded to itself, unlike other kinases, which diffuse eventually from their activated signaling complexes. Since multiple mechanisms for ASK1 regulation by ROS have been proposed, its regulation may be cell type

specific, or it may in fact be regulated by a number of interrelated or overlapping mechanisms. Nevertheless, since $ASK1^{-/-}$ is required for sustained JNK activity and cell death initiated by H_2O_2 (Tobiume et al. 2001), it is believed to be a key component of the molecular machinery that translates ROS signals into JNK activation and oxidative stress-induced death.

The glutathione S-transferase Pi (GSTP) protein protects cells from ROS-mediated death at least in part through repression of JNK activity (Yin et al. 2000). It has been reported that monomeric GSTP binds to the C-terminus of JNK and thereby inhibits its activity (Wang et al. 2001), while ROS induces GSTP oligomerization, which prevents JNK binding (Adler et al. 1999). More recent data suggests that monomeric GSTP is unstable and that dimeric GSTP is capable of binding JNK (Gildenhuis et al. 2010). In either case, mice lacking GSTP have a high basal level of constitutive JNK activity, underscoring the ability of the protein to repress JNK activation (Elsby et al. 2003).

8.3.4 JNK Regulation of ROS: The Tables Are Turned

In some cases, ROS generation lies downstream of JNK. Though this may be partially due to the feed-forward mechanisms previously discussed, there are other cases where JNK more directly regulates ROS formation. One of the best evidences that JNK can potentiate TNF-stimulated necrosis and that it is also involved in reactive oxygen species generation comes from cells isolated from $Mkk4^{-/-}$ $Mkk7^{-/-}$ and $Jnk1^{-/-}$ $Jnk2^{-/-}$ mice (Ventura et al. 2004), though this study did not describe a mechanism. In some cases, JNK has been shown to activate the mitochondrial production of superoxide in a manner dependent on complex I (Chambers and LoGrasso 2011). Perhaps one key to this mechanism was observed when diallyl trisulfide treatment was shown to induce ROS generation in a JNK-dependent fashion (Antosiewicz et al. 2006). JNK was also required for the diallyl trisulfide-mediated degradation of ferritin L, an iron storage protein, thus increasing the labile iron pool and providing a mechanism of ROS generation through the iron-dependent Fenton reaction (Antosiewicz et al. 2006).

Subsequently, TNF was shown to induce the proteasomal degradation of ferritin L and increase the labile iron pool, which was dependent on JNK1, but not JNK2 (Antosiewicz et al. 2007). Thus, the degradation of iron-containing ferritin is thought to contribute to ROS generation through the release of free iron. Importantly, ferritin H-deficient L929 cells are resistant to TNF-induced necroptosis, while TNF cannot induce an increase of free iron levels in RIP1 knockout mouse embryonic fibroblast cells (Xie et al. 2005), suggesting that RIP1, possibly through its direct activation of JNK, is responsible for the changes in iron accessibility and ROS generation. However, others have not seen changes in TNF-induced L929 cell death in the presence of the iron chelator desferrioxamine (Vanden Berghe et al. 2010). The mechanism of JNK-dependent proteasomal degradation of ferritin L has been proposed to be mediated by phosphorylation of the mitochondrial-associated p66Shc at

serine 36 since mutation at this serine dominant negative mutant preventing labile iron pool accumulation and ROS formation was significantly attenuated in p66Shc^{-/-} MEFs (Borkowska et al. 2011).

8.3.5 *Further Potential Downstream Consequences of JNK Activation*

As mentioned, JNK is largely proposed to contribute to ROS through mitochondrial amplification of ROS production (Chambers and LoGrasso 2011). Many members of the Bcl-2 family, including Bcl-2 itself, are targets of JNK kinase activity and may therefore mediate some of the effects of JNK and ROS (Bogoyevitch and Kobe 2006). For instance, JNK phosphorylation on serine 74 contributes to an increase in Bmf activity (Hubner et al. 2010), while knockdown of Bmf prevents TNF α -induced necrosis (Hitomi et al. 2008). JNK- and p38-mediated phosphorylation of Bax leads to Bax translocation to mitochondria (Kim et al. 2006). While Bax and Bak are typically thought of as being required only for apoptosis, some necrotic situations require these proteins, such as the release of AIF from the mitochondria during MNNG-mediated necrosis (Moubarak et al. 2007). This process also requires Bid (Capon et al. 2012). Recent data suggest that deletion of Bax and Bak also reduces necrotic injury (myocardial infarction) in mice, while triple-knockout mice that further lack cyclophilin D are not further rescued (Whelan et al. 2012). The connection in this case between ROS, JNK, and Bax in necrotic death has not yet been tested. However, JNK2 has been proposed to be involved in ischemia/reperfusion injury after liver transplant via activation of the MPTP. Moreover, inhibition of JNK protects from ischemic brain injury in rats and mice (Benakis et al. 2010; Nijboer et al. 2010), while JNK-1^{-/-} or JNK-2^{-/-} mice are protected from cardiac ischemia/reperfusion injury (Kaiser et al. 2005), suggesting that there could be a connection between the JNK and Bcl-2 protein family-mediated opening of the mitochondrial permeability transition pore. Since necrostatin-mediated cardioprotection from ischemia/reperfusion (IR) injury in mice requires CypD (Lim et al. 2007), RIP1 may therefore be upstream of both JNK and the MPTP.

Another Bcl-2 family member, BNIP3, is upregulated by JNK through modulation of the transcription factor FOXO3a in pathological hypertrophy and in heart failure (Chaanine et al. 2012). Overexpression of BNIP3 causes the mitochondrial permeability transition (Kim et al. 2002) leading to necrotic-like cell death independent of caspases (Vande Velde et al. 2000). Dominant negative BNIP3 prevents loss of mitochondrial membrane potential and protects against TNF α -induced necrosis in L929 cells (Ghavami et al. 2009). Thus, BNIP3 may be an important connection between JNK and the MPTP. A related BNIP family member, Nix (BNIP3L), is also regulated by FOXO3a (Real et al. 2005), suggesting that JNK also regulates Nix expression. When found at the ER, Nix causes the release of calcium that then triggers the MPTP complex opening in a cyclophilin-D-dependent manner, resulting in

necrotic cell death, while when at the mitochondria it promotes cytochrome C release and apoptosis (Chen et al. 2010). Curiously, Nix activates JNK through its interactions with POSH, a JNK-scaffolding protein (Wilhelm et al. 2007), likely resulting in a feed-forward amplification loop. Both Nix and BNIP3 are also thought to function in mitophagy (the recycling of damaged mitochondria by the autophagy machinery) (Behrends and Fulda 2012), which may suggest that they are regulated in the roles that they will play in terms of what is happening at the mitochondria.

8.3.6 *JNK and ROS in Necrotic Cell Death*

We previously found that NOX1 mediates sustained activation of JNK by TNF α (Kim et al. 2007). Although NOX1 contributed to cell death in some circumstances, it is not absolutely required in many cases (Vanlangenakker et al. 2011). Both ROS and JNK are absolutely required in our hands in this context for the death of L929 cells (and to a lesser extent p65^{-/-} MEFs), and we found that inhibition of either is sufficient to abrogate cell death. However, although the preceding paragraphs have illustrated the many ways that JNK and ROS are involved in a majority of cases, they do not always appear to be required for necrotic cell death in every circumstance either. For instance, ROS scavengers do not seem to prevent cell death in FADD-deficient Jurkat T cells (Degterev et al. 2005). Similarly, others have found that JNK is not required for necrotic cell death (Cho et al. 2011). Sustained JNK activation does not seem sufficient on its own to result in cell death, suggesting JNK is not the sole initiating signal for cell death and that other signals are also required for necrotic cell death. JNK and ROS generation are clearly important for the necrotic process, but the requirement for each appears to be context dependent.

8.4 Conclusions

In conclusion, ROS and JNK potentiate many of the programmed necrotic processes in diverse ways. ROS and JNK are highly integrated with ROS often inducing JNK activation and JNK-potentiating ROS generation. Both contribute to cellular damage, in a large part through their actions on the mitochondria. ROS have a mixture of roles in cell death since ROS may directly oxidize cellular components or can initiate cell death through activating various signaling pathways. The machinery that generates ROS, including NADPH oxidases, the mitochondria, and other cytoplasmic enzymes, can interact with each other in cooperative and mutually stimulatory ways, leading to a destructive amplification of ROS that can react with cellular components, including DNA, lipids, and proteins, and result in the necrotic death of the cell.

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Chapter 9

PARP Activation and Necrotic Cell Death

Yongjun Fan and Wei-Xing Zong

9.1 Introduction

Among the 17 members, poly(ADP-ribose) polymerase (PARP) 1 is the first identified PARP family member (D'Amours et al. 1999). PARP1 (molecular weight of 116 kDa), like many other chromatin-binding and transcription-related proteins, has a structure comprising multiple independently folded domains. The major functional domains of PARP1 include an amino-terminal DNA-binding domain (DBD), a central automodification domain (AMD), and a carboxy-terminal catalytic domain (CD) (Hakme et al. 2008; Schreiber et al. 2006). The DBD contains two Cys-Cys-His-Cys zinc fingers (FI/Zn1 and FII/Zn2) that mediate PARP1 binding to DNA. A third zinc-binding domain (FIII/Zn3) mediates interdomain contacts important for DNA-dependent enzyme activation (Langelier et al. 2008, 2010), a nuclear localization signal (NLS), and a caspase-3/caspase-7 cleavage site at Asp214 (Hakme et al. 2008; Schreiber et al. 2006). The AMD contains a BRCA1 C terminal (BRCT) fold that mediates protein–protein interaction (e.g., with DNA repair enzymes). The CD, which is the most conserved domain across PARP family members, contains a PARP signature motif that binds NAD⁺ and a “WGR” motif that is named after the most conserved amino acid sequence (Trp, Gly, Arg) with an unknown function.

PARP can be activated by several forms of DNA damage and catalyze polyADP-ribosylation (PARylation) of numerous proteins including histones, topoisomerase 1, DNA-dependent protein kinase, and PARP1 itself (Kim et al. 2005). Among the PARP family members, PARP1 accounts for 75–90 % of cellular PARylation in

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response to DNA damage (Mangerich and Burkle 2011). The PAR chains on proteins can be hydrolyzed by poly(ADP-ribose) glycohydrolase (PARG).

PARylation is a common form of posttranslational modification of proteins. The dendroid PAR chains add negative charge to the substrate proteins that are often chromatin-binding proteins: hence, it is believed to help unwind and open chromatin via the static electric expelling force and facilitate the recruitment of other chromatin-binding proteins. In response to DNA damage, PARP binds to both single-strand breaks (SSBs) and double-strand breaks (DSBs) and becomes activated via a conformational change and dimerization (Ciccia and Elledge 2010; Beneke 2012). Protein PARylation is involved in numerous biological processes such as recognition and repair of damaged DNA, chromatin remodeling, transcription, programmed cell death, and mitosis. Owing to its critical function in various forms of DNA repair, including single-strand break repair (SSBR), base excision repair (BER), and double-strand break repair (DSBR), pharmacological inhibition of PARP is being developed as a promising anticancer agent, especially for cancers with loss-of-function mutations of other DNA repair enzymes such as BRCA1 and BRCA2 (Gibson and Kraus 2012). While PARP plays a critical role in DNA damage repair and other chromatin-related functions, its other prominent function is mediation of cell death upon excessive DNA damage. Two modes of PARP-mediated cell death have been described: necrotic cell death as a result of bioenergetic failure and apoptosis mediated by nuclear translocation of apoptosis-inducing factor (AIF) (Berger et al. 1983; Cregan et al. 2004; Dawson and Dawson 2004). While PARP1 is the major PARP member playing a crucial role in cell death, others are also involved including PARP2 and both tankyrase-PARPs TANK1 and TANK2.

9.2 PARP-Mediated Bioenergetic Failure

The involvement of PARP in necrosis was initially noticed in cells treated with DNA-damaging agents such as *N*-methyl-*N'*-nitro-*N*-nitrosoguanidine (MNNG), hydrogen peroxide (H₂O₂), or peroxynitrite (Berger et al. 1983; Sims et al. 1983). The morphological features of cells treated with these agents appeared to be necrotic. Pharmacological inhibition of PARP enzymatic activity or *Parp1* gene silencing blocks necrosis and provides protection against septic shock, diabetes, stroke, myocardial infarction, and ischemia in mouse models (Schreiber et al. 2006; Hassa et al. 2006; Cuzzocrea and Wang 2005; Jagtap and Szabo 2005). This necrotic cell death induced by hyperactivation of PARP upon DNA damage is attributed to the ability of PARP to consume cellular nicotinamide adenine dinucleotide (NAD). Since NAD is an essential cofactor for a number of metabolic enzymes, depletion of NAD leads to decreased activity of the enzymes involved in glycolysis, pentose phosphate shunt, and Krebs cycle, thereby preventing glucose-dependent ATP production (Berger et al. 1983). In an attempt to restore the NAD pools, 2–4 ATP molecules are used for the resynthesis of each NAD molecule. The combined effect of the inhibition of metabolic enzymes and the ATP consumption leads to a rapid drop

in the level of cellular ATP, leading to cell bioenergetic failure and necrotic cell death (Berger et al. 1983). The DNA damage-induced PARP-mediated NAD depletion is a rapid process which leads to near-complete depletion of cellular ATP within minutes, preceding by far the execution of the apoptotic process (D'Amours et al. 1999; Hassa et al. 2006). Since ATP is required for the execution of apoptosis, the bioenergetic failure induced by PARP hyperactivation can function to switch the death mode from apoptosis to necrosis (Decker and Muller 2002; Ying et al. 2005; Zong and Thompson 2006).

Cell sensitivity to PARP hyperactivation is largely determined by the cellular metabolic status (Zong et al. 2004; Ying et al. 2005). The massive generation of PAR in the nucleus by hyperactivation of PARP depletes the nuclear and cytosolic, but not the mitochondrial, pools of NAD, thereby directly affecting cytosolic metabolic events such as glycolysis but not mitochondrial events such as oxidative phosphorylation (Zong et al. 2004; Ying et al. 2005; Kofler et al. 2006). In cultured neurons, the cytosolic and mitochondrial NAD pools each account for about 50 % of total cellular NAD. However, only the cytosolic pool is directly consumed by hyperactivated PARP as cytosolic NAD can freely enter the nucleus via the nuclear pores (Alano et al. 2007). Restoration of cytosolic NAD alleviates the glycolytic inhibition, mitochondrial failure, and neuronal cell death. Bypassing the glycolytic inhibition by supplying cells with metabolic substrates pyruvate, acetoacetate, or hydroxybutyrate also prevents mitochondrial failure and neuron death. Conversely, depletion of cytosolic NAD with NAD glycohydrolase leads to glycolysis inhibition, mitochondrial depolarization, and neuron death, independently of PARP activation. These results establish NAD depletion as a causal event in PARP-mediated cell death.

Due to the preferential depletion of the cytosolic but not mitochondrial pool of NAD, a cell that relies on glycolysis for bioenergetic supply is more susceptible to PARP hyperactivation than a cell that can utilize other nutrient substrates such as fatty acids to fuel mitochondria (Zong et al. 2004; Cipriani et al. 2005; Ying et al. 2005). Thus, the cell sensitivity to PARP-mediated necrosis largely depends on the metabolic state of the cell, which has been shown in various types of endothelial and epithelial cells, as well as in several types of neuronal cells that are highly glycolytic (Virag and Szabo 2002; Virag 2005a; Hassa et al. 2006; Zong and Thompson 2006). This feature may also have a significant implication in cancer treatment, as many types of cancer cells use almost exclusively glucose through aerobic glycolysis for ATP production (Zong et al. 2004).

9.3 Regulation of PARP Activation by Phosphorylation

Although the precise mechanism for PARP hyperactivation upon DNA damage remains elusive, there exists a cross talk between PARP activation and several kinase signaling pathways (Kauppinen et al. 2006). In a rat model of hypoglycemic brain injury, PARP-mediated neuronal cell death induced by NMDA, peroxynitrite,

or DNA alkylation agents is blocked by pharmacological inhibition of the extracellular signal-regulated kinase-1 and -2 (ERK1/2) and by siRNA silencing of ERK2 (Kauppinen et al. 2006). Direct phosphorylation of PARP1 by ERK1/2 on S372 and T373 is required for maximal PARP1 activation in response to DNA damage. Inhibition of PARP1 phosphorylation by ERK1/2 was proposed to be the major mechanism by which inhibitors of the ERK2 signaling cascade reduce cell death rates following ischemia–reperfusion (Kauppinen et al. 2006). Furthermore, based on genetic approaches and pharmacological inhibition, it has been shown that c-Jun N-terminal kinase-1 (JNK-1), but not the other groups of mitogen-activated protein kinases (MAPK), is required for H₂O₂- and MNNG-induced PARP-mediated mitochondrial dysfunction and cell death (Xu et al. 2006; Zhang et al. 2007). Conversely, PARP-catalyzed PARylation can negatively affect cytoprotective kinase signaling pathways, which play a significant role in cell survival and cell death (Veres et al. 2003; Palfi et al. 2005; Tapodi et al. 2005; Kovacs et al. 2006). Several PARP inhibitors have been shown to enhance endotoxin- or ischemia–reperfusion-induced activation of phosphatidylinositol 3-kinase–AKT/protein kinase B (PKB) and p38-MAPK (Veres et al. 2003; Palfi et al. 2005; Tapodi et al. 2005; Kovacs et al. 2006). Moreover, PARP inhibition causes activation of ATM, a kinase that is involved in DNA DSB response (Aguilar-Quesada et al. 2007; Haince et al. 2007). Therefore, there exists a relationship between PARP activation and cell activation/survival pathways regulated by several kinases, although the exact molecular mechanism remains to be investigated.

9.4 PARP-Mediated Mitochondrion-to-Nucleus Translocation of AIF

In addition to necrosis induced by bioenergetic catastrophe, PARP has been found to mediate cell death via the mitochondria-to-nucleus translocation of AIF (Goto et al. 2002; Fossati et al. 2007). AIF is a mitochondrial flavoprotein that participates in cellular metabolism and cell death. It is synthesized as a 67 kDa precursor with three functional domains: an N-terminal region that bears a mitochondrial localization sequence (MLS), a central spacer sequence, and a C-terminal region that shares similarity with bacterial oxidoreductases and harbors two putative NLS. After the AIF precursor is imported into mitochondria, its N-terminal domain carrying the MLS is proteolytically cleaved off, giving rise to the 57 kDa mature form of AIF. Upon mitochondrial permeability transition (MPT), AIF translocates to the cytosol and then to the nucleus, where it induces peripheral chromatin condensation and high-molecular-weight (>50 kbp) DNA fragmentation. Pharmacological inhibition of PARP activity has been shown to decrease AIF nuclear translocation (Culmsee et al. 2005). PARP1-deficient neurons exhibit reduced AIF nuclear translocation and cell death in response to *N*-methyl-D-aspartic acid (NMDA) (Wang et al. 2004; Yuan et al. 2009).

The determinant for the choice of cell death via bioenergetic catastrophe or AIF translocation remains unclear, although these two processes are not mutually exclusive. One possible mechanism for the two types of cell death may lie in the differential cellular response to the extent of DNA damage. Profound NAD depletion (60–95 % of the normal level) and necrosis occur only under a very high level of DNA damage, while under a moderate level of DNA damage the intracellular NAD level decreases by only 5–10 %, which leads to AIF translocation and cell death (Hassa et al. 2006; Cregan et al. 2004; Dawson and Dawson 2004).

Although PARP enzymes were not shown to modify AIF directly, PAR has been found to play a critical role in mediating AIF translocation (Yu et al. 2002; Wang et al. 2004). Several mechanisms have been discussed in literature:

1. MPT upon cellular energetic catastrophe as a result of cytoplasmic and nuclear NAD/ATP depletion. Several studies support a model in which NAD depletion as well as ROS-induced mitochondrial dysfunction may lead to MPT and trigger AIF-induced cell death (Suh et al. 2002; Ying et al. 2003; Alano et al. 2007). PARP-dependent depletion of NAD/ATP appears to precede MPT and AIF translocation. Treatment of cells with PARP inhibitors, the MPT inhibitor cyclosporine A, or liposome-encapsulated NAD can preserve mitochondrial potential, rescue cellular respiration and ATP levels, and block nuclear translocation of AIF and subsequent cell death in cells undergoing hyper PARylation (Suh et al. 2002; Ying et al. 2003; Alano et al. 2007). These observations indicate that MPT resulting from NAD depletion contributes to PARylation-mediated AIF translocation and cell death.
2. A mechanism that prevents AIF nuclear translocation is through its retention in the cytoplasm by heat-shock protein 70 (Hsp70). Hsp70 has been found to antagonize AIF-mediated cell death by both inhibiting mitochondrial AIF release and retaining leaked AIF in the cytoplasm (Ravagnan et al. 2001; Gurbuxani et al. 2003). The expression level of Hsp70 is increased in several types of primary cells derived from *PARP1* knockout mice (Sevigny et al. 2003; Fossati et al. 2006). PARylation appears to repress heat-shock factor-1 (HSF-1) activity, which is required for Hsp70 gene expression, and the heat-shock response in these cells (Sevigny et al. 2003; Fossati et al. 2006).
3. PAR may act directly as a non-proteinaceous AIF-releasing factor and cell death signal (Andrabi et al. 2006; Yu et al. 2006). When exogenously added to neurons at a high concentration, PAR polymers cause AIF translocation and cell death. Exogenous delivery of PAR polymers can induce necrotic cell death in primary cortical neurons isolated from *PARP1* knockout mice, indicating a direct cell death-inducing function of PAR polymers. Furthermore, purified PAR polymers can induce AIF release from isolated mitochondria. The toxicity of PAR polymers appears to be dependent on its length, structure, and amount. Increasing length and complexity of PAR polymers are associated with higher toxicity (Andrabi et al. 2006; Yu et al. 2006). Consistent with the role of PAR in mediating AIF translocation and cell death, loss of PARG in *Drosophila melanogaster*

results in cytoplasmic accumulation of free or protein-associated PAR and leads to severe neurodegeneration (Hanai et al. 2004).

Despite the connection between PARP activation and AIF-mediated cell death, it is important to note that mitochondrial AIF release and shuttling to the nucleus are not exclusively dependent on PARylation. It was found that necrotic cell death caused by oxidative damage in other cell types, such as hepatocytes, does not depend on the PARylation reaction (van Wijk and Hageman 2005; Virag 2005b; Hassa and Hottiger 2008). High concentrations of MNNG (>100 μ M) can directly induce MPT independently of PARP. Indeed, MNNG-induced NAD depletion and cell death can be prevented by inhibition of the permeability transition pore opening (Dodoni et al. 2004). Thus, mitochondrial dysfunction appears to be the cause rather than the consequence of MNNG-induced NAD depletion. The activities of other factors such as p53, caspase-2, and caspase-12 may also be involved in MPT and AIF translocation (Seth et al. 2005; Sanges et al. 2006). ROS production appears to be a key factor for these processes (van Wijk and Hageman 2005; Christophe and Nicolas 2006; Skulachev 2006). Therefore, PARP-mediated PARylation plays an important but not exclusive role in AIF-dependent cell death. The PARP/PARylation system and AIF may function together as a mitochondria–nucleus interconnected Yin/Yang-like sensor of metabolic or oxidative state of cells (Zhang 2003; Hassa and Hottiger 2008).

9.5 Other Cell Survival/Death-Related Molecular Events That Are Affected by PARP

In addition to the intensively studied NAD/ATP depletion and AIF translocation, there are several other molecular events that are regulated by PARP and affect cell survival/death. One such event is the shuttling of nuclear pro-necrotic factors (potentially PARylated) such as PARP1 itself and high-mobility group box 1 protein (HMGB1) into the cytoplasm or mitochondria. While most studies on PARP focus on its function as a nuclear protein, its existence and function in mitochondria and cytoplasm have also come into attention. Cytosolic and mitochondria-associated PARP and PARG activity has been reported in human primary hepatocytes, rat cortical neurons, and mouse fibroblasts (Thomassin et al. 1985; Jesser et al. 1993; Masmoudi et al. 1993). The possible existence of cytosolic and mitochondria-associated PARP activity may argue in favor of a direct interaction between PARP and AIF or other mitochondrial components involved in MPT. The validation and possible mechanism for the cytoplasmic presence of PARP need to be further investigated. In a study of the cytotoxicity of HIV-1 Vpr protein, it was found that PARP1 might translocate to the cytoplasm and mediate cell death in a glucocorticoid receptor complex-dependent manner (Muthumani et al. 2006).

HMGB1 is a nuclear nonhistone chromatin-associated protein which functions as a transcription factor (Muller et al. 2001). It is actively secreted by monocytes as a damage signal (alarmin) and functions as a late mediator of inflammation (Czura et al. 2001; Bianchi and Manfredi 2004; Raucchi et al. 2007). The active secretion of HMGB1 by stimulated macrophages or monocytes requires acetylation of HMGB1, which in turn induces its relocalization to the cytosol into secretory lysosomes and its release into the extracellular environment (Scaffidi et al. 2002; Bonaldi et al. 2003).

In addition to the active secretion of HMGB1 during monocyte activation, upon DNA damage, HMGB1 undergoes nuclear-cytosolic relocalization and is passively released into the extracellular milieu (Czura et al. 2001; Bianchi and Manfredi 2004; Raucchi et al. 2007). Like the monocyte secretion of HMGB1, the cytosolic translocation and extracellular release of HMGB1 during necrosis also involve its acetylation. However, the acetylation-mediated HMGB1 release occurs only in necrotic cells, whereas during apoptosis HMGB1 is retained in the nucleus through its binding to the chromatin (Czura et al. 2001; Bianchi and Manfredi 2004; Raucchi et al. 2007).

In addition to acetylation, the nuclear-cytosolic relocalization and extracellular release of HMGB1 are also regulated by several other posttranslational modifications including methylation, phosphorylation, glycosylation, and PARylation (Ulloa and Messmer 2006). PARylation of HMGB1 was found in DNA damage-induced necrosis (Ditsworth et al. 2007). Following MNNG treatment, relocalization of HMGB1 was observed in wild-type cells but not in PARP1-deficient cells or in the presence of PARP inhibitors. The release of HMGB1 from chromatin is likely promoted by the attachment of PAR to HMGB1, thereby destabilizing the association of HMGB1 with chromatin via the electric static force imposed by PAR.

Extracellular HMGB1 can act as a potent pro-inflammatory cytokine. HMGB1 signaling occurs via the receptor for advanced glycosylated end products and via members of the Toll-like receptor family (Czura et al. 2001; Muller et al. 2001; Bianchi and Manfredi 2004; Raucchi et al. 2007). HMGB1 has been shown to serve as a late mediator of endotoxin lethality in mice and as a mediator of post-ischemic brain damage by increasing excitotoxicity as well as ischemic neuronal death *in vitro* and *in vivo* (Tsong et al. 2005; Liu et al. 2007). Owing to these properties, HMGB1 has become a therapeutic target in experimental models of ischemia/reperfusion, rheumatoid arthritis, and endotoxin-induced septic shock. In a xenograft tumor model, HMGB1 was found to play an essential role in tumor regression upon chemotherapeutic treatment (Guerriero et al. 2011). Chemotherapy is found to induce sporadic necrosis and subsequent activation of the innate immune system that displays an antitumoral function. This chemotherapy-induced activation of innate immunity and tumor regression is largely compromised in tumors derived from HMGB1-deficient cells.

9.6 PARP Regulates Autophagy

In addition to cell death, there is also a molecular connection between PARP activation and induction of autophagy. Autophagy is a dynamic process of protein degradation, which is typically activated during nutrient limitation. Since autophagy is inducible by disturbance of cellular energy homeostasis, it is not surprising that hyperactivation of PARP1 can lead to autophagy through the depletion of cellular NAD and ATP. There are multiple mechanisms coupling PARP activation with autophagy induction. Among them, activation of AMP-activated protein kinase (AMPK) appears to be particularly relevant. Serving as a cellular fuel gauge, AMPK is readily activated with decreased ATP level and increased AMP/ATP ratio (Hardie 2007). AMPK is a critical positive regulator of autophagy via the following pathways: (1) AMPK activation leads to suppression of mTORC1 by phosphorylation and activation of TSC2 (Inoki et al. 2003), the negative regulator of mTORC1, or by direct phosphorylation of raptor, one of the key components of mTORC1 (Gwinn et al. 2008). (2) AMPK is able to directly phosphorylate and activate the Ulk1 complex (Egan et al. 2011; Kim et al. 2011). Several studies have demonstrated that DNA damage leads to sequential events including PARP activation, ATP depletion, AMPK activation, mTOR suppression, and induction of autophagy (Albert et al. 2007; Huang and Shen 2009; Munoz-Gamez et al. 2009; Alexander et al. 2010). Such inducible autophagy is a pro-survival force against cell death resulting from DNA damage-induced PARP activation. The exact outcome thus depends on the balance of these two opposite forces, which may differ depending on the cellular context, including the nature of DNA damage and status of cell metabolism.

9.7 Cross Talk Between PARP-Mediated Cell Death and Other Forms of Cell Death

Over the past decade, the focus on apoptosis as the primary mechanism of programmed cell death has dramatically shifted. Cell death mechanisms other than the conventional mitochondrial apoptosis have been uncovered or regained attention, one of which is PARP-mediated cell death upon excessive DNA damage. There exists a cross talk between PARP-mediated cell death and other forms of cell death such as conventional apoptosis and RIP kinase-mediated necroptosis.

A mutual inhibitory relationship exists between PARP-mediated necrosis and conventional apoptosis. As apoptosis is an energy-dependent process, PARP-mediated NAD and ATP depletion inhibits apoptosis. On the other hand, PARP1 is cleaved by caspases 3/7 into two distinct fragments during apoptosis: the 24 kDa N-terminal fragment that contains the DBD and the 89 kDa C-terminal fragment that contains the catalytic domain. While the N-terminal fragment retains strong DNA-binding activity, the C-terminal fragment loses its catalytic activity. Hence, the N-terminal fragment can function as a dominant-negative factor to inhibit NAD

hydrolysis and to maintain the energy level of the cells. This apoptotic cleavage of PARP1 facilitates apoptosis by preventing DNA repair and by blocking energy depletion-induced necrosis.

Although the molecular machinery for the initiation of RIP kinase-mediated necroptosis is quite well understood, the precise mechanism by which it is executed remains largely unclear. Currently, it seems that a larger number of processes downstream of the necrotic signaling platform including excessive metabolic activity, elevated ATP consumption, ROS formation, and lysosome membrane permeability transition tip the cell towards death. This bioenergetic catastrophe theory certainly overlaps with the downstream events of PARP hyperactivation. Therefore, while the value of PARP-mediated necrosis can be certainly appreciated for many pathological and physiological conditions, an understanding of its molecular mechanism also provides profound insights into the comprehension of other forms of cell demise.

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Chapter 10

Programmed Necrosis in Immunity and Inflammatory Diseases

Kenta Moriwaki and Francis Ka-Ming Chan

10.1 Introduction

Necrotic cell death is characterized by extensive organelle and cell swelling and rupture of the plasma membrane. These morphological changes are entirely distinct from those of apoptotic cell death, which show organelle and cell shrinking, nuclear chromatin condensation, and nuclear and cytoplasmic blebbing to form membrane-bound fragments known as apoptotic bodies (Kerr et al. 1972; Schweichel and Merker 1973). Necrosis was once considered to be an accidental and unregulated type of cell injury. However, emerging evidence shows that necrosis can be induced in a regulated manner like apoptosis. Regulated necrosis has been called “programmed necrosis” or “necroptosis” to distinguish it from necrosis induced by physical trauma (Vandenabeele et al. 2010). Programmed necrosis can be induced by plasma membrane-associated death receptors in the TNF receptor (TNFR) superfamily (Laster et al. 1988; Vercaemmen et al. 1998a, b; Holler et al. 2000), T cell receptor (TCR) (Ch’en et al. 2008, 2011; Cho et al. 2011), and toll-like receptors (TLRs) (He et al. 2011; Fortes et al. 2012; McComb et al. 2012). Necrotic cell death is pro-inflammatory because it releases intracellular contents or the so-called danger-associated molecular patterns (DAMPs) (Kono and Rock 2008). The released DAMPs from necrotic cells such as HMGB1 can activate TLRs on the surface of innate immune effector cells to promote inflammatory cytokine expression (Lamkanfi et al. 2010; Yang et al. 2010). These observations imply that programmed necrosis is an important cell death module in the immune system. In fact, recent studies show that the programmed necrosis is closely associated with

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infectious and noninfectious inflammatory diseases. In this chapter, we discuss the emerging roles of programmed necrosis in biology with a specific emphasis on its role in immunity and inflammation. For simplicity sake, we will use the term necrosis to refer to regulated programmed necrosis hereafter.

10.2 Molecular Regulation of Necrosis

The most extensively characterized pathway leading to necrosis is initiated by ligation of TNF receptor 1 (TNFR-1/TNFRSF1a/CD120a). We will therefore use the pathway regulated by TNFR-1 ligation to illustrate the salient principles that govern necrosis. When TNF binds to TNFR-1, the membrane-associated TNFR-1 signaling complex termed “Complex I” is formed. Complex I comprises multiple protein adaptors including TNFR-associated death domain (TRADD), receptor-interacting protein kinase 1 (RIPK1), cellular inhibitor of apoptosis 1 (cIAP1), cIAP2, TNFR-associated factor 2 (TRAF2), and linear ubiquitin chain assembly complex (LUBAC) (Micheau and Tschopp 2003) (Fig. 10.1). This complex primarily triggers the NF- κ B signaling pathway. RIPK1 ubiquitination is an essential event that mediates NF- κ B activation (Walczak 2011). Although early reports show that K63 ubiquitination of RIPK1 at K377 is essential for recruitment of NEMO and activation of the IKK complex (Ea et al. 2006; Li et al. 2006), recent studies indicate that ubiquitination at sites other than K377 as well as other types of ubiquitin linkages can also occur (Dynek et al. 2010; Gerlach et al. 2011). RIPK1 ubiquitination prevents assembly of the cytoplasmic death-inducing signaling complex, also known as “Complex II,” through NF- κ B-dependent and -independent mechanisms (O’Donnell et al. 2007). Consistent with an inhibitory role for RIPK1 ubiquitination in cell death signaling, ubiquitin hydrolases such as cylindromatosis (CYLD) have been shown to facilitate apoptotic and necrotic responses (Hitomi et al. 2008; Vanlangenakker et al. 2011) (Fig. 10.1).

Caspase activity is a critical parameter that controls necrosis. Early studies show that the broad caspase inhibitor zVAD-fmk can facilitate RIPK1-dependent necrosis in certain cell types (Vercammen et al. 1998a; Holler et al. 2000). However, RIPK1 does not act alone to drive necrosis. Another serine/threonine kinase, RIPK3, was identified in several RNA interference screens to be a critical partner of RIPK1 in necrosis (Cho et al. 2009; He et al. 2009). Caspase 8 inhibits necrosis by cleaving and inactivating RIPK1, RIPK3, and CYLD (Lin et al. 1999; Chan et al. 2003; Feng et al. 2007; O’Donnell et al. 2011). When the activity of caspase 8 is inhibited or in caspase 8^{-/-} or Fadd^{-/-} cells, the integrity of RIPK1 and RIPK3 is preserved. This allows the two kinases to form a tight and stable complex termed the “necrosome” (Cho et al. 2009; He et al. 2009). Necrosome formation requires the RIP homotypic interaction motif (RHIM) that is present in both RIPK1 and RIPK3 (Sun et al. 2002). *Trans*-phosphorylation of RIPK1 and RIPK3 appears to be crucial for necrosome assembly, as kinase-inactive RIPK1 or RIPK3, and the RIPK1-specific inhibitor necrostatin-1 potently inhibits TNF-induced necrosis (Degtrev et al. 2008).

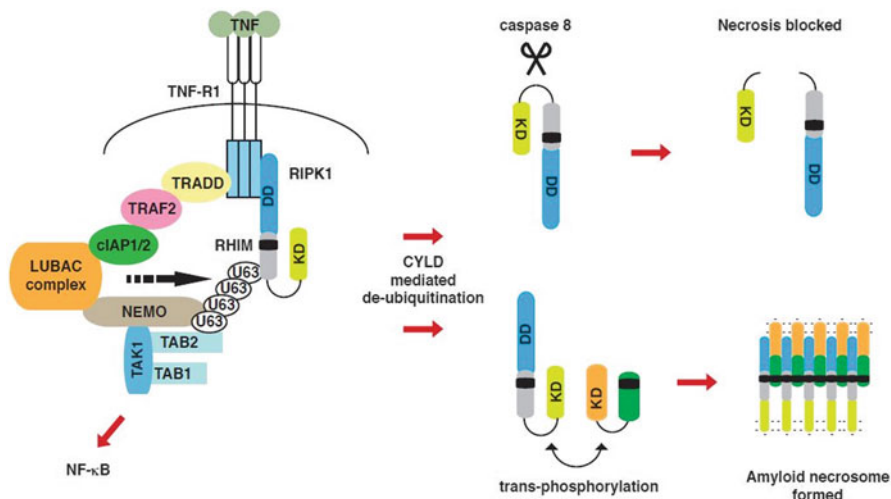


Fig. 10.1 The necrosis signaling pathway is regulated by protein ubiquitination, phosphorylation, and proteolytic cleavage. The TNFR-1-associated membrane complex (Complex I) is composed of many adaptors. Many of the molecular interactions within this complex require protein ubiquitination. RIPK1 ubiquitination through K63 linkage (U63), which is crucial for downstream NF- κ B activation, is *highlighted*. Removal of ubiquitin chains from RIPK1 by the de-ubiquitinase cylindromatosis (CYLD) is important for transition of Complex I to the cytosol and assembly of Complex II. In the presence of active caspase 8, RIPK1, RIPK3, and CYLD are cleaved and inactivated (only RIPK1 cleavage is shown for simplicity sake). Cleavage of RIPK1 removes the kinase domain, thereby preventing phosphorylation of downstream substrates (e.g., RIPK3) that are important for necrosis induction. When the integrity of RIPK1 and RIPK3 is preserved, they *trans-phosphorylate* each other. The resulting negative charge may be critical in “opening up” the RHIM domain to facilitate amyloid fibril assembly and recruitment of downstream RIPK3 substrates

Hence, necrosis is regulated by at least three distinct mechanisms: protein ubiquitination, caspase cleavage, and phosphorylation.

The RHIM is an emerging protein–protein interaction domain found in several other adaptors including TIR domain-containing adaptor molecule 1 (TICAM1/TRIF) and DNA-dependent activator of interferon regulatory transcription factors (DAI/ZBP1) (Moquin and Chan 2010). Thus, the RHIM-containing adaptors all have important functions in innate immune and cell death signaling. The RHIM is defined by a highly conserved tetra-peptide core sequence of mostly hydrophobic residues that are predicted to be β -sheet (IQIG for RIPK1 and VQVG for RIPK3). Recent biophysical studies show that the RHIMs of RIPK1 and RIPK3 assemble in an amyloid-like filamentous fibrillar complex (Li et al. 2012). Mutagenesis of the RHIM core sequences shows that this amyloid assembly is crucial for activation of RIPK1 and RIPK3 kinase activity, necrosome cluster formation, and necrosis induction (Fig. 10.1).

Although amyloid fibrils are toxic to neurons, the RHIM amyloid fibril appears to be an intermediary that does not directly elicit cell damage. Rather, it has a crucial function in recruitment of downstream RIPK3 substrates. One such substrate is the

mixed lineage kinase domain-like (MLKL), which was identified by biochemical purification and by shRNA screen (Sun et al. 2012; Zhao et al. 2012). Phosphorylation of MLKL by RIPK3 is critical for necrosis induction. The significance of MLKL in necrosis is further bolstered by identification of a small-molecule inhibitor called “necrosulfonamide” (NSA). NSA inhibits TNF-induced necrosis by covalently modifying human MLKL. Surprisingly, NSA or siRNA knockdown of MLKL did not interfere with RIPK1–RIPK3 necrosome formation. Hence, MLKL is a key regulator of necrosis downstream of RIPK3 (Sun et al. 2012).

Another RIPK3 substrate is the mitochondrial protein phosphoglycerate mutase family member 5 (PGAM5). Both isoforms of PGAM5, PGAM5_s and PGAM5_L, were reported to be downstream effectors involved in necrosis induction (Wang et al. 2012). NSA prevented the recruitment of PGAM5_s, but not MLKL, to the necrosome. MLKL therefore appears to function as a key adaptor that links the RIPK1–RIPK3 necrosome to downstream effectors. Interestingly, PGAM5 is a phosphatase (Takeda et al. 2009) that can dephosphorylate and activate the mitochondria fission factor Drp-1 (Wang et al. 2012). This raises the interesting possibility that the necrosome can engage the mitochondria fission machinery to execute necrosis. In addition to TNF-induced necrosis, PGAM5 also appears to have broader roles in mediating death receptor-independent necrosis, such as that induced by reactive oxygen species (ROS) or calcium ionophore (Wang et al. 2012). Whether MLKL and PGAM5 are physiologically relevant RIPK3 substrates *in vivo* will require examination in the relevant mutant animals.

10.3 Role of Necrosis in Innate Inflammatory Responses

10.3.1 Viral Infections

Necrotic cells are characterized by organelle and cell swelling that eventually cumulate in plasma membrane leakage. The release of endogenous adjuvants from necrotic cells is known to be immuno-stimulatory. As we have alluded to in the previous section, many protein adaptors of innate immune signaling pathways contain RHIM domains. This molecular signature suggests that the RIP kinases may have broad roles in innate immunity and inflammation. Further evidence that supports this notion comes from the fact that interferons, which are critical cytokines against viral pathogens, can greatly sensitize cellular necrosis (Kalai et al. 2002).

The first example that highlights this emerging paradigm comes from a study of host defense against vaccinia virus infection. Vaccinia virus, like other poxviruses, encodes many immune evasion genes (Moss and Shisler 2001), including those that inhibit inflammatory cytokines and TLRs (Reading et al. 2002; Harte et al. 2003; Stack et al. 2005). Despite the inhibition of inflammatory signaling, vaccinia virus elicits a strong inflammatory response in infected mice.

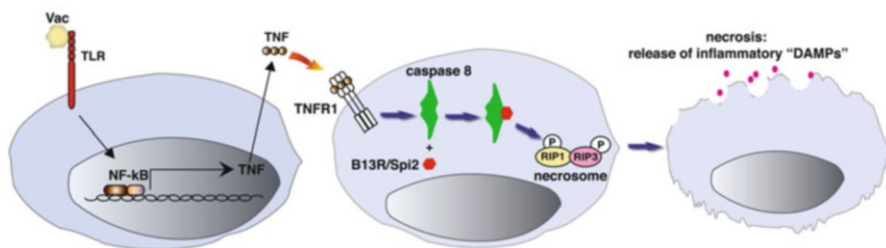


Fig. 10.2 RIP kinase-dependent necrosis is an important innate immune defense mechanism against vaccinia virus. Vaccinia virus is a large DNA virus that has been shown to activate multiple TLRs. Engagement of TLRs results in expression of inflammatory cytokines including TNF. TNF can elicit the cell death program upon binding to the receptor on the cell surface of an infected cell. Because of the virus-encoded caspase inhibitor B13R/Spi2, caspase 8 is inhibited and apoptosis is suppressed. This allows assembly of the RIPK1–RIPK3 necrosome. The induction of necrosis may be advantageous in two ways. First, it serves to limit the viral factory before adaptive immunity is launched. Secondly, the release of DAMPs from the necrotic cells may further promote the antiviral inflammatory reaction

One of the immune evasion genes encoded by vaccinia virus is B13R or Spi2, which is a serpin that inhibits caspase 1 and caspase 8 and is functionally similar to the cytokine response modifier A (CrmA) from cowpox virus (Zhou et al. 1997). Despite inhibition of caspase 8 by B13R/Spi2, vaccinia virus-infected cells are still sensitive to the cytotoxic effect of TNF (Li and Beg 2000). TNF-induced cell death of vaccinia virus-infected cells exhibits morphology that resembles necrosis and is dependent on intact RIPK1 and RIPK3 functions (Chan et al. 2003; Cho et al. 2009) (Fig. 10.2). Consistent with results from *in vitro* infections, RIPK3^{-/-} mice exhibit reduced necrosis and inflammation and greatly increased viral replication in multiple tissues. Eventually, RIPK3^{-/-} mice succumb to the infection 4–5 days post-infection (Cho et al. 2009). In wild-type mice, elevated TNF expression was detected by 24 h post-infection, which coincided with the appearance of RIPK1–RIPK3 complex in the liver (Cho et al. 2009). Because these events occur prior to induction of adaptive T cell responses, which usually peaks at days 7–8 post-infection, we conclude that RIPK3 is critically important for innate immune protection against vaccinia virus. This early control of viral replication is likely to be crucial for host control of the viral factory before virus-specific T and B cells are mobilized in high enough number to fully eradicate the virus.

For vaccinia virus, host cell necrosis is an effective innate immune antiviral defense. Could viruses have developed strategies to inhibit necrosis as a means to escape elimination from the host? Murine cytomegalovirus (MCMV) encodes three different types of viral cell death inhibitors, vICA (inhibitor of caspase 8-induced apoptosis), vMIA (mitochondria inhibitor of apoptosis), and vIRA (inhibitor of RIP activation) (reviewed in Mocarski et al. 2012). Productive infection and replication of viral progenies require the action of all three inhibitors. Although no enzymatic activity can be detected (Lembo et al. 2004), vIRA or M45 exhibits homology to ribonucleotide reductase (Brune et al. 2001). Interestingly, M45 contains a RHIM at the amino terminus that is crucial for binding to RHIM-containing cellular adaptors



Fig. 10.3 Different RHIM domain-containing adaptors can partner with RIPK3 to induce necrosis. The three known RHIM-mediated interactions that lead to necrosis are shown on the *left*. In the case of TRIF–RIPK3, genetic and pharmacological evidence suggests that RIPK1 is also involved. However, biochemical evidence for RIPK1–RIPK3–TRIF complex is lacking at present. Hence, RIPK1 is not included in the necrotic TRIF–RIPK3 complex. On the *right*, the different types of RHIM-mediated interactions that regulate NF- κ B activation are shown. Note that RIPK3 has been shown to have positive and negative effects on NF- κ B activation by different complexes (Kaiser et al. 2008; Rebsamen et al. 2009)

including RIPK1, RIPK3, and DAI (Kaiser et al. 2008; Upton et al. 2008, 2012; Rebsamen et al. 2009). Recombinant virus that encodes a defective vIRA with tetra-alanine substitutions within the core RHIM sequence fails to establish productive infection in cells and in mice due to premature cell death by necrosis. Significantly, productive infection is restored when the RHIM mutant MCMV infects RIPK3^{-/-} mice (Upton et al. 2010). Surprisingly, the necrotic cell death induced upon mutant MCMV infection is not driven by TNF or RIPK1. Instead, RIPK3 pairs with another RHIM-containing adaptor DAI to induce necrosis (Upton et al. 2012). Hence, similar to poxviruses, MCMV infection sensitizes cells to necrosis. However, unlike vaccinia virus, MCMV has developed an effective strategy to inhibit host cell necrosis to ensure productive viral replication within the infected host. It will be of great interest to determine if similar viral inhibition of necrosis also occurs in human CMV infection. The MCMV studies also reveal that other than RIPK1, other RHIM-containing adaptors can partner with RIPK3 to induce necrosis (Fig. 10.3). It is noteworthy that similar RHIM-mediated interactions between RIPK1–TRIF and RIPK1–DAI/ZBP1 have been shown to mediate NF- κ B activation (Meylan et al. 2004; Kaiser and Offermann 2005; Rebsamen et al. 2009) (Fig. 10.3). It will be important to determine how the different types of RHIM complexes can mediate cell survival and cell death signaling under different conditions.

10.3.2 *Viral Necrosis Inhibitors*

The vIRA/M45 story reveals that active suppression of host cell necrosis can be an important immune evasion mechanism for viruses. In fact, vIRA/M45 is not the first viral necrosis inhibitor identified. Viral FLICE-like inhibitor proteins (FLIPs) are orthologs of cellular caspase 8 and caspase 10. They contain tandem death effector domains but lack the enzymatic domains. Hence, they were first recognized as caspase and apoptosis inhibitors (Bertin et al. 1997; Hu et al. 1997; Thome et al. 1997). In 2003, a subset of vFLIPs, namely, MC159 from molluscum contagiosum virus and E8 from equine herpesvirus, were found to also inhibit TNF-induced necrosis (Chan et al. 2003). In contrast to M45, which inhibits necrosis through RHIM-mediated interaction with RIPK3 (Upton et al. 2010), the molecular basis by which vFLIPs inhibit necrosis is not fully understood. Because vFLIPs and vIRA/M45 are structurally unrelated, these results indicate that viral inhibitors of necrosis can come in different flavors. It will be interesting to see if additional classes of viral necrosis inhibitors will be identified in the future.

10.3.3 *Bacterial Infections*

Macrophages are sentinels against bacterial infections. Recent studies indicate that in the presence of caspase inhibition, the TLR4 agonist bacterial lipopolysaccharides (LPS) can induce RIPK3-dependent necrosis in macrophages (He et al. 2011). In addition, Smac mimetics, which target cIAP1, cIAP2, and XIAP for proteasomal degradation (Varfolomeev et al. 2007; Vince et al. 2007; Bertrand et al. 2008), can induce RIPK1- and RIPK3-dependent macrophage necrosis (McComb et al. 2012). Besides RIPK1 and RIPK3, another RHIM-containing adaptor TRIF also plays a crucial role in macrophage necrosis (He et al. 2011). TRIF is a TIR domain-containing adaptor that mediates type I interferon expression in response to TLR3 and TLR4 signaling (Yamamoto et al. 2002; Oshiumi et al. 2003). Like RIPK1 and RIPK3, TRIF can induce apoptosis under certain conditions (Kaiser and Offermann 2005; Weber et al. 2010). Treatment with LPS and zVAD-fmk, which mimics bacterial septic shock, causes an inflammatory cytokine storm and extensive macrophage necrosis. These effects were greatly ameliorated in RIPK3^{-/-} and TRIF^{lps2/lps2} mutant mice (He et al. 2011). Moderately reduced inflammatory cytokine production in response to LPS was also observed in RIPK3^{-/-} mice treated with LPS alone (Newton et al. 2004), suggesting that necrosis-induced inflammation can occur *in vivo* without pharmacologic inhibition of caspases.

TNF is a major inflammatory cytokine that mediates the systemic effects of LPS-induced septic shock. Consistent with a role for TNF in bacterial sepsis, RIPK3^{-/-} mice are protected from TNF-induced systemic inflammatory response syndrome (SIRS) (Duprez et al. 2011; Linkermann et al. 2012a) and cecal ligation puncture-induced sepsis (Duprez et al. 2011). However, results obtained using the RIPK1

inhibitor necrostatin-1 (Nec-1) were less definitive than those obtained with RIPK3^{-/-} mice. While one report shows protection by Nec-1, another report indicates that Nec-1 exacerbates TNF-induced SIRS (Duprez et al. 2011; Linkermann et al. 2012a). These opposing observations may be due to off-target effects of Nec-1 (Cho et al. 2011). Unfortunately, genetic model to assess RIPK1 function in these inflammatory diseases is currently not available because RIPK1^{-/-} mice exhibit neonatal lethality (Kelliher et al. 1998). Conditional RIPK1^{-/-} mice will be invaluable tools to dissect the *in vivo* role of RIPK1 in inflammatory diseases.

10.3.4 Necrosis in Sterile Inflammation

Besides its role in pathogen-induced inflammation, necrosis can also promote sterile inflammation. For example, retinal detachment-induced photoreceptor necrosis is blocked in RIPK3^{-/-} cells (Trichonas et al. 2010). Because caspase inhibition greatly sensitizes cells to necrosis, it is no surprise that a large number of studies on necrosis-induced sterile inflammation have been performed using caspase 8^{-/-} or mice deficient in FADD, an upstream adaptor that is essential for caspase 8 recruitment and activation. Similar to caspase inhibition in tissue culture, caspase 8^{-/-} or FADD^{-/-} mice are highly sensitive to necrosis induction. Most remarkably, germline inactivation of these genes results in extensive necrosis during embryogenesis, which results in lethality on E9.5. Embryonic lethality of caspase 8^{-/-} or FADD^{-/-} mice is rescued by deletion of RIPK1 or RIPK3 (Kaiser et al. 2011; Oberst et al. 2011; Zhang et al. 2011; Dillon et al. 2012). Keratinocyte- or intestinal epithelium-specific deletion of FADD or caspase 8 causes severe spontaneous inflammation in the respective tissues that can be corrected by deletion of RIPK3 (Kovalenko et al. 2009; Bonnet et al. 2011; Gunther et al. 2011; Welz et al. 2011). While the more popular view is that the inflammatory disease is caused by increased necrosis, the possibility that FADD, caspase 8, RIPK1, and RIPK3 can directly regulate innate inflammatory signaling cannot be overlooked (see below) (Rajput et al. 2011a; Wallach et al. 2011).

In addition to caspase 8^{-/-} or FADD^{-/-} mice, necrosis-induced sterile injury and inflammation have also been detected in wild-type animals with normal FADD and caspase 8 functions. For instance, repeated doses of cerulein can cause RIPK3-dependent acinar cell necrosis and acute pancreatitis in wild-type mice (He et al. 2009; Zhang et al. 2009). Administration of the RIPK1 inhibitor Nec-1 significantly ameliorates tissue damage in animal models of myocardial infarction, ischemia-induced brain injury, and renal ischemia/reperfusion injury (Degterev et al. 2005; Lim et al. 2007; Smith et al. 2007; Northington et al. 2011; Linkermann et al. 2012b), indicating that RIPK1-dependent necrosis is activated under these conditions in wild-type animals. Although TNF and other inflammatory cytokines are often elevated in ischemia/reperfusion-induced injury (Watters and O'Connor 2011; Lambertsen et al. 2012), it is not clear if they are the direct triggers for necrosis in these diseases. If necrosis is induced without death receptor engagement in these situations, it will be analogous to “intrinsic” apoptosis induced in response to genotoxic stress.

10.4 Direct Roles for RIPK1 and RIPK3 in Inflammation Signaling

As we have discussed in previous sections, promoting inflammation via NF- κ B was the first function ascribed to RIPK1. In addition to TNFR, RIPK1 also mediates NF- κ B activation by certain innate immune receptors such as TLR3 (Meylan et al. 2004), TLR4 (Cusson-Hermance et al. 2005; Ermolaeva et al. 2008) and RIG-I (Michallet et al. 2008; Rajput et al. 2011b). In contrast to RIPK1, RIPK3^{-/-} cells exhibit normal NF- κ B induction in response to TNFR-1 and several TLR agonists (Newton et al. 2004). However, early reports show that over-expression of RIPK3 can often inhibit or promote NF- κ B activation (Sun et al. 1999; Kasof et al. 2000; Meylan et al. 2004; Kaiser and Offermann 2005). Hence, it remains possible that RIPK3 can modulate NF- κ B responses in specific scenarios.

Recent evidence suggests that RIPK3 has a surprising function in driving maturation of the pro-inflammatory cytokine IL-1 β (Vince et al. 2012). Production of IL-1 β requires two signals. The first signal, which can be provided by activation of innate immune receptors such as TNFR-1 or TLR4, activates de novo synthesis of pro-IL-1 β in an NF- κ B-dependent manner. Release of mature IL-1 β requires a second signal that involves activation of the inflammasome and caspase-mediated processing of pro-IL-1 β (reviewed in Rathinam et al. 2012a). In most cases, caspase 1 is the enzyme responsible for processing of pro-IL-1 β and related cytokines such as pro-IL-18. However, noncanonical activation of the inflammasome can result in activation of caspase 8 or caspase 11 (Kayagaki et al. 2011; Gringhuis et al. 2012; Pierini et al. 2012; Rathinam et al. 2012b). Vince and colleagues show that in LPS-primed macrophages, Smac mimetics induces IL-1 β processing and maturation through canonical NLRP3-caspase 1 and noncanonical NLRP3-caspase 8 inflammasome activation. Surprisingly, RIPK3 and ROS production are also required for Smac mimetic-induced IL-1 β maturation. Consistent with the effects of Smac mimetics, LPS-primed cIAP1^{-/-}cIAP2^{-/-}XIAP^{-/-} macrophages exhibit spontaneous IL-1 β processing (Vince et al. 2012). These results suggest the tantalizing possibility that RIPK3 can promote inflammation through multiple means. On one hand, release of DAMPs from necrotic cells can activate TLRs to promote inflammatory gene expression. On the other hand, RIPK3 can directly engage the inflammasome to promote the expression of IL-1-like inflammatory cytokines.

10.5 Necrosis in Adaptive Immunity

10.5.1 T Cell Tolerance

The maintenance of immune homeostasis is critically dependent on proper cell death regulation. T cells recognize antigenic peptides bound to self major histocompatibility complex (MHC) through their TCRs. Because antigen receptors on T and

B cells are generated by random gene rearrangement, T cells that express TCRs of different affinities to MHC are generated. Lymphocytes that express TCR with little affinity for MHC are eliminated through “death by neglect” in a process termed “positive selection.” T cells that survive positive selection are further subjected to “negative selection,” a process that eliminates potentially autoreactive T cells with TCR that bind too strongly to self peptide–MHC complexes. The cumulative effect of positive and negative selection is a TCR repertoire that is largely devoid of autoreactive cells (reviewed in Stritesky et al. 2012). Death receptors in the TNFR superfamily do not appear to play significant roles in the thymic selection processes, since animals deficient in these receptors undergo normal thymic selection.

Once T cells leave the thymus to populate the peripheral organs, additional mechanisms, collectively termed “peripheral tolerance,” are required to prevent activation of any autoreactive T cells that managed to escape thymic negative selection. In contrast to thymic selection, the death receptors Fas/CD95/APO-1 and, to a lesser extent, TNFR-1 and TNFR-2 play key roles in peripheral tolerance (Zheng et al. 1995; Lenardo et al. 1999). Naïve T cells undergo clonal expansion upon TCR engagement. However, repeated TCR stimulation can result in death of the activated T cells (Zheng et al. 1998). This phenomenon is often referred to as “activation-induced cell death” (AICD) or more appropriately as “restimulation-induced cell death” (RICD) (Snow et al. 2009). Both TCR restimulation and T cell trophic factor IL-2 can greatly enhance Fas and Fas ligand (FasL) expression in activated T cells (Zheng et al. 1998). As a result, activated T cells are eliminated through FasL–Fas interaction in a paracrine fashion. As such, deficiency in the receptor or the ligand leads to defective RICD and lymphoproliferative diseases. The well-known mouse models for autoimmunity *lpr* and *gld* are caused by mutations in Fas and FasL, respectively (Watanabe-Fukunaga et al. 1992; Lynch et al. 1994). In human, similar mutations lead to similar systemic autoimmune disease termed the autoimmune lymphoproliferation syndromes (ALPS) (Puck and Sneller 1997).

Because Fas–FasL-induced lymphocyte cell death exhibits classical features of apoptosis (e.g., chromatin condensation, caspase activation), it is widely believed that apoptosis is the cell death module that controls peripheral tolerance. However, this notion was challenged when mice with T cell-specific deletion of FADD or caspase 8 were found to be immunodeficient rather than developing *lpr*-like autoimmune disease (Zhang et al. 1998, 2005; Ch'en et al. 2008). Similarly, human patients with caspase 8 mutations also exhibit immunodeficiency rather than ALPS-like systemic autoimmunity (Chun et al. 2002). Although these defects were originally attributed to defective TCR-induced NF- κ B activation (Su et al. 2005), subsequent experiments show that TCR-induced NF- κ B activation was normal in caspase 8^{-/-} T cells (Ch'en et al. 2008). Further examination revealed that FADD^{-/-} or caspase 8^{-/-} T cells undergo extensive necrosis-like cell death upon stimulation through the TCR (Walsh et al. 1998; Kennedy et al. 1999; Hueber et al. 2000). Consistent with the notion that necrosis underlies the proliferative defect, treatment with Nec-1 restored normal T cell proliferation (Osborn et al. 2010). Moreover, FADD^{-/-}RIPK1^{-/-} and caspase 8^{-/-}RIPK3^{-/-} T cells show normal TCR-induced proliferation in vitro, virus-induced clonal expansion in vivo, and cytokine expression (Kaiser et al. 2011;

Zhang et al. 2011). Results obtained from RIPK3^{-/-} mice expressing a dominant negative FADD also show similar phenotypes (Lu et al. 2011). Most remarkably, mice deficient in FADD/caspase 8 and RIPK3 developed lpr-like autoimmune disease that is more aggressive than lpr itself (Ch'en et al. 2011; Kaiser et al. 2011; Oberst et al. 2011), possibly because both Fas- and TNFR-1-induced cell deaths are inhibited. These results revealed an unexpected pro-survival function for FADD and caspase 8 during T cell clonal expansion. They also highlight the fact that caspase-dependent apoptosis and RIP kinase-dependent necrosis are both required to enforce T cell tolerance and homeostasis.

10.5.2 B Cell Responses

In contrast to T cells, B cell proliferation through the antigen receptor or CD40 is unaffected in FADD^{-/-} and caspase 8^{-/-} B cells (Beisner et al. 2005; Imtiyaz et al. 2006). By contrast, TLR3- and TLR4-induced B cell proliferation, but not B cell proliferation induced by the TLR9 agonist CpG DNA, is impaired in FADD^{-/-} and caspase 8^{-/-} B cells (Beisner et al. 2005; Imtiyaz et al. 2006). Unlike TCR-induced proliferation, defective FADD^{-/-} B cell proliferation was not restored in FADD^{-/-}RIPK1^{-/-} B cells (Zhang et al. 2011). Because TLR3 and TLR4 share the unique signaling adaptor TRIF and that TRIF has been shown to interact with RIPK1 to mediate NF-κB activation (Meylan et al. 2004; Vivarelli et al. 2004), the defective TLR3/4-induced proliferation in FADD^{-/-}RIPK1^{-/-} B cells can be attributed to defective NF-κB signaling. Taken together, these results illustrate that RIPK1 and RIPK3 have differential roles in regulating antigen receptor-induced proliferation in T and B cells.

10.6 Concluding Remarks

Genetic experiments have clearly demonstrated that the RIP kinase-driven necrosis is a biologically relevant cell death module. However, key questions remained to be answered. For example, why are RIPK1 and RIPK3 expression highly induced during T cell activation (Cho et al. 2009, 2011)? It seems counterintuitive that death-promoting molecules are upregulated at a time when lymphocyte expansion is a priority. Similarly, expression of RIPK3 was highly induced during embryogenesis (Zhang et al. 2011). The potential inflammation and damage that necrosis can lead to, such as that seen in FADD^{-/-} and caspase 8^{-/-} animals, is unlikely to be a desired outcome during embryogenesis. In light of these observations, one can envision that RIPK1 and RIPK3 have important biological functions other than necrosis. Discovering and deciphering the non-necrotic or normal physiological functions of the RIP kinases will be of critical relevance as the scientific community ponders the therapeutic potential of manipulating necrosis in the clinics.

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Chapter 11

p53 Opens the Mitochondrial Permeability Transition Pore to Trigger Necrosis in Response to Oxidative Damage

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11.1 Established Roles of p53

11.1.1 p53: A General Stress Sensor Mediating Cell Cycle Arrest, Apoptosis, and Autophagy

The p53 protein has a central role in preventing damaged, potentially tumorigenic cells from propagating into daughter cells, as established by a massive amount of functional and genetic cell-, mouse model-, and human tumor-based work over the last 30 years. Hence, p53 acts as the most powerful tumor suppressor known in human cancer. In response to a broad spectrum of potentially mutagenic cell stress, p53 orchestrates various cellular processes including transient or permanent cell cycle regulation (cell cycle arrest or senescence, depending on the permanence and severity of the inciting stress signal) as well as apoptotic and autophagic forms of cell death. This prevents cells with genome instability, DNA mutations, and aneuploidy from uncontrolled growth (Lane 1992; Levine 1997; Wahl et al. 1997). In unstressed healthy cells, basal levels of p53 are kept very low due to constitutive rapid turnover (degradation) by E3 ubiquitin ligase(s). Physiologically, p53 degradation is mainly controlled by its negative regulator *human double minute 2* (HDM2 in human, MDM2 in mice), itself a p53 target gene and hence linked to p53 in a negative feedback loop to keep unstressed levels low. Thus, the half-life of p53 in

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most healthy tissues is only 20–30 min. Upon stress, the protein-protein complex between p53 and HDM2 becomes rapidly broken due to bilateral stress-induced modifications (mainly phosphorylations) and possibly stress-induced HDM2 degradation, ensuring a rapid increase in cellular p53 levels in case of acute need (Shieh et al. 1997; Prives 1998; Fuster et al. 2007; Dai and Gu 2010). p53 is capable of sensitizing a surprisingly broad variety of stress signals derived from all types of DNA damage (single- and double-strand breaks, alkylating and oxidative DNA adducts, DNA intercalation, translocation, chromosomal aneuploidy, telomere attrition, and collapsed DNA replication forks) as well as by oncogenic signaling, signaling from oxidative and nitric oxide damage (generating reactive oxygen species, ROS), and hypoxia (Pluquet and Hainaut 2001). These stress signals all converge on p53, thereby activating it via rapid stabilization and posttranslational modification including phosphorylation, acetylation, and ubiquitination and by engaging it in new protein–protein interactions (Dai and Gu 2010). Dependent on cell type, nature of the damaging agent, and severity of the insult, once activated p53 induces various cellular downstream effector pathways regulating reversible growth arrest and DNA repair, permanent cellular senescence, or cell death programs such as apoptosis and autophagy (Rotter et al. 1994; Vogelstein et al. 2000). Biochemically, p53 executes these roles by functioning as a major transcriptional activator in the nucleus as well as by directly exerting transcription-independent functions via interactions with other proteins at mitochondria and in the cytoplasm (Laptenko and Prives 2006; Fuster et al. 2007).

11.1.2 p53 as Stress-Induced Transcriptional Regulator of Target Genes

p53's function as transcriptional activator of target genes was discovered first in the context of DNA damage-induced cell cycle arrest. A central pathway that blocks cell cycle progression in response to genotoxic drugs is the p53-dependent transcription of p21 and Gadd45 genes, direct inhibitors of the cyclin-dependent kinases CDK1, CDK2, and CDK4/6 that delay cell cycle progression at the G1/S, intra-S, and G2/M checkpoints (Kastan et al. 1991). In addition, p53 is a transcriptional repressor of cyclin B, a regulatory timing subunit of CDK1 at the G2/M checkpoint (Abraham 2001; Taylor and Stark 2001). Furthermore, p53 also possesses DNA repair functions. For example, during DNA damage-induced cytostatic arrest, a direct protein–protein interaction between p53 and components of the DNA replication and repair machinery during S-phase progression occurs with Rad51, involved in homologous recombination and DNA repair (Ford and Hanawalt 1995; Sengupta et al. 2003).

Moreover, the transcription-dependent role of p53 in stress-induced apoptosis is well established. Thus, under many stress conditions p53 induces the transcription of a spectrum of pro-apoptotic genes that cooperatively exert apoptotic cell death via the extrinsic death receptor pathway (e.g., induction of CD95/FasR and the

related death receptor Trail/DR5) and/or the intrinsic mitochondrial death pathway (e.g., induction of the pro-apoptotic BH3-only regulators Puma, Noxa, Bid and Bad and to a lesser extent the BH123 effector Bax (Sax et al. 2002; Jiang et al. 2006; Riley et al. 2008).

Besides the prominent apoptosis-inducing role, it was recently found that autophagy can also be transcriptionally promoted by p53 in certain circumstances. Several transcriptional targets of p53 can lead to autophagy either directly (e.g., via AMPK, which inhibits mTOR, a critical promoter of protein synthesis and suppressor of autophagy) or indirectly (e.g., via Sestrin2, a positive regulator of AMPK). Of note, there is considerable overlap between p53-induced autophagic and apoptotic target genes. An example is *damage-regulated autophagy modulator* (DRAM), a lysosomal protein that induces macroautophagy but is also an inducer of apoptosis (Crichton et al. 2006). Another overlap between autophagic and apoptotic pathways occurs via the p53-mediated transcriptional induction of PUMA and Noxa that primarily contribute to the induction of apoptosis but are also involved in the autophagic pathway (Vousden and Ryan 2009).

11.1.3 Transcription-Independent Function of p53 in Apoptosis

In addition to its apoptotic activity exerted via transcriptional mechanisms, p53 also has a transcription-independent activity in inducing apoptosis, which was established in the last 10 years. p53 can directly induce apoptotic cell death via multiple protein–protein interactions with Bcl2 family members at the outer mitochondrial membrane (OMM) that all lead to mitochondrial outer membrane permeabilization (MOMP), the hallmark of the mitochondrial apoptotic pathway. Mechanistically, it is the cytosolic p53 pool that exerts this function via stress-induced translocation to the mitochondrial outer membrane (MOM) (Marchenko et al. 2000). At the mitochondria p53 interacts with anti-apoptotic BclxL and Bcl2 and neutralizes their inhibitory effects on pro-apoptotic Bax and Bak (i.e., liberates them). Bax and Bak are the only members of the Bcl2 family able to oligomerize and form lipid pores in the MOM. p53 interaction with BclxL also liberates pro-apoptotic tBid from its inhibitory complex with BclxL which is now free to activate Bax and Bak. Moreover, p53 interacts directly with Bak, liberating Bak from a preexisting inhibitory complex with anti-apoptotic Mcl-1. Taken together, p53 acts like a “super” BH3-only protein, combining both “enabling” and “activating” BH3-only functions. Cytosolic p53 was also proposed to interact with Bax in a “hit-and-run” manner, which stimulates mitochondrial translocation of Bax, its oligomerization, and pore formation (Mihara et al. 2003; Chipuk et al. 2004; Leu et al. 2004; Jiang et al. 2006). All these Bcl-directed activities in turn lead to Bax/Bak oligomerization and lipid pore formation, causing MOMP. MOMP then suddenly releases all pro-apoptotic factors from the intermembranous space, including cytochrome *c*, Smac/Diablo, HtrA2, AIF, and EndoG. This subsequently triggers apoptosis by activating the preassembled cytosolic

enzymatic caspase 9/3 cascade and by causing chromatin degradation (Vaseva and Moll 2009). This direct p53-mediated mitochondrial apoptosis program occurs for example in radiosensitive tissues *in vivo* such as in thymus, spleen, testis, and brain but not in radioresistant tissues such as liver and kidney (Erster and Moll 2004). The transcription-independent apoptotic function of p53 is faster than the transcription-dependent apoptotic function, providing a “jump start” upon stress *in vivo*. Both pathways are largely independent of each other, although it appears that in some circumstances Puma might be a link between them. It was proposed that after genotoxic stress, BclxL sequesters cytosolic p53, while stabilized nuclear p53 causes Puma expression (transcriptionally), which in turn displaces cytosolic p53 from BclxL, thereby liberating p53 to induce mitochondrial permeabilization (Chipuk et al. 2005).

In addition, a transcription-independent role of p53 was also found in autophagy. Basal levels of cytosolic p53 can inhibit autophagy by directly inhibiting autophagosomes. How this cytosolic inhibitory role is integrated into p53's transcriptional pro-autophagic activity (exerted by nuclear p53) is the subject of ongoing debate (Vousden and Ryan 2009).

11.2 New Role of p53 in Necrotic Cell Death

11.2.1 *Oxidative Stress Is One of the Major Triggers of Mitochondrial Permeability Transition*

There are several environmental noxious agents including UV light, chemical agents, hypoxia/ischemia, oxidative stress, and genotoxic DNA damage that induce intrinsic cell death if repair of the damaged cells is not possible. This can save cellular resources and prevents propagation of damaged cells to limit harm to the organism. The three known types of cell death are apoptosis, necrosis, and autophagy (Kroemer et al. 2009). Which cell death mode is chosen depends on the type and severity of the noxious agent and the type of cell/tissue. All three death modes have in common that they exhibit an extrinsic pathway mediated by cell surface death receptors that can be activated by extracellular signaling and an intrinsic pathway involving mitochondria and/or the endoplasmic reticulum which responds to intracellular perturbations (Konstantinidis et al. 2012). Ischemic tissue necrosis is of paramount pathophysiologic significance for catastrophic tissue loss in human health, dwarfing the other death modes. The main and interconnected triggers of ischemic necrosis are Ca^{2+} overload and ROS, leading to complete bioenergetic failure. These signals may also trigger apoptosis in some circumstances, and the extent to which ROS and Ca^{2+} induce mitochondria-dependent necrosis versus apoptosis and autophagy is still under debate (Zong and Thompson 2006; Baines 2010a; Webster 2012).

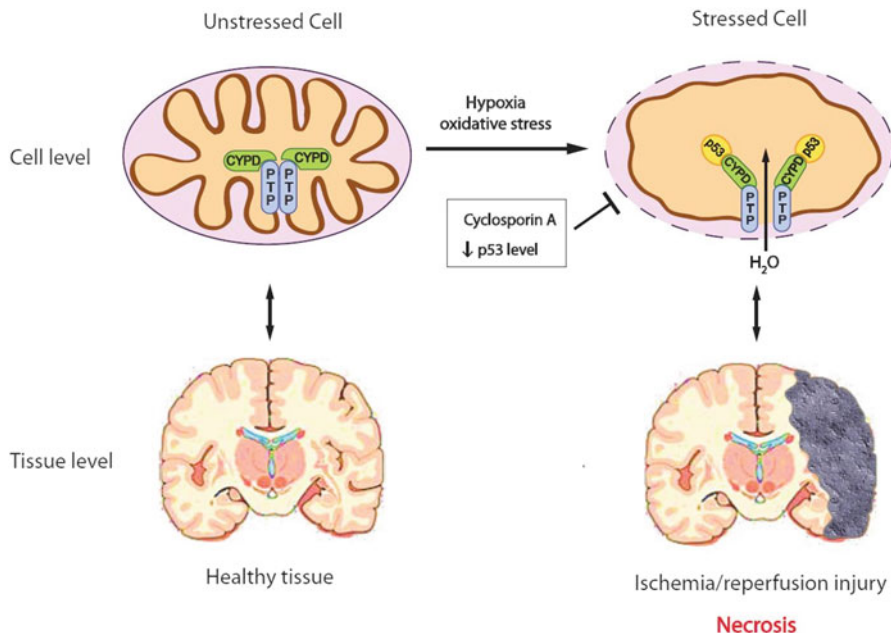


Fig. 11.1 p53 promotes necrosis. During ischemia, p53 accumulates in the mitochondrial matrix of neurons and other brain cells and triggers opening of the permeability transition pore by binding CypD, causing mitochondria to swell and rupture. Ultimately this causes stroke (see Vaseva et al. 2012)

Necrosis is the irreversible tissue destruction due to energy depletion. Necrosis is central to ischemia/reperfusion injury and oxidative damage and underlies cerebral stroke and myocardial infarction. The fundamental difference to apoptosis is the rapid loss of cellular membrane potentials due to energy depletion and ion pump/channel failures, leading to swelling, rupture, and cytolysis. Mediators of necrosis are excess Ca²⁺ and ROS levels in the mitochondrial matrix, leading to mitochondrial rupture and bioenergetic failure. Rather than being a passive event, necrosis has emerged as a controlled cell death that induces an inflammatory response to stimulate tissue repair by selectively releasing factors like HMGB1 and HDGF from dying cells (Zong and Thompson 2006). Necrosis in ischemic tissues, which is experimentally modeled by H₂O₂ treatment of cultured cells, depends on cyclophilin D (CypD, see below), the key regulator of the mitochondrial permeability transition pore (mPTP) at the inner membrane whose opening leads to cell death (Halestrap 2005). The mPTP is a regulated nonselective water- and solute-passing protein channel spanning the inner (IMM) and outer mitochondrial membranes at points of contact (Fig. 11.1).

H⁺ pumping out of the matrix creates the proton gradient $\Delta\Psi_m$ across the IMM necessary to maintain mitochondrial respiration and ATP production. In unstressed cells, mPTP is closed and the IMM impermeable to ions. Upon oxidative stress,

sudden mPTP opening causes massive ion influx that dissipates $\Delta\Psi_m$ and shuts down oxidative phosphorylation and ATP production. This is called mitochondrial permeability transition (mPT). Concomitantly, water influx causes matrix swelling, rupture of the rigid OMM, and release of all sequestered cell death factors. mPT is triggered by mitochondrial matrix sequestration of high levels of cytosolic Ca^{2+} and ROS generated during oxidative damage. Clinically, CypD-triggered mPTP opening and mPT is the driving pathophysiological force behind cerebral stroke, myocardial infarction, and other vascular catastrophes that are leading causes of death. How CypD becomes activated to induce mPT remains unclear but depends on its prolyl isomerase activity. Cyclosporine A (CsA) potently and specifically prevents mPT by binding to CypD, inhibiting its isomerase activity and displacing it from the mPTP (Kroemer et al. 2007).

For completeness it should be added that some older evidence exists suggesting that mPT can also occur in the context of apoptosis, and consequently the relative contribution of mPT to necrosis or apoptosis is under debate by some (Halestrap 2005; Schinzel et al. 2005; Kroemer et al. 2007; Baines 2010a). However, recent results support a necrotic consequence of mPTP opening, especially if the opening is persistent (Zong and Thompson 2006; Baines 2010b).

11.2.2 CypD is the Major Regulator of Oxidative Stress-Induced Necrosis by Regulating Permeability Transition Pore Opening

The structural composition of the mPTP remains unclear. The originally proposed components, i.e., the voltage-dependent anion channel (VDAC) in the outer membrane and the adenine nucleotide translocase (ANT) in the inner membrane (Szabo et al. 1993; Crompton et al. 1998; Vyssokikh et al. 2001), turned out not to be indispensable, since mitochondria that genetically lack either or both of these components can still undergo mPT and necrotic cell death, albeit a stronger stimulus is needed. However, evidence exists for ANT as an obligatory co-regulator of mPTP (Kokoszka et al. 2004; Krauskopf et al. 2006; Baines et al. 2007). Another recently suggested structural candidate for the mPTP pore is the inorganic phosphate carrier (PiC) at the IMM, possibly in complex with ANT. At least PiC has not been conclusively excluded since clean genetic knockout mice do not yet exist, although significant knockdown of PiC by RNAi again did not prevent mPTP (Baines 2010a; Kung et al. 2011). As discussed above, only CypD (encoded by the *Ppif* gene), a peptidylprolyl *cis-trans* isomerase located in the mitochondrial matrix and a member of the highly conserved family of cyclophilins, has been unequivocally proven to be *the* crucial and only known trigger for ischemic mPTP opening. CypD absence in cells and mitochondria from *Ppif*^{-/-} mice causes a strong resistance to ischemia, oxidative stress, and Ca^{2+} -induced mPT and necrotic cell death. As shown by four independently generated strains, CypD^{-/-} mice are resistant to ischemia-induced

necrosis in myocardial infarction and stroke, and CypD-deficient mitochondria and cells are resistant to Ca^{2+} - and H_2O_2 -induced cell death. But notably, they remain sensitive to Bcl2 family-driven apoptosis, emphasizing the two functionally distinct mitochondrial death systems (Baines et al. 2005; Basso et al. 2005; Nakagawa et al. 2005; Schinzel et al. 2005). Conversely, re-expression of wild-type CypD resensitizes *Ppif* knockout cells to mPT and necrotic cell death, whereas an isomerase dead point mutant of CypD failed to rescue the phenotype. Thus, while not a constitutive structural component of mPTP, CypD is a stress-induced key regulator of the mPTP. Moreover, its peptidylprolyl isomerase function is essential for CypD's ability to regulate mPTP opening (Baines et al. 2005; Baines 2010a). Thus, CypD functions as an enzyme (PPIase activity). CypD causes sudden mPTP opening by binding to the actual pore-forming protein(s), likely inducing their conformational change via prolyl isomerization to form a channel. It is important to note that CypD is the *only* cyclophilin in mitochondria. CsA (a cyclic undecapeptide (11-mer) which binds to and inhibits the catalytic site of all cyclophilins A–D) potently and specifically prevents mitochondrial permeability transition by binding to CypD's catalytic site, inhibiting its isomerase activity and blocking CypD binding to mPTP pore-forming components, thereby preventing pore opening (Kroemer et al. 2007).

A current mechanistic working model of the mPTP suggested by Halestrap proposes that CypD is the regulatory component of the mPTP and exerts its role as pore regulator by binding to PiC, the actual pore-forming component. The PPIase activity of CypD greatly facilitates a conformational change of pore components, triggered by high matrix levels of Ca^{2+} and needed for pore opening. CypD acts by increasing the Ca^{2+} sensitivity of the pore, specifically lowering the threshold for opening. Oxidative stress enhances CypD binding to PiC. In contrast, CsA prevents CypD binding to PiC via a higher affinity interaction to CypD. This is in line with the findings that neither CsA nor CypD deficiency can completely prevent pore opening if the stimulus is too great (Basso et al. 2008). Recently uncovered negative *physiologic* regulators of CypD probably work via the same principle, i.e., by displacing CypD from PiC. These include Hsp90–TRAP1–CypD interactions (Kang et al. 2007) and the desensitizing agent GSK-3beta (Juhaszova et al. 2004). Importantly though, until our recent work described below, a *positive* physiologic regulator of CypD in response to oxidative stress remained elusive.

11.2.3 p53 Triggers mPTP Opening Upon Oxidative Stress

We previously discovered the *direct* (transcription independent) p53 apoptosis program, which comprises stress-induced translocation of p53 to mitochondria and acts by p53 directly targeting Bcl2 family members at the outer membrane (Mihara et al. 2003; Wolff et al. 2008; Vaseva and Moll 2009). In addition to genotoxic and oncogenic stress, we also found that oxidative stress and hypoxia rapidly induce p53 stabilization and concomitant p53 translocation to mitochondria. Next, we took a closer look at the apoptogenic factors released from isolated healthy mitochondria

in response to exposure to purified p53 protein. Interestingly, in addition to soluble apoptogenic factors such as CytoC and Smac that are readily released from the intermembranous space upon MOMP, p53 is also able to release large amounts of nonsoluble proteins such as noncleaved apoptosis-inducing factor (AIF) and Endo G which are firmly tethered to the IMM (Vaseva et al. 2012). Conversely tBid, the prototypical direct activator of the Bax/Bak pore which *exclusively* acts via MOMP (Wolff et al. 2008), is able to release *only* soluble factors. This result indicates a broader, more disruptive mitochondrial permeabilization action of p53 compared to tBid, characterized by severe disruption of the outer *and* inner mitochondrial membrane by p53. This severe loss of mitochondrial membrane integrity induced by p53 is reminiscent of an engagement of the mPTP pore leading to necrosis. To investigate this hypothesis, we tested the ability of p53 to directly open the mPTP. This was done by adding purified p53 to mitochondria freshly isolated from healthy Bax^{-/-}Bak^{-/-} (double knockout, DKO) mouse embryo fibroblasts (MEFs), thereby ensuring complete independence from the Bax/Bak apoptotic pathway. mPTP opening in these DKO MEFs was directly measured by the fluorescent dye calcein, a highly selective indicator of sustained mPTP opening *in vivo* (Kroemer et al. 2007). Indeed, p53—but not tBid—was able to induce calcein release from DKO mitochondria, indicating that p53 is able to trigger mPTP opening and induce mPT while tBid is not (Vaseva et al. 2012).

11.2.4 p53 Directly Interacts with the Critical mPTP Regulator CypD

Assuming a regulatory function of p53 in mPTP opening and mPT, the next task was to find if p53 has a putative interaction partner through which it mediates mPTP opening. Thus, VDAC and ANT and CypD, facultative or essential components of mPTP formation or regulation, respectively, were tested for stress-induced interaction with p53. Indeed, upon oxidative stress via H₂O₂ treatment, an endogenous complex between p53 and CypD was detected by co-immunoprecipitation in cells (Vaseva et al. 2012). Using recombinant purified proteins confirmed that this complex is a *direct* interaction between p53 and CypD. Moreover, this interaction is competitively blocked by CsA. CsA is a potent and within mitochondria highly specific inhibitor of the CypD isomerase activity by binding to the catalytic domain of CypD (Vaseva et al. 2012). The CsA sensitivity of the complex further suggests that the p53–CypD interaction is a specific event in the p53-mediated opening of the mPTP pore. To structurally investigate this interaction, we mapped the CypD interaction on p53 by a series of p53 deletion mutants. The p53 region between aa 80 and 220, which roughly comprises the first half of the DNA-binding site of p53, was identified as critical for the CypD interaction (Vaseva et al. 2012). In contrast, none of the previously identified contact domains required for the BclxL/Bcl2 interaction was required (Mihara et al. 2003), further underlining the separate mechanisms of

the p53 apoptotic and necrotic mitochondrial pathways. Since CypD is located in the matrix, presumably in close contact with the IMM, we next tested whether p53 not only accumulates at the outer mitochondrial membrane but also within the mitochondrial matrix in cells upon oxidative stress. Careful submitochondrial fractionation of untreated and H₂O₂-treated mitochondria confirmed that p53 in fact does accumulate in the mitochondrial matrix upon oxidative stress where CypD is located. The additional pools of p53 proteins found in the intermembranous space and in the inner membrane are presumably transport intermediates on their way to the matrix (Vaseva et al. 2012).

11.2.5 Oxidative Stress Induces Mitochondrial Permeability Transition in a p53-Dependent Manner

The next question was whether the observed interaction between p53 and CypD plays a direct causal role in triggering mPTP opening. To this end, purified p53 protein was added to either freshly isolated healthy mitochondria from CypD^{-/-} MEFs or to mitochondria from WT mice and incubated for 30 min. Then mPTP opening was assessed by measuring induction of mitochondrial swelling. p53 was able to induce mPTP opening in WT mitochondria but not in CypD-deficient mitochondria. This indicates that the mPT-regulatory activity of p53 in response to oxidative stress concomitantly depends on CypD function. Moreover, it indicates that in response to oxidative stress, p53 is epistatic to CypD in mPTP regulation (Vaseva et al. 2012). This finding also holds true for mPTP opening in living cells, indicated by a complete insensitivity of p53-deficient cells to H₂O₂-induced collapse of the electrochemical potential across the inner membrane when treated with the $\Delta\Psi_m$ -sensitive potentiometric in vivo dye TMRM. In contrast, WT cells are fully sensitive. p53-deficient cells—as well as CsA-pretreated WT cells—were completely resistant to H₂O₂-induced loss of $\Delta\Psi_m$. These results were further confirmed by direct in situ visualization of mPTP pore opening via calcein release (Vaseva et al. 2012). Taken together, oxidative stress-induced mPTP opening concomitantly depends on p53 and CypD. Moreover, both proteins act in the same biochemical pathway where p53 is an upstream regulator of CypD. In contrast, p53 protein does not accumulate in cells nor at mitochondria in response to calcium overload in the mitochondrial matrix, and conversely, calcium overload-induced PTP opening and subsequent necrosis do not require p53 (Vaseva et al. 2012). Overall, these results fit well into the current Halestrap model of mPTP opening whereby p53 takes on the role of the positive signal transducer bringing about oxidative stress-induced enhancement of CypD isomerase binding to structural pore components, which in turn induces conformational changes in the structural components that facilitate pore opening. Thus p53, by binding to CypD, drastically lowers the threshold for pore opening.

11.2.6 Oxidative Stress-Induced Necrosis Concomitantly Depends on CypD and p53

After we proved the p53-mediated regulation of CypD during oxidative stress-induced mPTP opening, we next examined the downstream cell death effects of this pathway and specifically whether it induces necrosis *versus* apoptosis. To this end, p53^{-/-} and CypD^{-/-} versus WT MEFs were treated with H₂O₂ and induction of apoptosis was measured by TUNEL assay. While cell viability readily declined in primary WT but not in p53^{-/-} nor CypD^{-/-} MEFs treated with H₂O₂, apoptotic death of WT cells was negligible in all three genotypes. Instead, WT MEFs showed all morphologic hallmarks of necrosis by electron microscopy, including loss of plasma membrane integrity, organelle swelling, massive intracellular vacuoles and lack of nuclear fragmentation (Vaseva et al. 2012). Thus, the H₂O₂-induced type of cell death is mainly necrosis. Moreover, H₂O₂ induced necrosis in a strongly p53-dependent manner in an isogenic pair of HCT116 p53^{+/+} *versus* p53^{-/-} human colon cancer cells. Here, necrosis of WT cells was measured by a specific biochemical marker. Again, no significant apoptosis was detectable, indicated by the complete absence of cleaved PARP. Instead, cell death induced in WT HCT116 cells was accompanied by release of large quantities of nuclear chromatin-associated *high-mobility group box 1* (HMGB1) protein into the culture medium in a dose-dependent, p53-dependent, and CypD-dependent manner (Vaseva et al. 2012). Released HMGB1 is the classical biochemical hallmark specific for necrosis. In contrast, in apoptotic cells HMGB1 binds irreversibly to the condensed chromatin in the nucleus (Rossoni et al. 2004). On the other hand, lack of p53 or silencing of CypD by shRNA, as well as both defects combined, caused significant resistance to H₂O₂-induced cell death. In sum, these data indicate that the predominant mode of cell death in response to H₂O₂ in primary and transformed cells is p53/CypD-mediated necrotic cell death.

11.2.7 p53 Regulation of Necrotic Cell Death via mPTP Opening Is Largely Transcription Independent

The above data strongly suggest a *direct* necrosis-activating action of p53 at mitochondria. To look for direct evidence and to clearly distinguish this mechanism from p53's nuclear action as transcription factor that might also contribute to regulate the observed H₂O₂-induced CypD-dependent necrosis, we first used transcriptional inhibitors in combination with oxidative stress. Indeed, neither PFT α , a specific inhibitor of p53-mediated transcription, nor α -amanitin, a powerful general transcriptional inhibitor of RNA polymerase II, could significantly prevent oxidative stress-induced mPTP opening and necrotic cell death in WT MEFs (Vaseva et al. 2012). To further confirm the largely transcription-independent necrotic effect of p53 and to relate it again to regulation of CypD, we used the strategy of directly

targeting p53 to the mitochondrial matrix. This was achieved by ectopic expression of wild-type p53 protein fused to the classic amphipathic mitochondrial import leader sequence of ornithine transcarbamylase, a resident protein of the mitochondrial matrix (called Lp53). Lp53 bypasses the nucleus and is devoid of transcriptional activity (as assayed by highly sensitive reporter assays and endogenous gene transcription) but instead gets specifically and exclusively delivered to the mitochondrial matrix where the leader sequence is cleaved off by resident endopeptidases (Mihara et al. 2003). Indeed, adenoviral delivery of Lp53 into WT MEFs caused a major loss of $\Delta\Psi_m$, indicated by loss of TMRM fluorescence. In contrast, CypD^{-/-} MEFs were completely resistant (Vaseva et al. 2012). Next, to further prove the ability of Lp53 to directly mediate oxidative stress-induced necrosis and to exclude any interference from endogenous p53, HCT116 p53^{-/-} cells were employed. Indeed, at an early time point when H₂O₂ had not yet killed many cells (12 h), Lp53 was found to sensitize these cells towards necrotic cell death in a H₂O₂ dose- and CypD-dependent manner. Again, apoptosis did not play a role in this system (Vaseva et al. 2012). Moreover, Bax^{-/-}Bak^{-/-} DKO MEFs exhibit exactly the same H₂O₂ dose-dependent and CypD-dependent sensitization for necrotic death by Lp53, as do WT MEFs. These data again confirm the Bax/Bak independence of this pathway. A parallel analysis of the factors released into the culture medium confirms the necrotic nature of cell death, as indicated by the huge release of HMGB but concomitant absence of cleaved Casp3 and PARP (Vaseva et al. 2012).

11.2.8 Clinical Relevance: Pathologic p53–CypD Complex Formation Correlates with Ischemic Stroke-Induced Brain Tissue Necrosis

We hypothesized that this newly implicated role of p53 in oxidative stress-induced, CypD/mPTP-mediated necrosis may also play an essential role in ischemic tissue damage. Ischemic tissue damage constitutes the leading cause of human disease due to irreversible catastrophic tissue destruction. One prominent example of oxidative stress-induced necrosis is cerebral stroke, i.e., irreversible ischemia–reperfusion injury of the brain due to a local thrombotic or embolic event. The depletion of glucose and oxygen following brain ischemia causes a spike in intracellular Ca²⁺ in the cytosol, leading to mitochondrial dysfunction and a sharp decline in ATP levels. Subsequent brain reperfusion (by spontaneous partial thrombolysis) then generates the conditions required for mPTP and mPT, as mitochondria repolarize just enough to sequester the excess cytosolic Ca²⁺ that accumulated during the ischemic period into the mitochondrial matrix and generate huge amounts of ROS and thus oxidative stress. In this scenario brain cells (mainly neurons but also glia) in the center of the stroke die largely by necrosis, although in the peripheral penumbra apoptosis also takes place. Importantly, as discussed above, genetic CypD deficiency in knockout mice confers significant protection against ischemia–reperfusion injury of the heart

(Baines et al. 2005; Basso et al. 2005; Nakagawa et al. 2005) and the brain in permanent and transient ischemic stroke models in mice (Schinzel et al. 2005; Wang et al. 2009).

To test our hypothesis, we investigated the pathophysiological impact of p53 with respect to mPTP regulation *in vivo* in a classic murine stroke model of transient brain ischemia/reperfusion. To this end, WT mice, p53^{+/-} mice, and WT control mice pretreated with CsA were subjected to carefully controlled unilateral acute middle cerebral artery occlusion (MCAO) for 1 h, followed by 24 h of reperfusion. Infarct size was measured by staining coronal brain slices with triphenyltetrazolium chloride (TTC), a dye that is oxidized by intact mitochondrial dehydrogenase to yield the red product formazan. In the infarcted white areas, mitochondria are uncoupled and dysfunctional and no longer stain red with TTC. As expected, WT brains were grossly infarcted. Intriguingly, however, p53^{+/-} brains were strongly protected from stroke, similar to WT control mice protected by intraperitoneal injection of CsA 15 min prior to MCAO (Vaseva et al. 2012). Importantly, a stroke-associated pathologic p53–CypD complex was robustly induced in infarcted WT brains after MCAO, as shown by co-immunoprecipitation with a specific p53 antibody but not with nonspecific control IgG. Most intriguingly, the induced p53–CypD complex was undetectable in the stroke-protected CsA-pretreated WT control mice. Moreover, the pathologic p53–CypD complex was also essentially undetectable in p53^{+/-} mice, whose stroke/oxidative stress-mediated p53 induction in the brain did *not* exceed the baseline p53 level of *untreated* WT control mice (Schinzel et al. 2005). Notably, these p53^{+/-} mice were also strongly protected from infarction. Thus, a perfect association exists between the formation of the pathologic p53–CypD complex and ischemia–reperfusion brain infarction. In sum, a p53–CypD complex is formed in necrotic brain tissue in a stroke model in mice. Conversely, blocking formation of the destructive p53–CypD complex is associated with stroke protection. Taken together, these data strongly support the idea that this novel p53–CypD axis is a critical pathophysiologic contributor to ischemic stroke. Moreover, our data suggest that acute blockade of the p53–CypD complex by clinically well-tolerated CsA-type inhibitors may be a therapeutic strategy to limit the extent of ischemic stroke in patients.

11.3 Outlook

We identify an unexpected critical function of wild-type p53 in activating ischemic necrosis in normal tissues. In response to oxidative stress, p53 accumulates in the mitochondrial matrix and triggers opening of the permeability transition pore at the inner membrane, leading to collapse of the electrochemical gradient and cell necrosis. p53 acts via physical interaction with the critical mPTP regulator CypD. This p53 action occurs in multiple cell types and in ischemic stroke in mice. Conversely, ischemic brain tissue is strongly protected from necrosis when the destructive p53–CypD complex is prevented from forming. Our data suggest that acute

blockade of the p53–CypD complex by clinically well-tolerated CsA-type inhibitors may be a therapeutic strategy to limit the extent of ischemic stroke in patients. Our findings provide genetic, biochemical, and pharmacological evidence that fundamentally expands our understanding of p53-mediated cell death networks.

In sum, our discovery represents major progress in our understanding of the mechanism and signaling pathway that underlies oxidative stress-induced mPTP opening and ischemic necrosis. However, as always, many questions remain to be answered. Aside from brain, is this mechanism also critical for other tissues undergoing ischemic necrosis? Also, a deeper analysis of the newly discovered link between matrix p53 and induction of mPTP opening will be important. For example, structure–function analysis as well as biophysical and enzymatic characterization of the p53–CypD interaction will shed light onto the precise mechanism by which p53 activates CypD upon oxidative stress. Also the pathway by which p53 gets imported into the mitochondrial matrix upon oxidative stress needs to be defined in more detail. Obtaining (the long awaited) definitive elucidation of the structural components of the mPTP pore would be an enormous advance in this regard and may also provide novel perspectives towards the development of new, more specific tissue-protective substances in p53/CypD-dependent ischemic diseases. In this context our data suggest that acute temporary blockade of the destructive p53–CypD complex by CsA-type inhibitors may be a therapeutic strategy to limit infarct extent in the rising number of those ischemic stroke patients where reperfusion of the occluded artery can be quickly reestablished by interventional thrombolysis. The new p53–CypD complex as drug target for small-molecule inhibitors and direction for future studies might hold enormous clinical potential.

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Chapter 12

Autophagic Cell Death: A Real Killer, an Accomplice, or an Innocent Bystander?

Shi-Hao Tan and Han-Ming Shen

12.1 Introduction

Macroautophagy (referred to as autophagy hereafter) is an evolutionarily conserved and regulated catabolic process that sequesters cellular proteins, lipids and organelles from the cytoplasm in double membrane vesicles called autophagosomes before fusing with lysosomal compartments so that the sequestered cargo can be degraded by lysosomal enzymes (Mizushima 2007; Mizushima et al. 2008). Our knowledge of the molecular machinery of autophagy has been greatly facilitated by studies done on the budding yeast *Saccharomyces cerevisiae* in which more than 30 *ATG* (autophagy-related) genes have been identified and many orthologs have been discovered in mammals as well (He and Klionsky 2009). This has allowed the dissection of autophagy into several sequential steps that are regulated by the hierarchical function of the Atg proteins. These steps include: (1) induction or initiation that depends on a complex consisting of ULK1 (ATG1 homologue), ATG13 and

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FIP2000 proteins which leads to the formation of the phagophore and is negatively regulated by mammalian target of rapamycin (mTOR); (2) nucleation, which is mediated by the Beclin 1 and hVps34/class III phosphoinositide 3-kinase (PI3K) complex that produces phosphatidylinositol-3-phosphate (PtdIns3P) and also recruits various proteins to the autophagosome; (3) elongation, which is required for the completion of autophagosomes by making use of two ubiquitin-like conjugation systems (Atg12–Atg5 system and the LC3/Atg8 system) that results in the covalent binding of phosphatidylethanolamine (PE) to the carboxyl-terminal glycine of LC3/Atg8 protein which is then localized to the autophagosomal membrane; and finally (4) maturation and degradation, which involves fusion of the completed autophagosomes with endosomes–lysosomes to form autolysosomes whereby the cargoes sequestered can be degraded by the lysosomal hydrolases (Nakatogawa et al. 2009; Yang and Klionsky 2010).

Low basal level of autophagy is essential for maintaining the cellular homeostasis by preventing accumulation of unfolded proteins and damaged organelles. Autophagy can also be induced during times of nutrient deprivation and cellular stresses. The widely accepted regulatory pathway of autophagy induction is the PI3K-Akt-mTOR pathway (Mizushima 2007). The mTOR pathway is one of the convergent points of signaling pathways originating from growth factors like insulin and also amino acids. The mTOR protein has also been identified as a key negative regulator directly upstream of the ULK1/Atg1 complex (Jung et al. 2009; Mizushima 2010). During nutrient deprivation, autophagy is up-regulated to degrade components within the cells and the products are then fed into metabolic pathways to keep processes like protein synthesis and energy production ongoing and thus contribute to cell survival. Apart from mediating cell survival and metabolism, autophagy has also been shown to play a role other biological processes like cell death, development, aging, infection and immunity (Levine and Klionsky 2004). Recent studies have also brought into focus the role of autophagy in the development of various human diseases like cancer, neurodegenerative diseases and metabolic disorders (Mizushima et al. 2008; Meijer and Codogno 2009). For example, mouse models with Atg gene knockout has been developed and shown to promote the development of neurodegenerative conditions like Huntington's disease, Parkinson's disease and Alzheimer's disease (Hara et al. 2006; Komatsu et al. 2006; Sarkar and Rubinsztein 2008; Yue et al. 2009; Funderburk et al. 2010a). Furthermore, autophagy has also been implicated to have a positive effect on tumorigenesis and cancer development in many studies (Mathew et al. 2007; Levine and Kroemer 2008; Apel et al. 2009; Chen and Debnath 2010).

The role of autophagy as a cell death or cell survival mechanisms in cells has been the subject of much debate and also an area of intense research. Therefore, the understanding of how autophagy contributes to cell death or survival will be essential for the development of suitable therapeutics against the various diseases mentioned.

Programmed cell death (PCD) was first used to describe cell death observed in silk moths in the 1960s (Lockshin and Zakeri 2001) and it was not until 1970s before the term "apoptosis" was first used to differentiate between different forms

of cell death, namely apoptosis and necrosis based on their morphological differences (Kerr et al. 1972). Subsequently, cell death was further classified into three main types including: (1) Type I cell death (apoptosis), (2) Type II cell death (autophagic cell death, ACD) and (3) Type III cell death (necrosis) based on the morphological appearances of the dying cells (Galluzzi et al. 2012). Type I cell death or apoptosis is the most well studied form of cell death and apoptotic cells usually display characteristic morphological features like nuclear fragmentation and the condensation of the cell bodies. The molecular machinery involved in this process has been well established ever since the discovery of the apoptotic process in *Caenorhabditis elegans* (Horvitz et al. 1994) and also the caspase cascade in mammalian cells (Nicholson et al. 1995). Type II cell death or ACD was coined to describe cell death in dying cells that displayed the morphological characteristics of increase in numbers of autophagosomes which was taken as a feature of upregulation of the autophagic process in these cells. In contrast, Type III cell death or necrosis was initially thought of as a kind of unprogrammed or accidental cell death and characterized morphologically by the loss of plasma membrane integrity and swelling of intracellular organelles. Necrosis normally arises as a result of loss of bioenergetic homeostasis caused by various toxic insults or physical damages (Zong and Thompson 2006). Recent advances into the molecular mechanisms of necrosis have shown that there are indeed other forms of necrosis which are controlled and not “accidental” as previously thought. This type of programmed necrosis is therefore a type of PCD that displays non-apoptotic features with cell death occurring independent of the normal apoptotic molecular machinery. Terms like necroptosis have been used to describe this type of programmed necrosis and various studies have also reported the importance of this type of PCD in various physiological and pathological scenarios (Degterev et al. 2005; Hitomi et al. 2008; Vandenabeele et al. 2010). In order to reduce the confusion within the field due to the ever increasing number of non-apoptotic PCD being defined, Yuan et al. have proposed to classify non-apoptotic PCD into three different categories based on how they are initiated, the signaling pathways governing these type of cell deaths and also their physiological and pathological significances including: (1) necroptosis, (2) PARP-mediated cell death and (3) ACD (Degterev and Yuan 2008). Figure 12.1 summarizes the intricate relationship between various forms of cell death and in this chapter, we focus on ACD.

Of all the type of cell deaths mentioned, ACD has re-emerged recently as one of the key areas of research after being overshadowed by its other counterparts like apoptosis and necrosis for decades. This can be attributed to the increase in interest on the field of autophagy in the past decade (Edinger and Thompson 2004; Levine and Yuan 2005; Tsujimoto and Shimizu 2005; Galluzzi et al. 2008; Kroemer and Levine 2008). In this chapter, we discuss the original definition of ACD and propose a new definition of ACD based on a new set of criteria. We take a look at some of the evidence in different model systems suggesting the presence of ACD and the current controversies on the existence of ACD in mammalian cells. Lastly we discuss the physiological or pathological relevance of ACD to human health and disease, especially on cancer and neurodegenerative diseases.

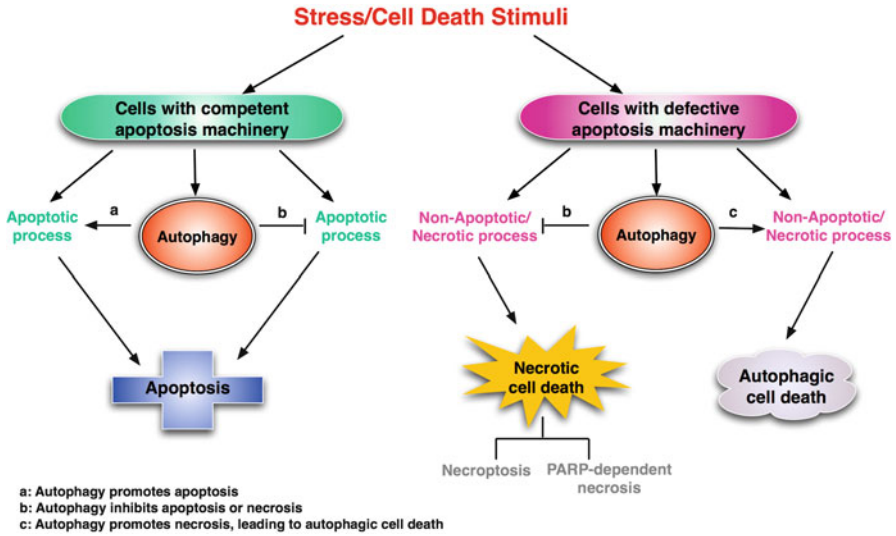


Fig. 12.1 The intricate relationship between different forms of cell death in which autophagy serves as either a pro-death (pathway a and c) or as a pro-survival mechanism (pathway b)

12.2 The Current Definition of ACD

As mentioned above, ACD was first used to describe a kind of cell death where the dying cells exhibited increased in numbers of autophagosomes when their morphological features were examined. In these cells, killing of the cells was thought to be carried out via the autophagic process.

12.2.1 Pitfalls of Current Definition

Relying on a definition formulated solely based on morphological features has contributed to a significant number of issues and discrepancies within the area of ACD research because there are many areas which the definition has not taken into consideration. This has certainly contributed to the confusion in which data regarding ACD has been interpreted. One of the most obvious problems with the definition is that the number of autophagosomes cannot be used definitively as a marker for increase in autophagic activity since it gives us only a measurement of the steady state of autophagic process. Recall that autophagy is a dynamic process (involving initiation, nucleation, elongation, maturation and degradation), and thus, the increase in the number of autophagosomes in cells can actually indicate two phenomena. Firstly, the increase in autophagosome formation could well and truly indicate an increase in the rate of autophagic activity. Secondly, the increase can also

suggest that the autophagic process is actually inhibited. It is now well established that disruption of the maturation step of the autophagy process will lead to accumulation of autophagosomes as well since these double membrane structures cannot be fused to the lysosomes and be degraded (Edinger and Thompson 2004; White 2008). Therefore, in this scenario an increase of autophagosome numbers actually indicates a blockage of autophagy. With the advancement of research in autophagy, it is now a norm to measure what is known as the autophagic flux of the cells. Autophagic flux is defined as the quantity of degradable material that is transported from the autophagosome to the lysosome and therefore is essential to tell us whether the whole autophagic process has occurred to full completion the lysosome (Meijer 2009). Without this piece of crucial evidence, we cannot definitively conclude that autophagy has been induced or inhibited in the cells. Another major issue with the current definition of ACD is that it completely ignores the role which autophagy plays throughout the cell death process. It is well established that cellular stresses that can ultimately lead to cell death are also capable of inducing autophagy as a form of cell survival mechanism that could help to delay the onset of cell death. Therefore, this type of observation can be interpreted as cell death with autophagy where the actual cause of cell death is not by autophagy but by other cell death mechanisms like apoptosis. To fit in with the original idea of ACD, we should be looking for cell death that occurs due to autophagy process as the main executioner and not as an accompanying process. The other obvious pitfall with the current definition is that no single biochemical test was suggested to be used to assess the occurrence of ACD. The advantages of using biochemical tests to assess cell death over morphological features have been adequately covered in the recent review article from the Nomenclature Committee on Cell Death (Galluzzi et al. 2012). As mentioned earlier, the measurement of autophagic flux is one of the essential biochemical assays that should be done to confirm the induction or inhibition of autophagy in the cells before any other conclusions regarding cell death can be made. The various types of biochemical assays that are used for monitoring autophagic flux and other aspect of autophagy have been covered in several other reviews and inclusion of these assays will no doubt help to confirm the accuracy of the observations made in the dying cells (Mizushima et al. 2010; Klionsky et al. 2012). As mentioned, ACD has recently been classified as a type of “programmed necrotic cell death” that is independent of the apoptotic machinery. Hence we can also make use of biochemical assays to confirm the absence of apoptotic markers in dying cells that shows upregulation of autophagy as another important marker for identifying instances of ACD. This will help greatly in defining the functional role of autophagy in cell death and help to differentiate between cells that are dying with autophagy and cells that are dying due to autophagy.

12.2.2 The New Definition of ACD

Based on the discussions above, recently we have proposed a new definition of ACD (Shen and Codogno 2011): ACD should refer to a form of programmed cell death in

which autophagy per se serves as a cell death mechanism. Furthermore, there are three criteria which will need to be fulfilled before cells can be classified as dying by ACD: (1) the dying cells should not exhibit any forms of apoptotic cell death machinery such as activation of the caspase cascade; (2) autophagic flux should be measured and shown to have increased instead of just looking at the steady state levels of autophagic markers in the dying cells; (3) cell death can be prevented via pharmacological inhibitors of autophagy and also by using genetic approaches like *ATG* gene knockdowns or over-expression of dominant negative forms of *ATG* genes.

It is well established that there is an intimate relationship between autophagy and apoptosis. In some cases where both autophagy and apoptosis are occurring concurrently in dying cells, any cell death effects exerted by autophagy would most probably be carried out via the apoptotic machinery instead cell death (Ceconi and Levine 2008). Therefore, this type of cell death should not be classified as ACD since autophagy is not executing the so called death signal. Furthermore, most of the established models of ACD have been in systems where the models are deficient in apoptosis, with the soil amoeba *Dictyostelium discoideum* (Calvo-Garrido et al. 2010) and the Bax^{-/-}Bak^{-/-} double knockout MEFs (Shimizu et al. 2004) prime examples of displaying ACD in the absence of apoptosis. Therefore, by taking into account the classification of ACD as a non-apoptotic PCD and the function of autophagy as a cell death mechanism, we believe that exclusion of apoptosis is critical for defining ACD.

Another issue that has been troubling the field of ACD is the lack of experiments showing the levels of autophagic flux as an evidence for induction or inhibition of autophagic flux. Proving the existence of increased autophagic activity is one the most fundamental issues that have to be answered before ACD can even be suggested, thus making this criteria essential in fulfilling the new definition. There are examples of studies where no biochemical assays for autophagic flux was carried out leading to flawed conclusions regarding the role of autophagy in their systems. For example, it was suggested that ACD played a part in the pathogenesis of Parkinson Disease due to increased numbers of autophagosomes observed in the nigral neuronal cells from patients (Ruberg et al. 1997). However, it is now known that the increase in autophagosomes merely represented a blockage in the maturation step of the autophagic process and this was something that could have been detected with a simple assay to detect autophagic flux. Another example can be found in studies of detailing zVAD induced cell death in L929 cells (Yu et al. 2004). The authors interpreted the increase in autophagic markers as an indication of increased autophagic activity during zVAD treatment. However, zVAD was shown to be able to inhibit activity of cathepsin enzymes which make up the lysosomal proteases and thus lead to inhibition of autophagy at the degradation step (Rozman-Pungercar et al. 2003; Scaringi et al. 2004; Wu et al. 2008). Understanding the meaning behind autophagic flux assays and how the inhibitors used in these assays work is also essential for researches in this field to avoid flawed conclusions in their studies. For example there has been reports suggesting that Chloroquine (CQ) or another derivative hydroxychloroquine (HCQ) which is commonly used in flux assays to block lysosomal degradation autophagic flux (Mizushima et al. 2010) can

induced ACD in the cells they investigated (Ramser et al. 2009; Geng et al. 2010). The authors provided evidence of increased autophagic markers like LC3-II and increased number of autophagosomes suggesting that cell death was due to autophagy. However, the fact is that CQ or HCQ are actually able to block autophagy by inhibition of lysosomal function and degradation. Therefore, the examples given strongly suggest the need to conduct assays looking at autophagic flux before any conclusion can be made on whether the autophagic process in any system plays a cell survival or cell death function.

The third criteria we proposed for fulfilling the new function of ACD was to block cell death from occurring with pharmacological inhibitors of autophagy or using genetic approaches to inhibit autophagy. Pharmacological inhibitors for autophagy can be divided into two major types. The first types used are typically the Class III PI3K inhibitors like 3-methyladenine (3-MA) and wortmannin which suppresses autophagy at the early nucleation stage while the second types are typically inhibitors that suppress autophagy at the late maturation stage by blocking autophagosome and lysosome fusion (Bafilomycin A1) or blocking lysosomal degradation by neutralizing the lysosomal pH (CQ, Ammonium Chloride). However, recent advances have brought to light issues regarding the specificities of these inhibitors. For example, 3-MA has been used as a classical autophagy inhibitor that suppresses class III PI3K (Petiot et al. 2000) since being discovered via screening of purine-related substances using isolated hepatocytes from starved rats (Seglen and Gordon 1982). Recent work in our lab however showed that 3-MA can promote autophagy when treated in full medium for a prolonged period while still retaining its ability to inhibit starvation-induced autophagy (Wu et al. 2010). The dual effects of 3-MA are due to its ability to persistently inhibit Class I PI3K throughout the whole treatment and thus induce autophagy when used for long time points while its ability to inhibit Class III PI3K is transient and only occurs at very early time points (Wu et al. 2010). This discovery has thus raised questions on the validity of previous studies since no evidences were shown to address the effect of 3-MA on Class III PI3K and autophagic flux when the inhibitor was added to cells concurrently with other cytotoxic agents (Kanzawa et al. 2004; Ito et al. 2005; Gao et al. 2008; Longo et al. 2008; Li et al. 2009; Xiong et al. 2010) to inhibit autophagy at time points that exceeded 24 h in total.

Questions have also been raised about the use of inhibitors that block autophagosome and lysosome fusion and also lysosomal protein degradation (Juhász 2012). This is due to the fact that recent publications have shown that the mTOR protein localizes to lysosomes and activation of mTOR is dependent on amino acid that is generated from within the lysosomal lumen (Sancak et al. 2010; Zoncu et al. 2011). Therefore, use of Bafilomycin A1 or CQ to block autophagic process is very likely to have inhibitory effects on the activity of mTOR and thus interfere with the validity of the results we obtain. Without the availability of more specific inhibitors currently, researchers will have to interpret the results they obtain with more caution and instead of depending on one single pharmacological inhibitor, should use multiple inhibitors to prove that the same outcome when autophagy is inhibited can be obtained. Use of genetic approaches to suppress autophagy which will be discussed next is also a must to support and confirm the findings with the pharmacological inhibitors.

The use of genetic approaches like knockdown and over-expression of mutant forms of the gene of interest has become essential in almost all scientific studies since the effects of these approaches are believed to be much more specific than the use of pharmacological inhibitors. Thus, it is important to provide evidences in conjunction with results from pharmacological inhibitors in studies to show that the knockdown of essential *ATG* genes like Atg5, Atg7 and Beclin 1 can rescue the cell death caused by autophagy before any conclusions can be made regarding ACD in any systems. Like all other techniques however, genetic approaches can have their own drawbacks especially since many of the *ATG* genes have functions that are independent of autophagy. Proteins like Atg3 and Atg5 for example has been shown in a few studies to be directly involved in apoptosis apart from its role in autophagy (Codogno and Meijer 2006; Yousefi et al. 2006; Radoshevich et al. 2010). A very recent study has also uncovered an autophagy independent role of Atg7 in modulating the activity of p53 and cell cycle induction during metabolic stress (Lee et al. 2012). Another important example will be beclin 1 which has been known to function in other vesicle trafficking pathways and might also have a autophagy independent role in cell death due to its ability to bind to the apoptotic protein Bcl-2 (Funderburk et al. 2010b). Furthermore, non-canonical autophagy which occurs independently of beclin 1 protein has also been described to be involved in cell death (Scarlatti et al. 2008a, b; Gao et al. 2010; Smith et al. 2010). Therefore, results regarding cell death from knockdown of Beclin 1 will have to be interpreted with caution. Lastly, the discovery of Atg5 and Atg7-independent alternative macroautophagy (Nishida et al. 2009) has further highlighted the fact that we cannot rely solely on the results of a single gene knockdown during any studies involving autophagy and cell death.

As discussed in this section, we believe that by adhering to the new definition proposed for ACD and the three criteria listed a lot of the current controversies in this particular field can be cleared up. Although there are still disadvantages that one has to take note of while using the pharmacological inhibitors or genetic approaches to study ACD, the results obtained can still be convincing as long as both methods are utilized to support the findings of each other.

12.2.3 The Reality of ACD

After a lengthy discussion on the definition of ACD and how we should go about studying this phenomenon, the most important question we need to ask ourselves is that: Does ACD really exist? The most common answer that one would probably receive is that the topic is still very controversial as there have been no confirmative evidences to prove or disprove the existence of ACD.

12.2.3.1 ACD in *D. discoideum*

The widely accepted model for ACD has come from the lower eukaryotes like the *D. discoideum* which is defective in apoptosis. When starved, autophagy and cell

death occurs and the loss of ATG1 function will lead to reduction of ACD (Kosta et al. 2004). It is important to take note that in this organism, autophagy induction by starvation alone does not induce cell death. Instead another independent signal, differentiation-inducing factor-1 (DIF-1) is also essential before ACD can be observed (Luciani et al. 2009). The two signals have to work in tandem before cell death can be observed as the presence of either autophagy or DIF-1 alone does not kill the cells. Furthermore, inhibition of autophagy when both signals are present does not totally block cell death as the cells can still die by necrosis (Kosta et al. 2004). The requirement of a second factor apart from autophagy to induce ACD and the fact that inhibition of autophagy does not rescue the cells from cell death poses a conundrum for us as to whether autophagy does indeed play a direct role in killing of the cells or is it required as part of the mechanism for cell death to occur.

12.2.3.2 ACD in *Drosophila melanogaster*

Another lower eukaryote that has been established as a model organism for studying ACD is *Drosophila melanogaster*. ACD is most prominent during the development of this organism (Berry and Baehrecke 2007; McPhee et al. 2010). Removal of the larval midgut section occurs during the transition from the larval to pupal stage of the fly has been shown to be dependent on ACD (Denton et al. 2009). Although the caspase machinery has been found to be activated during midgut cell death, inhibition of caspase activity and thus apoptosis does not rescue the cells from dying (Denton et al. 2010). Instead, over-expression or loss of function mutants of *Atg2* and *Atg18* or knockdown of *Atg1* and *Atg18* results in rescue of cell death and delayed clearance of the midgut section (Denton et al. 2009, 2010). Therefore, these studies have been taken as evidences that autophagy is indeed a cell death mechanism during the midgut development of the *Drosophila*. The problem with this conclusion is that although autophagy inhibition does rescue the cells from dying, it merely delays the clearance of the midgut cells, thus raising questions again on whether autophagy is the sole cell death mechanism in play or it is merely one of the PCD mechanisms that are taking place during the midgut development. The role of autophagy in cell death in the salivary gland of the *Drosophila* is not as clear cut. It was shown that dying salivary glands during metamorphosis exhibited both the features of apoptosis like activation of caspases and also increased autophagosome formation suggesting activation of autophagy (Martin and Baehrecke 2004; Berry and Baehrecke 2007). Blocking apoptosis by inhibition of caspases or blocking autophagy using loss of function *Atg* genes alone merely delayed the degradation of the salivary glands suggesting that both processes are required for efficient clearance of the salivary glands. Indeed, inhibition of both processes resulted in a greater effect in delaying the clearance of the glands (Berry and Baehrecke 2007) and thus again suggests that ACD might only be an accomplice in the removal of the glands and not the sole cell death mechanism. Similar phenomenon can also be observed in the late *D. melanogaster* oogenesis during development. It was shown that degradation of *Drosophila* inhibitor of apoptosis (IAP) dBruce by autophagy will ultimately

lead to caspase-dependent apoptotic cell death in the nurse cells (Nezis et al. 2010). Extensive studies have presented evidences that autophagy has an important cell death function during the development of *D. melanogaster*. However, it seems that the role of autophagy in cell death or survival depends greatly on the type of cells and when the process occurs in the organism. The pro survival role of autophagy is most prominent in the larval fat body of *D. melanogaster* as studies have shown that upregulation of autophagy in the fat body has cytoprotective effects during periods of starvation and mitochondria or endoplasmic reticulum stresses (Scott et al. 2004; Arsham and Neufeld 2009). Thus, it is clear autophagy plays a role in cell death in *D. melanogaster* only specific periods during development and is also limited to a few specific tissue and cell types. Furthermore, all the evidences show clearly that ACD is not the sole mechanism of cell death in these tissues but in fact work in tandem with other PCD like apoptosis.

12.2.3.3 ACD in Mammals

So far there have been no definitive reports of ACD in any in vivo models of mammalian systems whether under physiological or pathological situations. Indeed, there seems to be overwhelming evidences showing that disruption of autophagy process does not disrupt cell death in many mouse models. For example, apart from the *BECLIN 1* knockout mice which displayed increased embryonic lethality due to enhanced apoptosis (Yue et al. 2003), no disruption of cell death was observed in the various *ATG* knockout mouse models that have been generated including *ATG5* (Kuma et al. 2004; Qu et al. 2007) and *ATG7* (Komatsu et al. 2005). Indeed supporting evidences for the presence of ACD has come mainly from in vitro studies on cell culture systems only. However, a quick glance across these studies would reveal that ACD can only be found in some specific cell lines and stimuli specific as well. This is especially true in cells where there is the absence of the normal apoptotic pathway and the most classic example is the *Bax*^{-/-}*Bak*^{-/-} double knockout MEFs. *Bax* and *Bak* proteins belong to the pro-apoptotic Bcl-2 family and these double knockout MEFs are known to be resistant to apoptotic cell death. When stimulated with cytotoxic reagents like etoposide and staurosporine the *Bax*^{-/-}*Bak*^{-/-} double knockout MEFs died via ACD and the cell death could be rescued by knockdown of *Atg5* or *Beclin 1* expression (Shimizu et al. 2004, 2010). However, an interesting phenomenon is that other stress stimuli like X-ray irradiation or TNF+cycloheximide treatment failed to induce ACD in these cells (Tsujimoto and Shimizu 2005), suggesting that the ability of autophagy to induce cell death in the absence of apoptosis might be dependent on various factors like the levels of autophagy induced by the stimuli. Another example commonly discussed is the use of zVAD to block the activation of the caspase machinery in cells like L929 and U937 cells leading to ACD (Yu et al. 2004, 2006). However, as mentioned earlier zVAD used at high concentrations led to inhibition of cathepsin activity as well and thus inhibited autophagy at the degradation step (Rozman-Pungercar et al. 2003; Scaringi et al. 2004; Wu et al. 2008).

Further studies have suggested that cell death induced by zVAD in these cells is actually via necroptosis that is mediated by autocrine production of TNF α and its downstream effector molecules such as RIP1 and RIP3 (Wu et al. 2011). Furthermore, autophagy was shown to play a pro survival role during zVAD induced cell death instead of being the cell death mechanism as suggested by the previous studies survival function (Wu et al. 2008, 2009).

Another mammalian model that has been reported to exhibit ACD would be in cells with over-expression of oncogenic Ras. One study in human ovarian surface epithelial cells reported that over-expression of H-Ras^{v12} resulted in cell death without caspase activation. It was shown that cell death was caused by induction of autophagy and knockdown of Atg5, Atg7 or Beclin 1 could rescue the cells from dying (Elgendy et al. 2011). However, in another study involving over-expression of oncogenic Ras in immortalized baby mouse kidney (iBMK) cells, the authors showed that autophagy induction was necessary for cells over-expressing Ras to survive in times of nutrient deprivation. Furthermore, tumourigenesis of these Ras expressing cells were also reduced when Atg5 or Atg7 was knockdown (Guo et al. 2011). This cytoprotective function of autophagy was also shown in other studies where Ras was over-expressed in different cancer cell lines and MEFs (Kim et al. 2011; Lock et al. 2011).

Recently a study was published suggesting that autophagy rarely, if ever, serves as a executioner of cell death in cells and that most evidences in the field suggest that autophagy is cytoprotective instead (Shen et al. 2011). In this particular study, the authors screened more than 1,400 cytotoxic compounds that were known to have anti-tumour capabilities in a panel of cancer cells and found that out of the 59 compounds that induced an increase in autophagic flux, none was able to induce ACD as knockdown of Atg5 or Atg7 by shRNA failed to rescue cells from dying although autophagy was proven to be inhibited (Shen et al. 2011). Instead, the authors found that autophagy inhibition resulted in increased cell death in the cells treated with these autophagy inducing compounds, thus suggesting that autophagy is a cytoprotective mechanism. In a subsequent article published by the same group, the authors went on to suggest that the results above might signal the end of ACD (Shen et al. 2012) and again stressed that most cases of ACD are actually cells dying with autophagy, but not by autophagy. Furthermore, they also suggested that for the identification of true ACD process, they should also fulfil another criterion which is ACD must involve dismantling of the cell by the autophagic process. In a response to the above study (Shen et al. 2011, 2012), Clarke and Puyal argued that (Clarke and Puyal 2012) addition of another this particular criterion is simply too excessive and clearing of cell debris by autophagy would not help in enhancing cell death. The authors went on to suggest that cancer cells might not be a good model for investigating ACD due to three reasons: (1) ACD seem to be rare in mammals, (3) dividing and postmitotic cells are sensitive to apoptosis and thus ACD might not occur and lastly (2) cancer cell lines harbour multiple mutations and might not be representative of normal cells in animals.

12.3 ACD in Health and Disease

12.3.1 ACD in Cancer

The role which autophagy plays in cancer, either as a cell survival or cell death pathway remains a hot area of debate within the field. However, the general consensus within the field is that autophagy can both suppress cancer initiation but also promote the growth of established tumours (Liu and Ryan 2012; White 2012) and many studies have been formulated to try and evaluate autophagy modulation as a form of therapeutic for cancer (Cheong et al. 2012; Liu and Ryan 2012; Rubinsztein et al. 2012). Examples of ACD in cancer therapeutics and also the various evidences used to confirm the involvement of autophagy are summarized in Table 12.1.

Most of the data suggesting that ACD occurs in cancer cells have come from in vitro data on various cancer cell lines and some of them has been discussed above. In addition to those studies, there is a recent report that suggests that cytosolic FoxO1 is able to kill cancer cells via induction of ACD in cell lines like HCT116 and Hela independently of the transcriptional activity of FoxO1. The result was also replicated in a tumour xenograft model and provides evidence for ACD as a cancer therapeutic (Zhao et al. 2010). However, further in depth studies will need to be carried out since the authors did not look at whether the apoptotic machinery was involved in the cell death mechanism and also did not provide any mechanistic studies on how autophagy induction by cytosolic FoxO1 led to cell death.

Interestingly, arsenic trioxide which exhibit potent anti-tumour effects was shown in a few studies to cause cytotoxicity to cells via the induction of ACD in glioma and leukaemia cell lines (Kanzawa et al. 2003, 2005; Goussetis et al. 2010). In the studies using glioma cell lines, the authors were able to show that arsenic trioxide induced cell death was independent of caspase activation but dependent on autophagy as autophagy inhibition by Bafilomycin A1 was able to prevent the cells from dying. The authors also went on to show that autophagy induction and cell death was dependent upon expression of BNIP3 as over-expression of dominant negative BNIP3 inhibited autophagy induction and rescued cell death (Kanzawa et al. 2003, 2005). In the other study with leukaemia cell lines, the authors also demonstrated that the cells died by ACD after arsenic trioxide as knockdown of *Beclin 1* or *Atg7* rescued the cells from dying. However, the authors failed to demonstrate if apoptosis was involved in the cell death mechanism as apoptosis has been shown to be induced during arsenic trioxide treatment in cells (Goussetis et al. 2010).

Another interesting chemical under considerations as a cancer therapeutic agent is the plant phytoalexin, resveratrol. In a study using several human ovarian carcinoma cell lines, there was a large increase in the number of autophagosomes in the cancer cells following resveratrol treatment. Although activation of the caspase cascade was observed, inhibition of caspases using zVAD or over-expression of antiapoptotic proteins like Bcl-2 and Bcl-XL did not rescue the cells from dying, leading the authors to conclude that autophagy is the cause of cell death

Table 12.1 Autophagic cell death induced by various cancer therapeutic agents

Compounds/stimulus	Mechanism/target	Cancer type/cell lines	Evidence for involvement of autophagy	References
Cytosolic Foxo1	Acetylated Foxo1 interacts with Atg7	Lung carcinoma, colorectal carcinoma, cervical cancer	↑ Autophagic flux TEM	Zhao et al. (2010)
Arsenic trioxide	Inhibits thioredoxin reductase, Activates P53	Glioma, acute myelogenous leukaemia	Use of 3-MA Atg5 and Atg7 knockdown ↑ Autophagic flux TEM	Kanzawa et al., (2003); Kanzawa et al. (2005); Goussetis et al. (2010)
Resveratrol	Antioxidant	Ovarian carcinoma, chronic myelogenous leukaemia	Use of 3-MA, CQ DN-BNIP3 Beclin1 and Atg7 Knockdown TEM	Opipari et al., (2004); Puissant et al. (2010)
Sodium Butyrate, SAHA, OSU-HDAC42	Inhibition of histone deacetylase	Hepatocellular carcinoma, cervical cancer	Use of 3-MA Atg5, LC3 and p62 knockdown ↑ Autophagic flux TEM	Shao et al. (2004); Liu et al. (2010)
Rapamycin RAD001	Inhibition of mTORC1	Glioma, papillary thyroid cancer	Use of 3-MA, Bafilomycin A1 Atg5 knockdown TEM	Iwamaru et al. (2007); Lin et al. (2010)
Dexamethasone	Glucocorticoid	Lymphoid Leukaemia	Use of 3-MA Atg5 and Beclin 1 knockdown TEM ↑ Autophagic flux Use of 3-MA Beclin 1 knockdown	Laane et al. (2009)

(Opipari et al. 2004). However, no experiments were done to explore whether knockdown of *Atg* genes could rescue the cells from dying while no autophagic flux data was also shown upon resveratrol treatment. A recent study on chronic myelogenous leukaemia cell lines also concluded that resveratrol was able to induce ACD in the cells and cell death can be rescued by knocking down *atg5* in the cells (Puissant et al. 2010). However, the authors also showed that autophagy was upstream of caspase activation and apoptosis. Therefore, this study clearly presents data suggesting that autophagy does not execute cell death directly, but does it through activation of apoptosis.

Another group of anti-cancer agent currently being linked to initiation of ACD in cancer cells are the HDAC inhibitors (HDACis). HDACis have been shown to be able to inhibit tumour cell survival and some have been used in clinical treatment of haematological malignancies (Bolden et al. 2006). One initial study had shown that treatment with HDACis like butyrate and suberoylanilide hydroxamic acid (SAHA) were able to induce activation of the caspase cascade and cell death in Hela cells (Shao et al. 2004). However, the authors later showed that blocking caspase activation by caspase inhibitors or over-expression of Bcl-XL did not prevent cell death in the Hela cells treated with the HDACis. Instead, an increased number of autophagosomes were also observed during treatment, suggesting that cell death was mediated through autophagy. However, the study stopped short of looking at whether autophagy inhibition by pharmacological inhibition or genetic knockdown of *Atg* genes could rescue the cells from cell death, and thus, the functional role of autophagy remains to be defined. Similar observations were also obtained from another group who showed that treatment with HDACis in hepatocellular carcinoma (HCC) cell lines like HepG2 was able to induce autophagy and cell death as well (Liu et al. 2010). Inhibition of autophagy by 3-MA or in *Atg5* knockout cells were also shown to be able to reduce cell death caused by HDACis. However, the authors also showed that apoptosis was induced during treatment and zVAD treatment could reduce cell death by apoptosis as well, and thus, it would be crucial to investigate the how autophagy and apoptosis interact with each other during cell death before conclusions can be made about the functional role of autophagy in cell death. Furthermore, there are other studies suggesting that autophagy induction caused by HDACis treatment actually plays a cell survival role in cancer cells like glioblastomas and chronic myelogenous leukaemia as inhibition of autophagy can potentiate the cytotoxicity of these inhibitors (Carew et al. 2007; Gammoh et al. 2012). These studies again stress that ACD might occur only in certain specific cells and treatment with the same group of chemical inhibitors might lead to different conclusions about the role of autophagy in cell death and survival.

12.3.2 ACD in Neurodegenerative Diseases

The cytoprotective role of autophagy in neurodegenerative diseases has been well documented in many previous studies (Hara et al. 2006; Komatsu et al. 2006; Sarkar and Rubinsztein 2008; Yue et al. 2009; Funderburk et al. 2010a). Mice with

neuron-specific knockout of *Atg5* display accumulation of cytoplasmic inclusion bodies and progressive loss of motor functions (Hara et al. 2006). In another study, knockout of *Atg7* in the purkinje cells resulted in progressive dystrophy and degeneration of the axon terminals implicating autophagy dysfunction as the possible mechanism for axonal pathologies during neurodegeneration (Komatsu et al. 2007). Inhibition of autophagy was also recently implicated in a new Parkinson's disease model where conditional knockout of *Atg7* in the dopamine neurons of the substantia nigra pars compacta, other regions of the midbrain and the hindbrain in mice led to age related loss of dopaminergic neurons and accumulation of alpha-synuclein and ubiquitin protein aggregates, which are all typical features of Parkinson's disease (Ahmed et al. 2012). Intriguingly, the more convincing evidences showing the occurrence of ACD in mammalian systems have also come from studies in neuronal cells where despite the presence of intact apoptotic machinery have been suggested to die via ACD. Both neonatal and adult mice with conditional *Atg7* knockdown in the central nervous system (CNS) had reduced cell death in the pyramidal neuronal cells and hippocampal damage was almost completely blocked after hypoxic ischemic brain injuries (Koike et al. 2008). Further studies by other groups using similar mouse models and the Class III PI3K inhibitor, 3-MA have also shown similar results (Puyal et al. 2009; Zhang et al. 2012). However, it has to be mentioned that apoptotic machinery is also known to be activated during hypoxic ischemic injuries and in the original study, caspase 3 activation were observed in the neonatal and adult mice (Koike et al. 2008), while cell death was shown to be caspase independent only in the adult mice. Therefore, more studies would have to be conducted to find out whether autophagy is the executioner of cell death in this model or only a contributing factor. Dysfunctions in the endosomal sorting complex required for transport-III (ESCRT-III) have been implicated in frontotemporal dementia linked to chromosome 3 with accumulation of excessive autophagosomes. Furthermore, autophagy inhibition using 3-MA or knockdown of *Atg5* and *Atg7* was able to delay but not completely suppress neuronal cell loss (Lee et al. 2009). The fact that neuronal lost was only delayed again suggests that autophagy process might not be the direct cause of cell death and might only be required to work in tandem with other PCD like apoptosis. Hippocampal neural (HCN) stem cells in culture were also shown to undergo ACD upon withdrawal of insulin from the medium (Yu et al. 2008; Baek et al. 2009). Increase in autophagic flux was observed in the HCN stem cells after insulin withdrawal while cell death was also observed. Interestingly, cell death was shown to be independent of caspase activation despite the presence of intact apoptotic machinery in these cells. Furthermore, cell death upon insulin withdrawal could be rescued by inhibition of autophagy via knockdown of *Atg7*, providing strong evidence supporting ACD in this particular model. Despite the growing evidences for involvement of ACD as a cause of neurodegenerative diseases, caution still has to be taken when evaluating the results from the various experiments. One recent example regarding the role of ACD in the *lurcher* mutant mice demonstrates this point very well. It was shown previously that neuronal loss due to gain of function mutation of the delta2 glutamate receptors in cerebellar Purkinje cells led to cell death that was dependent on autophagy. This conclusion was made as there was increase in the number of autophagosomes observed and cell death could

be rescued by treatment with 3-MA (Yuzaki 2003; Vogel et al. 2007). However, this conclusion was recently challenge by another study which showed that inhibition of autophagy by a dominant negative form of AMPK was not able to rescue cell death caused by *lurcher* mutation (Nishiyama et al. 2010). Furthermore, loss of Purkinje cells in the *lurcher* mice could not be rescued in offspring generated from crossing with conditional *Atg5* knockout mice. The authors thus concluded that cell death in this case was not by autophagy, but rather with the presence of autophagy (Nishiyama et al. 2010; Nishiyama and Yuzaki 2010). Therefore, evidences from all these different studies suggest that the occurrence of ACD in neurodegenerative diseases depend on (1) the specific type of neuronal cells and (2) the particular type of stimuli present for the induction of autophagy in the neurons. However, more studies will have to be conducted to truly identify the functional role of autophagy in this cell death: i.e. autophagy the sole and direct cell death mechanism or is it contributing to cell death by enhancing the efficacy of other cell death modalities like apoptosis.

12.4 Conclusions

The interest in modulation of autophagy as a form of therapeutic in various diseases has been greatly elevated in the recent decade as our understanding of both the biological functions of autophagy and the intimate relationship autophagy plays in the aetiology of the major diseases like cancer, neurodegenerative diseases and metabolic disorders. To fulfill its potential as a therapeutic target, it is critical for researchers to be able to define the role of autophagy in cell death or survival in the particular disease model being investigated. In this review we have attempted to address some of the common issues and controversies concerning ACD with the new definition and additional criteria that should be used for studies concerning ACD. Although not comprehensive by any means, some of the case studies mentioned in this review have highlighted the importance of having certain guidelines and criteria to adhere to when studying ACD. Only by adhering to these criteria can we avoid the problems of inconsistencies and contradicting results that have been plaguing the field. However, it is clear that current evidence supports the notion that any pro-cell death function of autophagy works by either (1) helping to promote apoptosis and (2) direct execution of cell death independent of apoptotic machinery. A clear distinction of these two functions of autophagy would likely help to better elucidate the physiological and pathological role of ACD in health and disease.

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Chapter 13

Autophagy in Necrosis: A Force for Survival

Han-Ming Shen and Patrice Codogno

13.1 Introduction

Autophagy, which includes macroautophagy, microautophagy, and chaperone-mediated autophagy, is a highly conserved degradation pathway for bulk cellular components (Mizushima and Komatsu 2011). Macroautophagy (hereafter referred to autophagy in this review), the most prevalent form of autophagy, is morphologically featured by the formation of double-membrane autophagosomes which sequester impaired organelles or unwanted cellular components and deliver them to lysosomes for degradation and recycling (Klionsky and Emr 2000).

Although there is basal level of autophagy in all living organisms, autophagy is readily induced by various cellular factors, including deprivation of nutrients (amino acids and glucose), withdrawal of growth factors, and many other stress conditions, such as hypoxia, oxidative stress, endoplasmic reticulum (ER) stress, DNA damage, etc. (Yang and Klionsky 2010). It has been established that the autophagic process is tightly controlled by a group of autophagy-related genes (Atg). To date, in yeast, more than 30 ATG s have been discovered, and many of their mammalian orthologs

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have also been identified as the machinery to execute the autophagic process (Rubinsztein et al. 2007; Yang and Klionsky 2009). One important concept is that autophagy is a dynamic process consisting of several consecutive stages: (1) induction or initiation, which involves formation of phagophore and is negatively regulated by mammalian target of rapamycin (mTOR) via the ULK1/Atg1 complex; (2) nucleation, which is mediated by the Beclin 1 and hVps34/class III PI3K complex; (3) elongation, which is a critical step in forming the complete autophagosomes controlled by two ubiquitin-like conjugation systems (Atg12–Atg5 system and the LC3/Atg8 system); and finally (4) maturation and degradation, which involves fusion with endosomes–lysosomes to form autolysosomes and degradation of the inner membrane together with its luminal contents (Mizushima 2007; Chan and Tooze 2009; Orsi et al. 2010).

Autophagy has been demonstrated to be implicated in a wide variety of physiological and pathological processes, including cell survival, cell death, cell metabolism, development, infection and immunity, and aging (Mizushima 2009; Mehrpour et al. 2010). Recently, the critical role of autophagy in energy metabolism, cellular homeostasis, and cell and tissue renovation has also been increasingly appreciated (Mizushima and Komatsu 2011). More importantly, autophagy is closely involved in the etiology of many important human diseases, including cancer, neurodegenerative diseases and metabolic disorders (Mizushima et al. 2008; Meijer and Codogno 2009; White et al. 2010).

Among various biological functions of autophagy, its involvement in cell death/cell survival is the one deserving particular attention. It appears that autophagy has a rather complicated relationship with the cell death program. On the one hand, autophagy has been well established as an important cell survival mechanism, especially in cells under stress conditions such as starvation (Cecconi and Levine 2008; Kroemer and Levine 2008). On the other hand, autophagy has been implicated in the cell death process, either in apoptosis, or in non-apoptotic or necrotic cell death, including autophagic cell death in which autophagy itself serves as the cell death machinery (Lenardo et al. 2009; Giusti et al. 2010; Shimizu et al. 2010; Shen and Codogno 2011). At present, there are numerous excellent reviews focusing on relationship between autophagy and apoptosis (Luo and Rubinsztein 2007; Maiuri et al. 2007; Levine et al. 2008; Corcelle et al. 2009; Eisenberg-Lerner et al. 2009; Djavaheri-Mergny et al. 2010; Fimia and Piacentini 2010; Giansanti et al. 2011). Nevertheless, the interplay between autophagy and non-apoptotic or necrotic cell death has not been well discussed. In this chapter we focus on the role of autophagy in necrotic cell death. We first present the evidence showing the anti-necrosis function of autophagy, and then discuss the biological significance of the anti-necrosis function of autophagy in cancer and ischemia–reperfusion injury. Based on the current literature, we believe that one important aspect of the pro-survival function of autophagy is achieved via its ability to block various forms of necrotic cell death.

13.2 The Pro-death Function of Autophagy

At present, it is still a rather controversial topic in the field of autophagy study regarding the role of autophagy in the cell death program. Evidence coexists for the pro-death and pro-survival function of autophagy. The involvement of autophagy in apoptotic cell death is relatively better studied and understood, while there are more doubts and disputes regarding the relationship between autophagy and non-apoptotic cell death, especially about the concept of “autophagic cell death.”

13.2.1 Autophagy Promotes Apoptosis

The interplay between autophagy and apoptosis, the most well-studied form of programmed cell death (PCD), has been extensively discussed. Due to the presence of intricate interplays, it is not uncommon to see that a variety of stimuli such as ROS, ER stress, and DNA damage agents can activate apoptosis and autophagy simultaneously, and promotion of autophagy is accompanied by the induction of apoptosis.

Such outcomes are determined by the cross talks between autophagy and apoptosis at different levels. First, both autophagy and apoptosis are mediated by a common set of proteins. The tumor suppressor p53, the death-associated protein kinase-1 (DAPK), the proapoptotic “BH3-only” proteins, and several Atg proteins are known to play a “positive” role in promoting both autophagy and apoptosis. Conversely, some factors including the anti-apoptosis Bcl-2 family members, such as Bcl-2, Bcl-xL, and Mcl-1, are known to play a “negative” role in suppressing both autophagy and apoptosis. For instance, the cleaved form of Atg5 by calpains has been found to translocate from cytosol to mitochondria to promote cytochrome c release and intrinsic apoptosis pathway (Yousefi et al. 2006). A recent report from Kimchi’s group demonstrated that the essential autophagy protein Atg12 acts as a positive mediator of mitochondrial apoptosis via direct binding and inactivating the prosurvival Bcl-2 family proteins (Bcl-2 and Mcl-1) (Rubinstein et al. 2011).

The second level of interaction is based on the fact that there are proteins having opposite function in autophagy and apoptosis. One good example is that caspases, essential for apoptosis, are able to suppress autophagy through cleavage of Beclin-1 and Atg4D (Betin and Lane 2009; Wirawan et al. 2010).

The third level of interaction between autophagy and apoptosis is more at the functional level. Qu et al. found that autophagy and apoptosis are partners in embryonic cavitation as autophagy is required to clear up cell corpses from the apoptotic cell death, an important process in embryonic development (Qu et al. 2007).

13.2.2 *Autophagic Cell Death*

The concept of autophagic cell death was first developed based on the morphologic features: the presence of autophagosomes in dying cells, suggesting that autophagy is closely linked to cell death (Schweichel and Merker 1973; Bursch 2001). At present, the most convincing evidence supporting autophagic cell death is from model organisms, other than mammals (Shen and Codogno 2011). For instance, autophagy has been convincingly demonstrated as a cell death mechanism in *Dictyostelium discoideum*, a soil amoeba which is known to be defective in the apoptosis machinery, as *ATG1*-mutation decreases autophagy and suppresses cell death (Kosta et al. 2004). Also it has been well reported that the midgut cell death in *Drosophila* is autophagy-dependent, based on the observations that suppression of autophagy by overexpression of *ATG2* and *ATG18* mutants or by *ATG1* and *ATG18* knockdown caused significant delay in midgut removal (Denton et al. 2009). In mammalian cells, most of the reported autophagic cell death was from in vitro cell culture models in which the apoptosis machinery is impaired or suppressed. For instance, Shimizu et al. found that in response to DNA damage caused by etoposide, the *Bax*^{-/-} and *Bak*^{-/-} double knockout mouse embryonic fibroblasts (MEFs) underwent non-apoptotic cell death that was autophagy-dependent (Shimizu et al. 2004). Another group reported that zVAD, a pan-caspase inhibitor, induced autophagic cell death in a number of cell lines such as fibrosarcoma L929 cells (Yu et al. 2004).

However, with the increasing understanding of the autophagy, especially the dynamic process of autophagy, it came to the realization that the mere presence of autophagosomes or the increase of autophagic markers in the dying cells could not confer a conclusion that autophagy is indeed a cell death mechanism. There are two important aspects that need to be determined and differentiated: (1) cell death **with** autophagy and (2) cell death **by** autophagy (Galluzzi et al. 2008; Kroemer and Levine 2008). To make the situation even more complicated, it is also important to note that the increase of autophagic markers also does not necessary mean the increase of autophagic level, as blockage of the autophagic flux at the late stage (such as the suppression of lysosomal function) will markedly enhance the autophagic makers in the cell (Klionsky et al. 2008; Mizushima et al. 2010). Therefore, in defining autophagic cell death, it is critically important to address the following two points: (1) whether there is a real increase of autophagic flux level, (2) whether the increased autophagy really contributes to cell death.

In order to clarify this point, recently we have proposed the following criteria for defining autophagic cell death (Shen and Codogno 2011): (1) Cell death occurs without the involvement of the apoptosis machinery, such as caspase activation; (2) There is an increase of autophagic flux, and not just an increase of the autophagic markers, in the dying cells; and (3) Suppression of autophagy via both pharmacological inhibitors and genetic approaches (either ATG siRNA knockdown, or overexpression of dominant negative ATG genes) is able to rescue or prevent cell death. We believe that setting up such criteria will help to clarify the controversies, and it would not be surprised to see many of the earlier reported autophagic cell

death fail to reach these criteria, and thus, it is subject to further confirmation to see whether cells really die via “autophagic cell death.” In fact, very recent discoveries from Kroeme’s lab even challenged the presence of autophagic cell death in mammalian cells (Shen et al. 2011, 2012). Based on their study, among approximately 1,400 compounds screened in a panel of human cancer cells, there is not even a single compound that would induce cell death by autophagy, indicating the possibility that cell death is rarely, if ever, executed by autophagy in human cells (Shen et al. 2011).

13.3 The Pro-survival Function of Autophagy

13.3.1 *Autophagy Blocks Apoptosis*

Although there is accumulating evidence suggesting the role of autophagy in the cell death process, as discussed above, autophagy has been generally recognized as pro-survival mechanism especially for cells and organisms under stress conditions such as starvation. The most convincing evidence supporting the pro-survival function of autophagy is from animal models in which the Atgs are deleted. For instance, Atg5/Atg7 defective mice are unable to survive through neonatal period, demonstrating the crucial pro-survival function of autophagy (Kuma et al. 2004; Komatsu et al. 2005). Generally, the pro-survival function of autophagy could be achieved via (1) blockage of apoptosis and (2) suppression of non-apoptotic/necrotic cell death. We have briefly discussed the pro-apoptotic function of autophagy in Sect. 2.1 above. It is believed that whether autophagy acts to promote or block apoptosis is context-dependent, including the nature of the stimuli, the cell type, and level of autophagic flux. At present, the mechanisms for the anti-apoptotic function of autophagy are less studied. One possibility is that autophagy promotes the degradation of apoptotic proteins such as caspases. One such example is TRAIL-mediated apoptosis. It has been reported that activated caspase 8 was targeted to autophagosomes and subsequently degraded in lysosomes, preventing activation of downstream apoptotic effectors in TRAIL-treated cancer cells (Hou et al. 2010). Importantly, the anti-apoptotic function of autophagy has also been demonstrated in other systems in which apoptosis was induced in various cancer cells by epidermal growth factor receptor tyrosine kinase inhibitors (gefitinib) or COX-2 inhibitor (celecoxib) (Huang and Sinicrope 2010; Han et al. 2011b). Therefore, understanding the anti-apoptotic function of autophagy is important for developing novel cancer therapeutic strategies by suppression of autophagy. For instance, inhibition of autophagy by chloroquine was able to sensitize apoptosis-resistant tumor cells to DNA damage agents in chronic myelogenous leukemia (CML) cell lines, primary CML, and a mouse model of lymphoma (Amaravadi et al. 2007; Carew et al. 2007). Several ongoing clinical trials using chloroquine alone or in combination with some cancer therapeutic agents (<http://www.clinicaltrials.gov/ct2/results?term=chloroquine%2C+cancer&Search=Search>) are also partly based on such a rationale.

13.3.2 Autophagy Suppresses Necrosis/Non-apoptotic Cell Death

Necrosis or non-apoptosis has been historically considered as an accidental and uncontrolled form of cell death. However, in the past decade, necrosis has been discovered to be also a programmed and regulated cell death process (Fiers et al. 1999; Edinger and Thompson 2004; Zong and Thompson 2006). Among various forms of necrotic cell death, necroptosis and PARP-mediated necrosis have emerged as two important forms with increased understanding of the molecular mechanisms and biological functions. Here we present a more detailed discussion on the functional interaction between autophagy and these two forms of necrotic cell death.

13.3.2.1 Autophagy Suppresses Necroptosis

Necroptosis refers to a specific form of caspase-independent, non-apoptotic or necrotic cell death, with the following features: (1) it is mediated by cell death ligands (TNF- α and FasL) via their respective cell death receptors; (2) it is controlled via a unique downstream signaling pathway involving RIP1-RIP3 and (3) it is susceptible to the inhibitory effect of a specific RIP1 inhibitor, necrostatin (Degterev and Yuan 2008; Hitomi et al. 2008; Christofferson and Yuan 2010). More recently, Wang's group has identified two important target proteins mixed lineage kinase domain-like protein (MLKL) and mitochondrial phosphatase PGAM5 as downstream targets of RIP1 and RIP3 in both TNFR-triggered necroptosis, as well as in intrinsic necrosis induced by reactive oxygen species (Sun et al. 2012; Wang et al. 2012). At present, the physiological and pathological function of necroptosis has also been increasingly understood. For instance, necroptosis has been implicated in inflammatory response against virus infections, embryogenesis, and lymphocyte function (Cho et al. 2009; Kaiser et al. 2011; Zhang et al. 2011).

There is a rather complicated relationship between autophagy and necroptosis, a topic covered by one of our recent reviews (Shen and Codogno 2012). Although majority reports support the notion that autophagy serves as an anti-necroptosis function, there is evidence suggesting otherwise. For instance, a recent study reported that palmitic acid (PA) mediates autophagy which contributes to necroptosis in human umbilical vein endothelial cells (Khan et al. 2012). However, such a conclusion is contradictory to our findings that PA induces autophagy to protect against the lipotoxicity of PA (Tan et al. 2012). Here we would like to summarize the intricate relationship between autophagy and necroptosis using zVAD-mediated cell death as an example. zVAD is a short peptide and widely used as general caspase inhibitor for apoptosis study. Intriguingly, zVAD has also been shown to either sensitize TNF-mediated necrosis or itself is able to induce cell death in a selected number of cells (Vercammen et al. 1998; Holler et al. 2000). There were two conflicting explanations for zVAD-mediated cell death: zVAD induces autophagic cell death (Yu et al. 2004) or necroptosis (Degterev et al. 2008). Recently we have

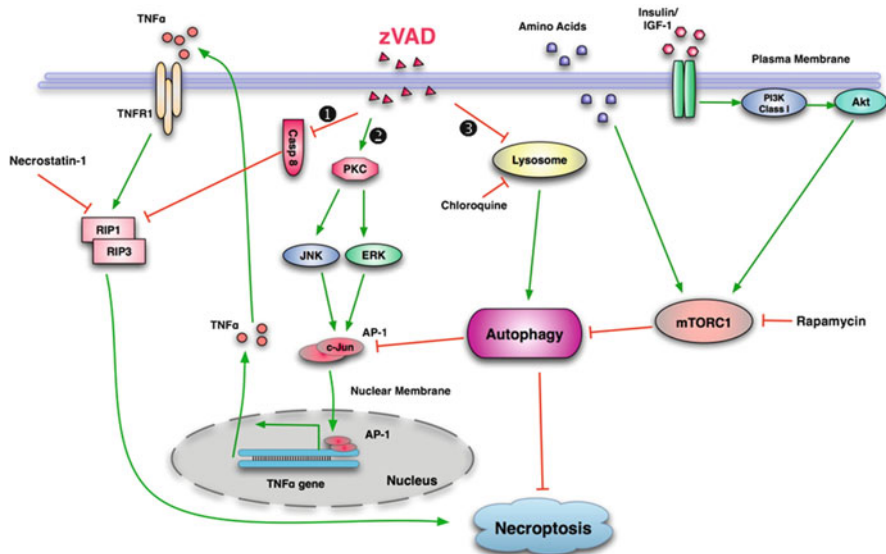


Fig. 13.1 Autophagy is a pro-survival mechanism in zVAD-induced necroptosis. zVAD has 3 major effects: (1) suppression of apoptosis via inhibition of the caspase cascade, (2) induction of necroptosis via promotion of TNF α autocrine mediated by PKC-MAPK-AP-1 pathway, and (3) suppression of autophagy via inhibition of the lysosomal cathepsins

attempted to elucidate the molecular mechanisms underlying zVAD-induced cell death and its relationship with autophagy via a series of work (Wu et al. 2008, 2009, 2011), with the following observations (1) zVAD induces necroptosis, but not autophagic cell death in L929 cells. (2) autophagy is a pro-survival mechanism that acts to protect against zVAD-induced necroptosis. (3) zVAD does not induce autophagy, rather it can block autophagy via its inhibitory effect on lysosomal cathepsins. (4) zVAD-induced necroptosis was that zVAD-induced necroptosis is depending on the TNF α autocrine which is mediated via a pathway involving nuclear transcription factor activating protein-1 (AP-1) but not NF- κ B, downstream of two mitogen-activated kinases (MAPKs), JNK and extracellular signal-regulated kinase (ERK). Figure 13.1 summarizes the intricate relationship between autophagy and zVAD-induced necroptosis. It is believed that understanding the pro-survival function of autophagy against zVAD-induced necroptosis offers a new line of evidence for the pro-survival function of autophagy.

13.3.2.2 Autophagy Suppresses PARP-Mediated Necrosis

PARP is a family of nuclear enzymes with multiple functions in chromatin structure, transcription, and genomic integrity that are achieved through poly(ADP-ribosyl)ation (Jagtap and Szabo 2005; Krishnakumar and Kraus 2010). It is known that

Table 13.1 Protective role of autophagy in PARP-mediated necrotic cell death

Refs	DNA damage agents	Cell type	Autophagy level	Autophagy function	Main mechanisms
(Zhou et al. 2013)	MNNG	Bax-Bak DKO MEFs	Induced	Protective	PARP activation and AMPK-mediated mTOR suppression
(Ethier et al. 2012)	MNNG	Human embryonic kidney HEK293	Induced	Protective	PARP activation and AMPK-mediated mTOR suppression
(Alexander et al. 2010)	H ₂ O ₂	MCF7, HEK293	Induced	Protective	ATM-mediated mTOR suppression
(Munoz-Gamez et al. 2009)	Doxorubicin	NIH3T3 MEFs	Induced	Protective	PARP activation and mTOR suppression
(Yang et al. 2011)	Gelomulide K	Human breast cancer cells	Induced	Protective	ROS and PARP activation
(Hwang et al. 2010)	Cigarette smoke	Lung epithelial cells	Induced	Protective	SIRT1 and PARP activation
(Albert et al. 2007)	Ionizing radiation	H460 lung cancer cells	Induced	Protective	PARP activation

poly(ADP-ribosyl)ation is an energetically expensive process, causing rapid depletion of intracellular ATP, and eventually necrotic cell death (Ha and Snyder 1999; Zong et al. 2004). PARP-mediated cell death is considered as another important form of programmed necrosis (Degterev and Yuan 2008), and it has recently been classified as “Parthanatos” based on the new recommendation by the Nomenclature Committee on Cell Death (NCCD) (Galluzzi et al. 2012).

So far, there is substantial evidence showing the functional link between PARP-mediated necrosis and autophagy. PARP is readily activated by DNA damage, mainly DNA strand breaks in response to oxidative stress/ROS or DNA damage agents such as DNA alkylating agents (Martin et al. 2000; Zong et al. 2004). Since autophagy is inducible by disturbance of the cellular energy homeostasis, the involvement of autophagy in PARP-mediated cell death has thus attracted substantial attention. Table 13.1 summarizes some of the relevant studies showing the pro-survival function of autophagy in PARP-mediated necrosis. For instance, two recent studies including one from our own laboratory have provided clear evidence that a DNA Alkylating Agent (MNNG) induces PARP1 activation, ATP depletion, and AMP-activated protein kinase (AMPK) activation, leading to autophagy which acts as a protective mechanism to reduce cell death (Ethier et al. 2012; Zhou et al. 2013).

Among the various mechanisms linking PARP activation with autophagy induction, activation of AMPK appears to be particularly relevant. AMPK is a key sensor

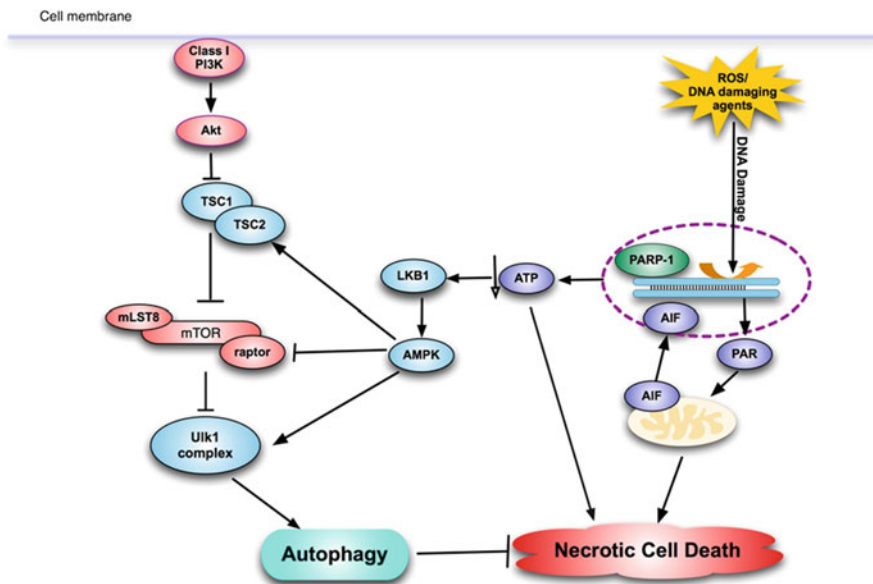


Fig. 13.2 The pro-survival function of autophagy in PARP-mediated necrotic cell death. In cells under oxidative stress or treated with DNA damage agents, DNA damage (strand breaks) leads to massive PARP activation and rapid ATP depletion, which then activates autophagy mainly via AMPK activation and mTOR suppression. Such inducible autophagy protects against cell death

for cellular energy status and is readily activated with decreased ATP levels and increased AMP:ATP ratio (Hardie 2007). AMPK is known to play a key role in autophagy, via the following pathways: (1) AMPK activation leads to suppression of mTORC1 by either phosphorylation of TSC2 or raptor (Inoki et al. 2003) (Gwinn et al. 2008). (2) AMPK is able to directly phosphorylate and activate the Uik1 complex (Egan et al. 2011; Kim et al. 2011). Therefore, it is believed that PARP activation has a dual role in deciding the cell fate: (1) induction of necrotic cell death due to acute ATP depletion and AIF nuclear translocation, and (2) protection against cell death via induction of autophagy. The exact outcome for cell death or survival is thus depending on the balance of these two opposite forces, which may differ depending on the cellular context, including the nature of DNA damage agents and status of PARP function. Figure 13.2 summarizes the molecular mechanisms mediating PARP-induced induction of autophagy and its functional impact on cell death under DNA damage induced by either ROS or DNA damage agents.

Understand the pro-survival function of autophagy in PARP-mediated cell death is very relevant to cancer chemotherapy. At present, PARP is a promising cancer therapeutic target and suppression of PRAP by small chemical inhibitors has found to be an effective therapeutic strategy, especially in breast cancer with mutant BRCA1/2 (Lord and Ashworth 2008; Anders et al. 2010). It remains to be tested

whether suppression of PARP will affect the autophagic response in those cancer cells, and whether modulation of autophagy will cast any positive or negative effect on the therapeutic efficacy of those PARP inhibitors.

13.3.3 Autophagy Blocks Other Forms of Non-apoptotic Cell Death

Besides necroptosis and PARP-mediated cell death as described above, cells employ other non-apoptotic machineries to execute cell death such as mitotic catastrophe and glyceraldehyde-3-phosphate dehydrogenase (GAPDH)-related caspase-independent cell death (CICD).

Mitotic catastrophe, originally described as a result of aberrant chromosome segregation in yeast, is defined as a type of cell death that occurs during mitosis (Vakifahmetoglu et al. 2008; Vitale et al. 2011). At present, the signaling cascade controlling mitotic catastrophe is poorly understood. As a form of non-apoptotic cell death, the main function of mitotic catastrophe is to eliminate cells with mitotic defects and thus to maintain the genome stability and suppress oncogenesis (Vitale et al. 2011). Induction of mitotic catastrophe is also becoming an effective approach in cancer therapy as many of the chemotherapeutic agents are found to induce of mitotic catastrophe in human cancer cells (Jin et al. 2007; Portugal et al. 2010). However, little is known about the relationship between autophagy and mitotic catastrophe. There are some preliminary findings indicating the presence of these two events in cancer cells under chemotherapy, while no clue is given about the possible functional interaction between them (O'Sullivan-Coyne et al. 2009; Grzanka et al. 2010). Moreover, there are other studies showing mitotic catastrophe induced either by a UV-inactivated parvovirus or by a polynuclear platinum compound is not associated with autophagy (Shingu et al. 2010; Fragkos and Beard 2011). Therefore, further studies are needed to address the functional relationship between these two important events in deciding the cell fate in response to DNA damage and cell cycle arrest.

GAPDH is a house-keeping gene that has been increasingly appreciated as an important regulator in many processes including glucose metabolism, cell death, and tumor progress (Colell et al. 2009; Tristan et al. 2011). Earlier studies from Green's group have demonstrated the pro-survival function of autophagy in a form of CICD. In their studies, ectopic expression GAPDH in HeLa cells offer significant protection against CICD when cells were treated with staurosporine (STS), etoposide (Etop.), or actinomycin D (Act D) in the presence of a pan-caspase inhibitor qVD-oph (Colell et al. 2007). Moreover, the protective effect of GAPDH is found to be associated with autophagy based on the evidence that GAPDH is able to up-regulate Atg12 transcription and suppression of autophagy by chemical inhibitors or stable knockdown of Atg5 abolished the protective effect of GAPDH (Colell et al. 2007). Therefore, understanding the anti-necrosis effect of autophagy mediated by GAPDH provides another example illustrating the pro-survival function of autophagy.

13.4 The Biological Significance of the Anti-necrosis Function of Autophagy

Accumulating evidence has clearly indicated that programmed necrosis, as a conserved cell death pathway, plays essential roles in many physiological and pathological processes including tissue injury, immune system regulation, infection, inflammation, septic shock, neurodegenerative diseases and tumorigenesis (Christofferson and Yuan 2010; Han et al. 2011a; Wu et al. 2012). Therefore, modulation of necrosis has emerged as a potential therapeutic strategy for a number of diseases (Sodeoka and Dodo 2010). On the one hand, suppression of necrosis can save cells from ischemia-reperfusion injury such as cardiac infarct and brain injury (Degterev et al. 2005; Tavernarakis 2007; Sims and Muyderman 2010). On the other hand, acceleration of necrosis can serve as a backup route to execute cell death for tumor cells where the apoptotic machinery is defective or impaired (de Bruin and Medema 2008; Speirs et al. 2011). Therefore, understanding the pro-survival function of autophagy against various forms of necrosis is important for development of such novel therapeutic approaches.

13.4.1 *Anti-necrosis Function of Autophagy in Cancer*

Establishing the anti-necrosis function of autophagy has two important implications in cancer. First, the pro-survival function autophagy against necrosis is closely related to its anticancer ability. A series studies from White's group have provided convincing evidence that during the tumorigenesis process, there is progressive adverse conditions including oxidative stress and metabolic stress that result in necrotic cell death (especially in those cells with defective apoptosis machinery), and occurrence of such necrotic cell death would lead to inflammation, DNA, genome instability, all contributing to the tumorigenic process (Degenhardt et al. 2006; Karantza-Wadsworth et al. 2007; Mathew et al. 2007b), as summarized in Fig. 13.3 below. Therefore, the anti-necrotic function of autophagy is able to stop this vicious cycle and block and delay the tumorigenesis and accordingly, promotion of autophagy is believed to be conducive for cancer prevention.

The second important implication of the anti-necrosis function of autophagy is related to cancer therapy. Nowadays it has been well recognized that autophagy is a double edged sword in cancer, i.e., the pro-survival function of autophagy may give the cancer cells an edge to resist the killing effects of therapeutic agents (Mathew et al. 2007a; White and DiPaola 2009). Moreover, many of the cancer therapeutic agents are capable of induce autophagy via various pathways and suppression of such inducible autophagy is able to enhance cell death and therapeutic efficacy (Rosenfeldt and Ryan 2009; White and DiPaola 2009; Chen and Debnath 2010; Dikic et al. 2010). Although most of existing evidence demonstrates that suppression of autophagy will enhance the susceptibility of cancer cells to apoptosis, there

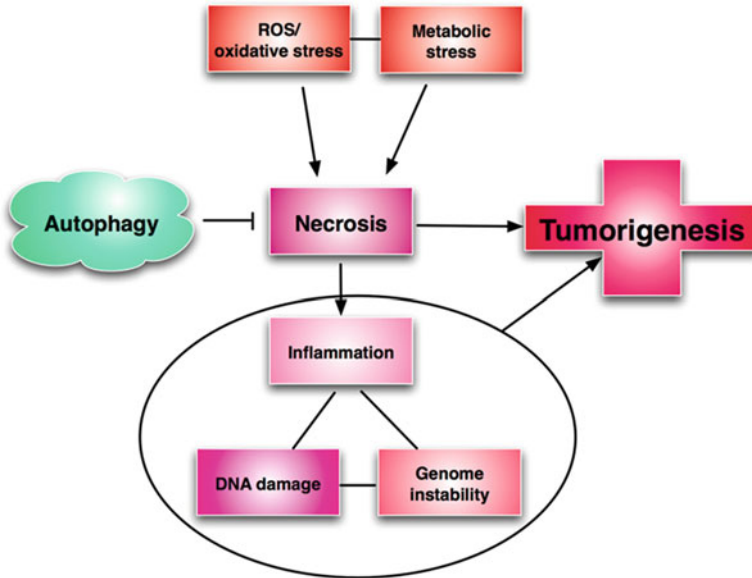


Fig. 13.3 The anti-necrosis effect of autophagy is implicated in its anticancer function. During tumorigenesis process, those cells with deficient or impaired apoptotic machinery undergo necrotic cell death in response to oxidative stress and metabolic stress, leading to sequent events including inflammation, DNA damage and genome instability and eventually tumorigenesis. Autophagy is able to stop this vicious cycle via suppression of necrosis

are cases showing that suppression of autophagy promotes necrotic cell death in response to cancer therapeutics. For example, in tumor cells, chemical blockade of autophagy or genetic knockdown of Beclin 1 aggravated necrotic cell death ovarian cancer cells under treatment of FTY720, a sphingosine analog with immune-suppressing activity (Zhang et al. 2010). Such findings indicate that the anti-necrotic function of autophagy could be exploited as a novel cancer therapeutic strategy.

13.4.2 Anti-necrosis Function of Autophagy in Ischemia–Reperfusion Injury

Ischemia–reperfusion injury is an important mechanism for tissue damage in several pathological conditions, including stroke, heart attack, and organ transplantation (Laskowski et al. 2000; Zhao 2007; Kosieradzki and Rowinski 2008). Necrosis is one of the cell death modalities induced by ischemia–reperfusion injury, together with apoptotic cell death (van Wijk and Hageman 2005; Iliodromitis et al. 2007). Importantly, autophagy is induced by ischemia–reperfusion via multiple pathways including ROS/oxidative stress and AMPK activation (Matsui et al. 2007; Hariharan et al. 2011). Consistent with the well-reported pro-survival function of autophagy as

discussed in the earlier sections of this review, the increased level of autophagy under ischemia–reperfusion condition is believed to serve as an important protective mechanism in mitigating the injury (Hamacher-Brady et al. 2006; Sadoshima 2008; Jiang et al. 2010; Jin et al. 2010). Therefore, tools for activating autophagy have the therapeutic value in various clinical settings, including stroke, heart attack and organ transplantation.

13.4.3 Anti-necrosis Function of Autophagy in Inflammation

One important consequence following necrosis is the induction of inflammation at the site of tissue injury and damage, as a result of release of the pro-inflammatory substances from ruptured necrotic cells (Patel et al. 2009). High-mobility group box 1 (HMGB1), a chromatin-binding nuclear protein and damage-associated molecular pattern molecule is one of such important factors that is released from the necrotic cells and contributes to the inflammatory responses (Bustin 2002; Ditsworth et al. 2007; Raucci et al. 2007). More importantly, recent studies have also linked autophagy, necrosis and inflammation via HMGB1. In the course of autophagy induced by starvation, rapamycin, or oxidative stress, HMGB1 is translocated from nucleoli to cytosol and the cytosolic HMGB1 is able to promote autophagy via binding to Beclin 1 (Kang et al. 2010; Tang et al. 2010a, b). Therefore, it is reasonable to speculate that in the course of necrosis, the enhanced level of cytosolic HMGB1 due to translocation of HMGB1 from nucleoli to cytosol would elicit the autophagic response, as a self-protective mechanism to limiting the necrotic and inflammatory response. Intriguingly, sustained autophagy is also found to stimulate HMGB1 release from the tumor cells treated with epidermal growth factor receptor-targeted diphtheria toxin (DT-EGF) (Thorburn et al. 2009). As discussed above (Fig. 13.3), the anti-necrosis function of autophagy will lead to suppression of inflammation and tumorigenesis. With the understanding of the relationship between HMGB1 and autophagy, it is believed that anti-necrosis and anti-inflammatory function of autophagy is implicated in wider spectrum of pro-inflammatory responses. Further studies are needed to examine the anti-inflammatory function of autophagy in association with necrosis and HMGB1, especially under an *in vivo* model.

13.5 Summary and Perspectives

With the increasing understanding of biological functions of autophagy, the involvement of autophagy in the cell death and cell survival process becomes a critical point of concern. Here we have attempted to address some of the emerging issues related to the relation between autophagy and necrosis. Autophagy first serves as a cell survival mechanism, via its suppressive role on necrotic cell death, such as necroptosis and PARP-mediated cell death. More importantly, the anti-necrosis

function of autophagy has been found to have important biological functions in various pathological processes and diseases, including cancer and ischemia–reperfusion injury. Therefore, it is reasonable to speculate that modulation of the anti-necrosis function of autophagy should be considered as novel preventive or therapeutic approaches for a number of necrosis-related human diseases. The future work should focus on the further illustration of the detailed molecular mechanisms underlying the cross talks between necrosis and autophagy, and establishment of appropriate animal models for studying the role of autophagy and necrosis in diseases.

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Chapter 14

Microbial Programmed Necrosis: The Cost of Conflicts Between Stress and Metabolism

Joris Winderickx and Paula Ludovico

14.1 Introduction

It is well established that programmed cell death (PCD) is a critical process in organogenesis and normal tissue homeostasis, in the pathophysiology of various diseases as well as in the development and function of the immune system in metazoans. Besides apoptosis, a process first described almost 40 years ago (Kerr et al. 1972) and often used as synonym of PCD, other forms of PCD have been described. These include programmed necrosis and autophagic cell death (Kroemer et al. 2009; Galluzzi et al. 2012). Indeed, although necrosis is often regarded as an accidental form of cell death that involves plasma membrane rupture and cell lysis, accumulating evidence demonstrates that cells can alter their mode of cell death from apoptosis to necrosis. This necrotic program, also known as necroptosis, is triggered by a variety of stimuli, including the ligation of cell death receptors, the stimulation of Toll-like receptors, and genotoxic stress (Imre et al. 2011; Dickens et al. 2012; Vanlangenakker et al. 2012). It requires the assembly of either one of two multiprotein signaling platforms, the necrosome or the ripoptosome, which among other components both contain caspase-8 and the receptor-interacting protein kinase RIP1. When caspase-8 is fully active, it will cleave RIP1 in the complex and dictate apoptotic cell death. However, when caspase-8 activity is blocked, RIP1

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engages its homolog RIP3 to activate downstream necrotic signaling (Imre et al. 2011; Dickens et al. 2012). Autophagic cell death is accompanied by a massive cytoplasmic vacuolization and occurs in the absence of chromatin condensation (Berry and Baehrecke 2008; Kroemer et al. 2009; Galluzzi et al. 2012). Besides the involvement of specific autophagy proteins, such as ATG1, ATG7, or Beclin1, a role was also ascribed to caspase-8-mediated cleavage of the RIP kinases (Yu et al. 2004), indicative that this type of cell death converges on the necroptotic program. Consistently, it was observed that autophagy promotes necrosis in apoptosis-deficient cells in response to, or via, endoplasmic reticulum (ER) stress (Ullman et al. 2008; Claerhout et al. 2012). Moreover, in most physiological conditions, autophagy has mainly a cytoprotective, pro-survival role with significant cross talk to, and even negative modulation of, apoptosis (Gordy and He 2012). Hence, to date, the position held by autophagy in the cell death scenery is still a matter of debate and it was proposed that autophagy, rather than acting as distinguished form of PCD, is instead contributing to the determination of cell fate by differentially affecting apoptosis and necrosis (Ullman et al. 2008; Loos et al. 2013; Nikolettou et al. 2013). From the above, it is immediately clear that the different forms of PCD depend on highly interconnected subroutines and thus that in many cases PCD is actually manifested as a mixed cell death phenotype (Kroemer et al. 2009; Galluzzi et al. 2012).

Traditionally, PCD was thought to be relevant only for multicellular organisms, but this perception has been challenged by several reports during the past decades describing genetically encoded mechanisms for the regulation of cell death in unicellular eukaryotes, including yeast (Low and Yang 2008; Carmona-Gutierrez et al. 2010a), unicellular algae (Yordanova et al. 2010), protists (Roisin-Bouffay et al. 2004; Luciani et al. 2011), protozoan parasites (Deponet 2008; Kaczanowski et al. 2011; Reece et al. 2011; Taylor-Brown and Hurd 2013), and even in bacteria (Lewis 2000; Engelberg-Kulka et al. 2004; Dwyer et al. 2012). PCD in microbes may represent a form of altruistic behavior directed to preserve the population or colony by removal of damaged cells and by delivery of digested cellular content as nutrients for the sustainment of persisting cells or, in case of parasites, directed to prevent killing of the host (Lewis 2000; Longo et al. 2005; Pollitt et al. 2010; Nedelcu et al. 2011). In addition, rudimentary PCD events have also been proposed to sustain the release of endospores in certain bacteria (Lewis 2000), to support the formation of fruiting bodies in *Dictyostelium* (Roisin-Bouffay et al. 2004; Luciani et al. 2011), and to operate during postmeiotic programmed nuclear degradation in ciliates (Madireddi et al. 1996; Coyne et al. 1999; Maercker et al. 1999) and gametogenesis in yeast (Eastwood et al. 2012).

Given the similarities in diagnostic features of cell death in multicellular and unicellular organisms, it is conceivable that mechanisms for PCD may have originated early in evolution. This interpretation, however, is all too often subject for discussions because for many microbes the underlying regulatory machinery of PCD is only poorly elucidated and because the microbial genomes do not encode for canonical caspases, RIP kinase orthologues, or bona fide cell death receptors. However, as is often the case for matters dealing with evolutionary aspects, it may

be better to look at the overall concept rather than to focus on definitions that would restrict PCD programs to the action of a particular class of regulatory proteins. Indeed, evolution teaches us that regulatory proteins gradually adopted their domain architecture, allowing them to gain or lose functional specificity, which may even result in the relay of entire signaling cascade modules in order to acquire more adequate or altered signaling control. Nonetheless, comprehensive studies dealing with the phylogenetic conservation of protein domains typifying players involved in metazoan apoptosis revealed, for instance, the existence of proteins in *Dictyostelium* with the same RING, CART, and MATH domain architecture as the TNFR-associated factor, TRAF, as well as several proteins in bacteria and even one archaeon harboring an AP-ATPase domain, which characterizes the apoptosis peptidase APAF-1 (Aravind et al. 1999; Koonin and Aravind 2002). While the functional relevance still needs to be demonstrated for the two examples given, other predictions of *in silico* analyses have meanwhile been validated. Studies performed by several groups identified a growing list of functionally relevant apoptotic regulators in different single-celled species. In *Escherichia coli*, a very recent study showed that the multifunctional DNA damage sensing protein RecA shares peptide substrate specificity with metazoan caspases specifically under conditions of antibiotic-induced cell death (Dwyer et al. 2012). The same study also demonstrated that a treatment with bactericidal antibiotics induces phosphatidylserine (PS) exposure and membrane depolarization, chromosome condensation, DNA fragmentation, and the generation of reactive oxygen species (ROS), which to our knowledge is the first report of typical hallmarks of apoptosis in bacteria. In unicellular eukaryotes, isolated examples of apoptotic regulators include the apoptosis-inducing factors (AIF) in *Dictyostelium discoideum* (Arnoult et al. 2001) and *Tetrahymena thermophila* (Akematsu and Endoh 2010) and endonuclease G (EndoG) in *Trypanosoma brucei* (Gannavaram et al. 2008), *Leishmania major* (Gannavaram et al. 2008), and *Leishmania infantum* (Rico et al. 2009). A more compelling list, however, was generated for the budding yeast *Saccharomyces cerevisiae* and the fission yeast *Schizosaccharomyces pombe*. Besides confirmation for the involvement of, respectively, the *S. cerevisiae* and *S. pombe* metacaspases Yca1 and Pca1 (Madeo et al. 2002; Low and Yang 2008; Carmona-Gutierrez et al. 2010b), the EndoG homologs Nuc1 and spNuc1 (Büttner et al. 2007; Oda et al. 2007), or the BH3-only proteins Ybh3 and SpRad9 (Low and Yang 2008; Büttner et al. 2011), a role in apoptosis was documented for the budding yeast AIF homolog, Aif1 (Wissing et al. 2004), the IAP homolog Bir1 (Walter et al. 2006), and the HtrA2-like serine protease, Nma111/Ynm3 (Fahrenkrog et al. 2004; Fahrenkrog 2011). In addition, the use of the yeast models allowed to identify several factors that linked apoptosis to other cellular processes. Examples of these are Bre1 (Walter et al. 2010), an E3 ubiquitin protein ligase required for the ubiquitylation of histone H2B, and Cdc48 (Madeo et al. 1997; Heo et al. 2010; Taylor and Rutter 2011), which is a crucial component for protein quality control via the ER-associated degradation process (ERAD) and mitochondria-associated degradation process (MAD). The close mechanistic resemblance between apoptosis in yeast and metazoans is further emphasized when taking into account the various apoptogenic stimuli, which in

both cases include not only exogenous triggers, like H_2O_2 , acetic acid, viral killer toxins, and antitumor drugs, but also several endogenous triggers, such as defective DNA replication and aging (Weinberger et al. 2005, 2007; Carmona-Gutierrez et al. 2010a). Finally, as for the discussion on the action of caspases and metacaspases, it is now established that they do cleave common death-related substrates as nicely documented for the TSN nuclease, which in humans is a target of caspase-3 and in the Norway spruce a target of metacaspase (Sundstrom et al. 2009). Furthermore, the metabolic enzyme glyceraldehyde-3-phosphate dehydrogenase (GAPDH) specifically cleaved by caspase-1 in higher eukaryotic cells (Shao et al. 2007) was also described as a specific target of yeast metacaspase (Silva et al. 2011). Thus, although mammalian caspases and yeast metacaspase apparently have distinct target cleavage specificities, there is sufficient evidence supporting that intrinsic apoptotic mechanisms found their roots early in evolution.

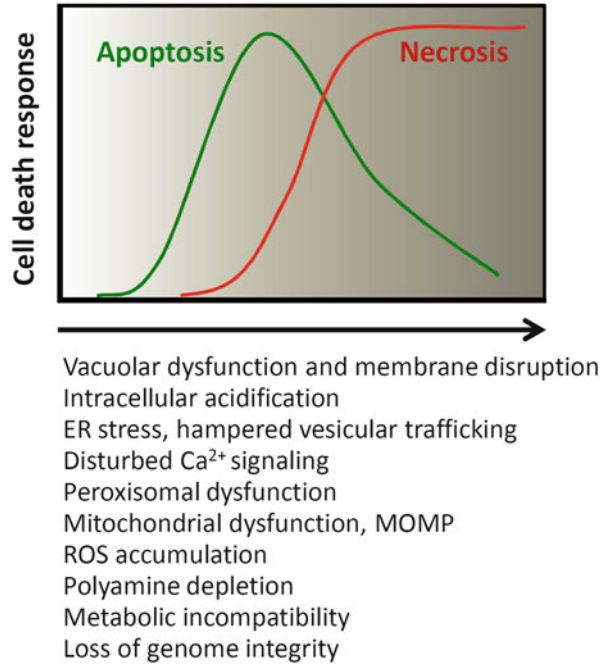
14.2 Setting the Scene: Defining “Programmed Necrosis” in Microbiology

Before going into detail whether also other forms of PCD have an early evolutionary origin, we first need some conceptual clarification, especially in case of programmed necrosis. The reason for this is that “apoptosis” and “necrosis” are not standard vocabulary in microbiology and these terms only entered the field fairly recently, once researchers appreciated the appearance of apoptosis-like cell death phenomena in microbial organisms. More common are the terms “autolysis” and “autolytic activity,” which refer to endogenously controlled self-destructive processes that are part of developmental microbial programs and, therefore, should not be confused with the process of autolysis in medical pathology that denotes the enzymatic digestion and removal of death tissue and cells. Thus, if the term “programmed necrosis” is solely meant to indicate that necrosis is not merely the consequence of brutal cell rupture, but rather the result of a molecular program unrolled under certain conditions, then let it be clear that there are probably more examples to be found in the microbial world than in metazoans. For instance, the release of endospores, the development of fruiting bodies and sporulation, the formation and stabilization of biofilms, and the genetic exchange in some species by phenomenon called natural transformation all rely on controlled autolytic programs (Lewis 2000; Montanaro et al. 2011). However, when “programmed necrosis” is used in terms of defining a controlled switch between apoptotic and necrotic cell death, then the task to find arguments for an early evolutionary origin becomes more difficult, not to say almost impossible when it would be confined to the interplay of caspases and RIP kinases, simply because there are at present no indications for the existence of microbial functional counterparts of the latter. Even so, some studies in yeast suggest that also microbial cells have the capacity to make an adaptive switch from apoptosis to necrosis, whereby pathways similar to those found in metazoans appear to trigger the execution of necrosis.

14.3 Programmed Necrosis: The Solution for an Insolvable Problem?

In budding yeast, similar to metazoans, cell death programs can be executed in a metacaspase-dependent and metacaspase-independent manner. In fact, only about 40 % of the described yeast cell death scenarios appear to be clearly mediated by its metacaspase (Madeo et al. 2009), meaning that cell survival is significantly ameliorated by the deletion of the Yca1-encoding gene. Examples of such metacaspase-dependent scenarios are those induced by H₂O₂ (Madeo et al. 1999, 2002), acetic acid (Ludovico et al. 2001, 2002; Guaragnella et al. 2006), hyperosmotic stress (Silva et al. 2005), and the exposure of yeast cells to arsenic (Du et al. 2007) or viral toxins (Reiter et al. 2005; Schmitt and Reiter 2008). Also the decline in yeast cell viability during starvation and postmitotic chronological aging is Yca1 dependent (Herker et al. 2004). However, it should be noted that in most of these cases, Yca1 is just one of the contributing factors and thus that other death-regulatory subroutines play an equally important role. This is nicely illustrated for the two best-known yeast cell death inducers, H₂O₂ and acetic acid, where besides Yca1 (Madeo et al. 2002; Guaragnella et al. 2006, 2010), PCD is also independently orchestrated by the yeast apoptosis-inducing factor, Aif1 (Wissing et al. 2004; Büttner et al. 2007); the EndoG orthologue, Nuc1 (Büttner et al. 2007); the HtrA2/Omi homolog, Nma111 (Fahrenkrog et al. 2004; Fahrenkrog 2011); and the yeast BH3-only protein, Ybh3 (Büttner et al. 2011). Furthermore, both H₂O₂ and acetic acid were initially reported to trigger apoptosis when applied in low concentrations, but necrosis when higher concentrations are used (Madeo et al. 1999; Ludovico et al. 2001). Since a similar switch in the mode of cell death is observed for other cell death-inducing agents as well, like viral toxins (Reiter et al. 2005; Schmitt and Reiter 2008), copper, and manganese (Liang and Zhou 2007), it is possible that with increasing dosage, these agents caused merely an accidental and nonregulated form of necrosis. However, as summarized in Fig. 14.1 and illustrated in more detail in Fig. 14.2, there are several observations that suggest this switch to be adaptive and highly regulated. For instance, with acetic acid, the decision to commit apoptotic or necrotic cell death appears to be dependent on vacuolar activity (Schauer et al. 2009). Indeed, cells with deletions of class C VPS genes display drastically enhanced sensitivity to treatment with acetic acid as these mutant cells already show a necrotic phenotype with acetic acid concentrations that normally induce apoptosis. The increased sensitivity correlates with a strong acetic acid-induced cytoplasmic drop in pH due to the inability of class C VPS mutants to maintain pH homeostasis because of the lack of functional vacuoles (the yeast counterpart of lysosomes). As such, these data are in accordance with results obtained in nematodes, where acidic intracellular conditions are also required for necrotic cell death (Syntichaki et al. 2005). However, when the intracellular pH of wild-type yeast cells is forced to an acidity comparable to that of the class C VPS mutants, the survival rates of the wild-type and mutant cells are similarly low, as expected, but still the mode of cell death of the wild-type cells remains predominantly apoptotic. This indicates that in addition to preventing

Fig. 14.1 Cell death responses of yeast cells. Schematic representation of the contribution of apoptosis and necrosis to the overall cell death response of yeast cells in function of the strength of an insult, the accumulation of intracellular damage, or the changes in metabolic activity. See main text for details



acetic acid-induced cell death by buffering the cytosolic pH, the vacuole has a specific proapoptotic function (Schauer et al. 2009).

Also the lack of Pex6, a protein involved in peroxisomal protein import, sensitizes cells for acetic acid-induced cell death, and again this is mainly ascribed to an increase in the number of necrotic cells, especially when cells enter stationary phase (Jungwirth et al. 2008). The necrotic cell death in the *pex6Δ* mutant is accompanied by a significant enhanced generation of ROS, and while being independent of Yca1 or Aif1, the effect triggered by loss of Pex6 is entirely associated with the presence of functional mitochondria. This favors the hypothesis that peroxisomal functions are connected to mitochondrial processes. Consistently, it was reported that Pex6 acts as a multicopy suppressor of an *atp2* age asymmetry mutant, whereby extra copies of *PEX6* corrected the deficit in Atp2 in mitochondria by improving its import kinetics in the mutant, resulting in almost normal mitochondrial inheritance by daughter cells (Seo et al. 2007).

Another study connected the switch between acetic acid-induced apoptotic and necrotic cell death to a differential role of HSP90 isoforms in cell survival and death. This study showed Hsc82 to promote survival and prevent necrotic cell death, while Hsc82 was found to act as a pro-death molecule involved in acetic acid-induced apoptosis (Silva et al. 2013).

It has also been suggested that the switch in the mode of cell death triggered by acetic acid may also have a metabolic basis, since the activity of the glycolytic enzymes, glyceraldehyde-3-phosphate dehydrogenase, pyruvate kinase, and

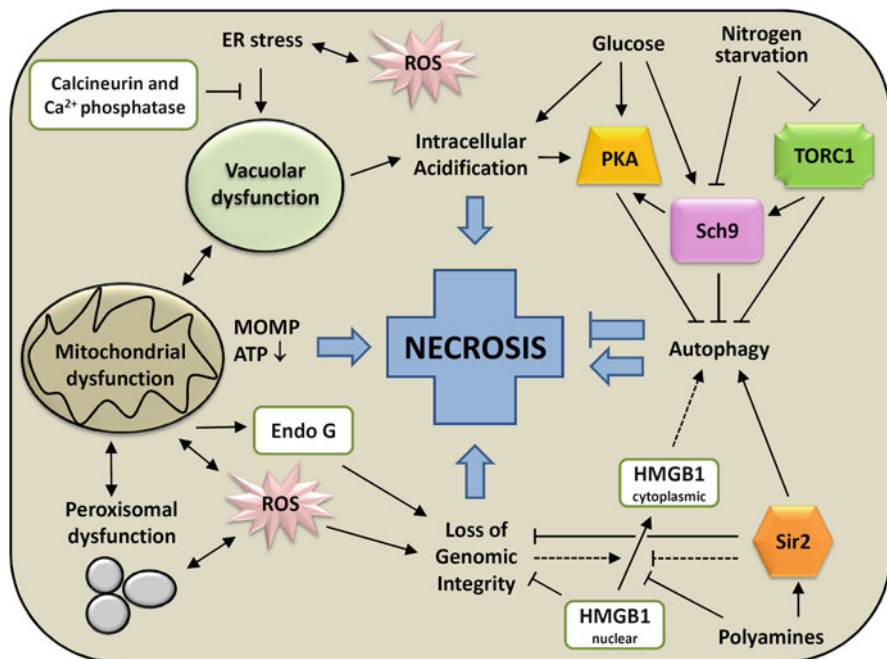


Fig. 14.2 Factors contributing to yeast necrosis. Shown are the most prominent stimuli and (dys-functional) cellular processes known to integrate into necrotic death of yeast cells. Importantly, the regulation of fermentative/respiratory metabolism, the overall stress resistance, and lifespan by nutrient-dependent pathways are not shown for the sake of clarity and neither is a distinction made between different autophagic processes that either stimulate or prevent necrosis dependent on the physiological context. Given the strong interconnectivity of the contributing factors, it is the overall impact that tilts the balance towards necrosis. Dashed arrows and lines represent connections that remain to be confirmed in yeast cells but are known to occur in mammalian systems. See main text for more details

glucose-6-phosphate dehydrogenase, is increased with high acetic acid concentrations but significantly inhibited with lower acetic acid concentrations (Kitanovic et al. 2012). In addition, toxic acetic acid concentrations inhibit the uptake and consumption of glucose, what results in the depletion of intracellular ATP pools and in turn the disruption of the intracellular pH balance. Also, intracellular amino acid pools are depleted upon treatment with toxic acetic acid concentrations (Almeida et al. 2009), and at the same time, mitochondrial respiration is inhibited through respiratory chain uncoupling and loss of membrane potential (Ludovico et al. 2002). In consequence, cells enter a pseudo-starvation state and initiate the synthesis of reserve carbohydrates while also upregulating gluconeogenesis (Kitanovic et al. 2012). Based on these observations, it was postulated that acetic acid instigates toxicity because yeast cells receive conflicting signals. On the one hand, acetic acid-mediated inhibition of glucose uptake and amino acid depletion forces the cell to prepare to enter the stationary phase, and on the other hand,

the intracellular acidification would signal for growth due to constitutive activation of the growth promoting Ras-cAMP-PKA pathway (Kitanovic et al. 2012). In addition, the latter would also prevent the initiation of the so-called general stress response required for cells to properly enter stationary phase and lead to the accumulation of damaged and ROS-producing mitochondria (Leadsham and Gourlay 2010; Muller and Reichert 2011). Most recently, acetic acid treatment was shown to trigger the translocation of active Ras from the nucleus and the plasma membrane to mitochondria, an effect that is associated with a marked accumulation of ROS and, dependent on the acetic acid concentration, a pronounced increase in apoptotic or necrotic cell death. Intriguingly, this study also revealed a pro-survival role for Hxk2, since active Ras is constitutively localized at the mitochondria in cells lacking the hexokinase and since these mutant cells displayed enhanced acetic acid-induced cell death (Amigoni et al. 2013).

The mode of cell death of yeast cells is also determined by the nature of the missing nutrient(s) upon starvation. While deprivation of an auxotrophic requirement, such as leucine, elicits a metacaspase-mediated apoptosis, the starvation for a nutrient-like nitrogen causes the vast majority of cells to become membrane permeable to propidium iodide, a feature associated with primary necrosis (Boer et al. 2008; Klosinska et al. 2011; Dziedzic and Caplan 2012). Interestingly, this switch seems to be closely linked to autophagic processes since cells deleted for *ATG8* are more susceptible to nitrogen starvation but more resistant to leucine starvation, while cells lacking *ATG11* display the opposite phenotype. This led the authors to suggest that autophagy could concurrently facilitate either apoptotic or necrotic cell death (Dziedzic and Caplan 2012), a situation reminiscent to the control of cell fate in higher eukaryotes (Ullman et al. 2008). In yeast, the nutrient-dependent regulation of autophagy involves the interplay of different, but interconnected, nutrient-responsive pathways, including the abovementioned Ras-cAMP-PKA pathway and the pathways controlled by the rapamycin-sensitive Tor kinase complex 1 (TORC1) and the PKB/AKT and S6K orthologue Sch9 (Yorimitsu et al. 2007; Stephan et al. 2009; Smets et al. 2010; Sampaio-Marques et al. 2011).

Further evidence for a role of autophagy in the determination of cell death comes from studies on chronological aging, which defines the length of time a yeast cell can survive in a nondividing state. During chronological aging, yeast cells die exhibiting biochemical and morphological markers of apoptosis as well as necrosis (Herker et al. 2004; Eisenberg et al. 2009). Here, necrosis is not only associated with the excessive production of ROS (Herker et al. 2004; Farrugia and Balzan 2012) and the accumulation of acetic acid (Burtner et al. 2009; Murakami et al. 2012) but also with the decline of natural polyamines, like spermidine (Eisenberg et al. 2009). Consistently, the supplementation of spermidine to chronologically aging yeast suppresses necrosis and extends the lifespan by enhancing autophagy, whereas the deletion of *ATG7* sensitizes cells to necrosis during chronological aging (Eisenberg et al. 2009). Importantly, several reports indicated that spermidine regulates autophagy and necrosis at an epigenetic level via modulation of histone acetyltransferases and histone acetylation (Eisenberg et al. 2009; Madeo et al. 2010; Morselli et al. 2011). This seems to be a highly conserved mechanism because spermidine-mediated

induction of autophagy and lifespan extension is a phenomenon not limited to yeast but observed in flies, nematodes, and human cells as well (Eisenberg et al. 2009). At present, it is not clear whether changes in polyamine levels also impact on the aforementioned nutrient-responsive PKA, TOR, and Sch9 pathways in yeast, but in glioblastoma cells, the pharmacologic intervention with N(1), N(11)-diethylnorspermine, a spermine analog and prototype anticancer drug that depletes cellular polyamine, suggests this to be the case for AKT and mTOR (Jiang et al. 2007). In connection to pH homeostasis, a treatment with exogenous spermidine indeed reverses intracellular acidification both in yeast and mammalian cells (Poulin and Pegg 1995; Eisenberg et al. 2009). However, at least in yeast, this is apparently not essential for the ability of spermidine to prolong lifespan as this is mainly a pH-independent process (Eisenberg et al. 2009).

In addition, spermidine treatment of aged yeast inhibits the nuclear release of the chromatin-associated high-mobility group Box 1 protein (HMGB1) (Eisenberg et al. 2009, 2010). HMGB1 serves as the prototype DAMP or damage-associated molecular patterns in mammals. These are substances with an immunostimulatory activity that are released as cell permeability increases during death (Raucci et al. 2007; Pisetsky 2011). Recent data identified HMGB1 as a mitophagy, autophagy, and apoptosis regulator whereby nuclear HMGB1 has an essential role in mitochondrial quality control and mitophagy through expression regulation of HSPB1, while cytosolic and extracellular HMGB1 can either stimulate autophagy by interaction with Beclin1, the orthologue of yeast Atg6, or induce apoptosis via the caspase intrinsic pathway, depending on their redox state (Tang et al. 2010a, b, c, 2011; Kang et al. 2011). Furthermore, inhibition of the NAD-dependent deacetylase SIRT1 was shown to attenuate HMGB1-mediated transcriptional effects in human periodontal ligament cells (Kim et al. 2010). Hence, it would be interesting to investigate if HMGB1 fulfills comparable regulatory roles on yeast autophagy in a Sir2-dependent manner. Similar to mammalian HMGB1, yeast HMGB1 facilitates maintenance of genome stability. Deletion of *NHP6A/B*, the genes that redundantly encode for yeast HMGB1, leads to increased genomic instability, hypersensitivity to DNA-damaging agents, levels of extrachromosomal rDNA circles, and a shorter replicative lifespan that refers to the number of daughter cells produced by a mother cell (Giavara et al. 2005). Hence, it is well possible that HMGB1 have a role in genotoxicity-induced necrosis, which in mammalian cells is mediated by the riposome (Imre et al. 2011).

Another crucial player that is connected to polyamines and the regulation of necrosis during chronological aging is Pep4, a vacuolar aspartyl protease and orthologue of human cathepsin D that is important for protein turnover after oxidative damage. While the deletion of *PEP4* exacerbates both apoptotic and necrotic cell death during chronological aging, its overexpression promotes survival by specifically inhibiting necrosis. This anti-necrotic effect is triggered by histone H3 hypoacetylation and mediated by polyamines, the biosynthesis of which is enhanced by Pep4 overexpression (Carmona-Gutierrez et al. 2011). Note that Pep4 was initially identified as yeast cell death regulator in studies dealing with apoptosis induced by H₂O₂, acetic acid, and actin cytoskeleton stabilization. Here, the protease was

shown to translocate from the vacuole into the cytosol prior to the loss of plasma membrane integrity under impulse of PKA signaling (Gourlay and Ayscough 2006). Once released in the cytosol, Pep4 not only facilitates mitochondrial degradation (Pereira et al. 2010) but it also induces proteolysis of nucleoporins (Mason et al. 2005). Whether the latter precedes the abovementioned nuclear release of HMGB1 remains to be studied.

Yet, another prominent regulator of necrosis in yeast is the mitochondrial EndoG homolog Nuc1, which regulates cell death independently of Yca1 and Aif1 (Büttner et al. 2007). In actively growing cells exposed to various damaging insults, the deletion of *NUC1* clearly reduces apoptosis, while its overexpression enhances cell death, which initially is predominantly apoptotic but at later stages becomes mainly necrotic. During chronological aging, however, the situation is far more complex and the data point to dichotomous roles for Nuc1 on cell life and death. Indeed, the deletion of *NUC1* diminishes apoptotic death of cells on glycerol-containing medium, where mitochondrial respiration is induced, but it enhances necrotic death of cells on glucose-containing medium, where respiration is largely repressed (Büttner et al. 2007). This indicates that metabolic preadaptation has a dramatic impact on aging as noticed before for the determination of lifespan (Piper et al. 2006; Piper 2012). The switch from a proapoptotic to an anti-necrotic function is fascinating but not unique. There are other examples of key cell death regulators with dual death/survival functions both in yeast and mammals, for instance, (meta)caspase(s) and the apoptosis-inducing factor, Aif1 (Galluzzi et al. 2008; Lee et al. 2010). What is equally intriguing is the switch towards necrosis upon reduced cellular respiratory conditions, certainly if one considers that respiration is largely repressed and that mitochondria are even not essential during fermentative growth. Again, the Nuc1 deletion is not the sole example. Cells lacking the mitochondrial manganese superoxide dismutase (*SOD2*) and challenged with the salicylate drug aspirin undergo apoptosis when grown on ethanol as carbon source but necrosis when grown on glucose while they survive happily when grown on glycerol or acetate. For wild-type cells or mutants lacking the Cu,ZnSOD, *SOD1*, a phenotype is only seen under glucose-repression conditions (Balzan et al. 2004). This example demonstrates nicely that not only the induction of cell death but also the determination of its mode is depending on the overall integration of the metabolic state, the genetic context, and the processes targeted by the insult. In this particular case, the aspirin-mediated induction of apoptosis on ethanol-containing medium in cells lacking MnSOD is associated to the release of most of the mitochondrial cytochrome c, a marked drop in the mitochondrial membrane potential, the accumulation of mitochondrial superoxide radicals, and mitochondrial NAD(P)H oxidation, and these effect cannot be compensated for by enhanced Cu,ZnSOD activity, which implies a specific protective effect of MnSOD on mitochondria (Sapienza et al. 2008; Farrugia et al. 2013). That aspirin induces necrotic cell death in all three strains when fermenting probably relates to the drug affecting essential enzymes and signaling components allowing for growth on glucose. For instance, in colorectal cancer cells, aspirin inhibits mTOR, activates AMPK, and induces autophagy (Din et al. 2012). In fermenting yeast, such an action would lead to conflicting

growth signals and metabolic futile cycles. Indeed, while being on glucose, the cells receive signals to sustain optimal fermentation, like enhanced PKA activity, but through the inhibition of TOR and activation of the AMPK-orthologue Snf1, aspirin would dictate to start the diauxic shift transition and to reprogram for respiratory growth, which of course is incompatible (Smets et al. 2010). In addition, the attempts to induce autophagic processes as a consequence of aspirin treatment may also contribute to the disturbance of cellular homeostasis during fermentative growth where this process is normally strictly controlled and kept within limits (Yorimitsu et al. 2007; Stephan et al. 2009; Smets et al. 2010; Sampaio-Marques et al. 2011).

Similar to aspirin, it was observed that tunicamycin, as well as other ER stress agents such as dithiothreitol and azole-class antifungal drugs, induces non-apoptotic cell death in fermenting yeast cells that is accompanied by the loss of membrane integrity. Here, necrotic cell death is linked to Ca^{2+} homeostasis, since activation of the Ca^{2+} channel, calmodulin, calcineurin, and other factors is necessary for long-term survival of cells undergoing ER stress (Bonilla et al. 2002; Bonilla and Cunningham 2003). It is also linked to the action of Hsp90, since the massive cell death instigated by tunicamycin treatment under “calcineurin-less” conditions, either by deletion of CNB1, the regulatory subunit of calcineurin, or by calcineurin inhibition, can be prevented by the additional disruption of Hsp90 using the inhibitor radicicol (Dudgeon et al. 2008). The gathered evidence raises the hypothesis that calcineurin and Hsp90 have opposing functions in the regulation of necrotic cell death in yeast. Hsp90 has a well-known pro-necrotic signaling function in mammalian cells as it is a molecular chaperone for many kinases, including RIP1 (Lewis et al. 2000). However, the lack of a RIP1 homolog in yeast cells obscures the understanding of the exact molecular function of Hsp90 during yeast necrosis. A very recent study has provided evidence that tunicamycin leads to non-apoptotic cell death in yeast cells through the permeabilization of the vacuolar membranes, which involves the V-ATPase, but seems to be independent of autophagy (Kim et al. 2012). These findings suggest that vacuole membrane permeabilization is a lethal event mediating a mechanism of necrotic cell death in yeast cells, thereby resembling the lysosomal membrane permeabilization occurring during necrosis in mammalian cells (Vandenabeele et al. 2010). Importantly, the tunicamycin-induced necrotic cell death involving vacuole membrane permeabilization could be blocked by calmodulin (Kim et al. 2012). Calmodulin, calcineurin, and the high-affinity Ca^{2+} influx channel are important components of the evolutionary conserved calcium signaling pathway that maintains cytoplasmic-free Ca^{2+} concentration within levels compatible with cell viability (Bonilla and Cunningham 2002). A variety of environmental insults can lead to the disruption of Ca^{2+} homeostasis, including osmotic shock, alkaline pH, cell wall damage, ER stress, and exposure to high levels of mating pheromones. Notably, exposure to high concentrations of mating pheromones in the absence of mating partners results in a rapid necrotic death that is seriously aggravated by deficiencies in the calcium signaling pathway (Severin and Hyman 2002; Zhang et al. 2006).

The connection between ER stress and cell death brings us to the heterologous expression of human proteins. Actually, that yeast had the potential to induce cell

death programs was first suggested by the early studies dealing with heterologous expression of key proapoptotic Bcl-2 family proteins, Bax or Bak, in *S. cerevisiae* and *S. pombe*, which induce lethal phenotypes suppressible by co-expression of the antiapoptotic members Bcl-xL, Bcl-2, Mcl-1, or A1 (Sato et al. 1994; Bodrug et al. 1995; Hanada et al. 1995; Ink et al. 1997; Jurgensmeier et al. 1997; Tao et al. 1997, 1998). Although some studies then reported that the expression of proapoptotic human proteins triggered morphological features suggesting apoptotic cell death (Ink et al. 1997; Ligr et al. 1998), later studies demonstrated that Bax-induced cell death was not apoptotic but associated with a massive cytoplasmic vacuolization, indicative for the induction of autophagy (Jurgensmeier et al. 1997; Kissova et al. 2006). In the budding yeast, these studies also pointed towards links with mitophagy (Kissova et al. 2006). Similar to mammalian cells, Bax forms homodimers at the yeast mitochondrial membrane and thereby mediates the loss of mitochondrial membrane potential and cytochrome c (cyt-c) release (Greenhalf et al. 1996; Zha et al. 1996; Jurgensmeier et al. 1997; Manon et al. 1997). As such, Bax induces similar threats as the yeast BH3-only protein Ybh3 (Büttner et al. 2011). Interestingly, Ybh3 was first described as the putative homolog of human Bax inhibitor-1 (BI-1), named Bxi1, based on sequence comparison and its ability to rescue yeast cells from Bax-induced lethality when overexpressed or to protect them against heat shock, ethanol stress, or oxidative stress. Consistent with a role as BI-1 homolog, Bxi1 resides in the ER and functions in the unfolded protein response (UPR) (Cebulski et al. 2011). This Ybh3/Bxi1 protein deserves further investigation, as it may very well represent yet another protein that exerts a pro-death or pro-survival function depending on the growth condition.

Another example of a human protein that is studied rigorously in yeast is α -synuclein, a protein associated with Parkinson's disease. When expressed in yeast, α -synuclein triggers apoptosis as well as necrosis. Its toxicity is related to α -synuclein causing an ER-to-Golgi block and a general collapse of vesicular trafficking (Cooper et al. 2006; Zabrocki et al. 2008; Sancenon et al. 2012). This is accompanied by the accumulation of ROS due to ER stress and further intensified by mitochondrial dysfunction since, indeed, the toxicity of α -synuclein requires functional mitochondria (Büttner et al. 2008). Probably as an attempt to deal with α -synuclein-instigated toxicity during aging, the yeast cells also induce autophagy and mitophagy through transcriptional activation of the *ATG* genes via the sirtuin Sir2. Interestingly, however, while enhanced autophagy and mitophagy were found to be beneficial for control cells, in that they display a longer chronological lifespan, it apparently is detrimental for cells expressing α -synuclein because their lifespan was ameliorated upon disruption of the process (Sampaio-Marques et al. 2012). This suggests that upon α -synuclein expression, the induction of autophagy and mitophagy leads to an additional burden in cells that already suffer dramatically from vesicular trafficking problems. Consistent with a close connection between ER stress and Ca^{2+} signaling, a most recent study showed α -synuclein to elevate cytosolic Ca^{2+} levels and revealed that specifically the disruption of the Golgi resident $\text{Ca}^{2+}/\text{Mn}^{2+}$ P-type ATPase Pmr1, and not other proteins known to influence Ca^{2+} transport or sensing, inhibits both the increased cytosolic Ca^{2+} levels and the

apoptotic and necrotic cellular demise (Büttner et al. 2013a). Most recently, the EndoG homolog Nuc1 was identified as a critical executor of α -synuclein-induced toxicity and cell death in yeast (Büttner et al. 2013b). Thus, it is clear that different processes causally link to instigate and intensify α -synuclein toxicity in yeast and this eventually integrates into a mixed cell death phenotype. Note that most of the α -synuclein toxicity mechanisms identified in yeast were recapitulated in other model systems, including mammalian cell lines, nematodes, flies, or rodents, thereby not only strengthening the relevance of these findings for the pathology associated with Parkinson's disease in humans but further validating the use of yeast as a relevant toolbox to study the α -synuclein pathobiology, besides cell death and aging processes.

14.4 Concluding Remarks

To summarize, the examples given above clearly indicate that yeast can decide between an apoptotic mode of cell death and a necrotic one in function of the strength of a damaging insult and its targeted processes, and this is in relation to the metabolic status. That this is an adaptive decision, and thus dependent on a series of molecular events, is further supported by the fact that the choice between both modes of cell death can be influenced dramatically by specific genetic alterations. Also in yeast, apoptosis and necrosis appear to involve, at least in part, the same players as depicted in Fig. 14.2. Some of these players have opposing and therefore crucial discriminative roles due to their dual death/survival functions, the exposure of which is dependent on the prevailing physiological status. Furthermore, the fact that necrosis can occur without typical hallmarks of apoptosis is a strong indication that the choice for this cell death mode is not, or not always, based on a transition from apoptosis to necrosis, but that necrosis can be induced as stand-alone program. As to the question what triggers this primary necrotic program in yeast, the gathered evidence points to insults that affect processes or enforce metabolic changes incompatible with the prevailing physiological status, which prevent cells to integrate their growth and reproduction potential and, as such, leads to an insolvable deleterious conflict. During aging, a similar situation appears to occur. Here, the data indicate that induction of necrosis is not only dependent on the accumulated intracellular damage but determined by preadaptation conditions defining the respiratory potential and maintenance. Hence, it would be interesting to find out whether metabolic and signaling conflicts are indeed the reason why yeast cells induce necrosis and not apoptosis.

Being one of the oldest domesticated organisms, it may not come as a surprise that the ability of *S. cerevisiae* to undergo a self-destructing program has been exploited already a long time ago. Indeed, after the second fermentation and aging step of sparkling wines and wines aged on lees, yeast cells finally die and undergo autolysis. This autolysis is highly desired in the production of sparkling wines as it results in the release of cellular compounds with a positive effect on the wine

quality and the characteristic *méthode champenoise* bouquet (Alexandre and Guilloux-Benatier 2006). Curiously, only few studies have been performed to understand the mechanisms underlying the autolytic capacity of yeast and it is only recently that a correlation was found between autolysis and deregulated autophagy (Cebollero et al. 2005, 2008; Cebollero and Gonzalez 2006). A recent study described in detail the morphological changes in the ultrastructure of yeast cells during long-term aging in real enological conditions. This study not only confirmed the role of autophagy in the autolytic process but surprisingly also found evidence suggesting that plasma membrane disintegration starts with the production of small fragments that remain and are probably degraded inside the cell (Tudela et al. 2012). Hence, these data strongly suggest that autolysis is a well-orchestrated process representing actually autophagy-associated programmed necrosis.

Although much research remains to be done to fully unravel the underlying molecular mechanisms for apoptotic and necrotic cell death, autophagic processes certainly play a central role because similar to higher eukaryotes, these processes appear to concurrently facilitate either form of cell death in yeast (Dziedzic and Caplan 2012). Being essential for cellular homeostasis and for efficient cellular responses to stress, the autophagic processes are tightly controlled by signaling pathways that also impact on metabolism and stress resistance (Yorimitsu et al. 2007; Stephan et al. 2009; Smets et al. 2010) as well as the determination of chronological and replicative lifespan (Sampaio-Marques et al. 2011; Longo et al. 2012). Furthermore, recent studies indicated that stationary phase yeast cultures contain both quiescent and non-quiescent cells, whereby especially the latter show signs of apoptotic and necrotic cell death. In contrast to quiescent cells, which consist mainly of daughter cells well synchronized to cell cycle reentry, non-quiescent cells lost the potential to properly respond to environmental stimuli and the ability to reproduce because of genomic instability. These studies also identified more than 1,300 mRNAs that differentiate quiescent and non-quiescent cell types. As could be expected, many of those mRNAs encode proteins involved in vesicular trafficking; proteins involved in signal transduction pathways, including those controlled by TORC1, PKA, and the AMPK-kinase Snf1; or proteins required for Ty-element transposition and DNA recombination (Aragon et al. 2008; Werner-Washburne et al. 2012). Although this approach holds great promise, it will still be difficult to determine what exactly drives aging yeast cells to decide to commit necrosis instead of apoptosis, as this is likely to be dependent on the physiological context and may well be different between individual cells, certainly if one considers a yeast colony where this context is characterized by gradients of nutrient availability and signaling molecules, leading metabolic diversification between individual cells of the colony (Vachova et al. 2009, 2012; Vachova and Palkova 2011). Nonetheless, it is rather amazing that nature apparently foresaw scenarios where yeast cells that are no longer able to integrate their growth and reproduction potential, or that simply lost their ability to reproduce, commit an altruistic suicide as to remove themselves from the community thereby providing food, and possibly release danger signals aiming to increase the chances for survival of their species under adverse conditions.

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Chapter 15

Necrotic Cell Death in *Caenorhabditis elegans*

Vassiliki Nikolettou and Nektarios Tavernarakis

15.1 Introduction

Early studies in the field of cell death described two major forms of cellular demise, apoptosis and necrosis, and contrasted them as being diametrically different in every aspect examined (Walker et al. 1988). In 1972, Kerr, Wyllie, and Currie described apoptosis as a controlled cell death process and proposed that it functions as a tissue homeostatic mechanism that is complementary and opposite to cell division (Kerr et al. 1972). Necrosis was classically contrasted to apoptosis, also referred to as caspase-dependent programmed cell death, not only on grounds of context and mechanistic regulation or lack thereof but also based on notable morphological differences. The apoptotic cell profile is characterized by cell rounding, detachment from the basal membrane or cell culture substrate, chromatin condensation and nuclear fragmentation, blebbing of the plasma membrane, and shedding of vacuoles known as apoptotic bodies (Galluzzi et al. 2007). Necrotic cells were initially characterized in a negative fashion, exhibiting neither an apoptotic morphological profile nor an extensive vacuolization characteristic of autophagic cell death. However, specific morphological features were soon attributed to necrotic cells. These included in particular an increasingly translucent cytoplasm, osmotic swelling of most organelles, increased cell volume, and finally rupture of the plasma membrane (Fig. 15.1). Notably, unlike apoptosis, necrosis does not feature major nuclear modifications but only minor ultrastructural changes. Moreover, necrotic cells do not fragment into distinct corpses as their apoptotic counterparts do (Galluzzi et al. 2007).

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275

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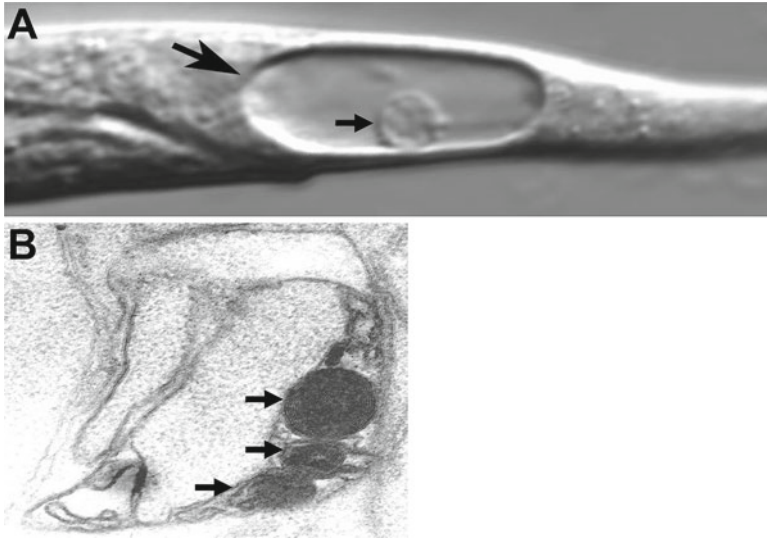


Fig. 15.1 Morphology of necrotic cell death in *Caenorhabditis elegans*. Nematode neurons undergoing necrosis as a result of degenerin ion channel hyperactivation show distinct morphological features (Kourtis and Tavernarakis 2007). (a) The degenerating cell (arrow) appears extensively swollen, while the nucleus is distended and has a distorted morphology (arrowhead). (b) Distinctive electron-dense membranous circumvolutions (arrows) observed under the electron microscope (Hall et al. 1997). Similar membranous inclusions are observed in rat neurons undergoing excitotoxic cell death

C. elegans has been instrumental in deciphering both apoptotic and necrotic cellular programs. This can be largely attributed to the specific characteristics and well-described developmental stages of this nematode, which make it exceptionally well suited for the study of both normal and aberrant cell death at the cellular, genetic, and molecular level. Due to its transparency, the visualization and tracking of single cells as well as of individual nuclei is readily feasible by differential interference contrast optics, enabling researchers to follow somatic cell divisions from the fertilized egg all the way to the 959 cell adult hermaphrodite (Sulston and Horvitz 1977; Sulston et al. 1983). The resulting cell lineage map indicated early on that in certain lineages, particular divisions generate cells which are destined to die at specific times and locations that remain faithfully invariant from one animal to another. Exactly 131 somatic cells die every time the fertilized egg normally develops into the adult animal, by an apoptotic programmed cell death (PCD) process.

Genetic and molecular studies performed in *C. elegans* provided a fundamental insight into the mechanisms underlying this cell death process. In the 131 cells destined to die during development, the level of EGL-1, a BH3 domain protein, is increased. EGL-1 interacts with a protein complex composed of CED-9 (similar to the mammalian B-cell lymphoma protein 2, BCL-2) and CED-4 (similar to the mammalian apoptotic protease activating factor 1, Apaf1), releasing CED-4 which in turn

activates CED-3 (similar to human caspases) (Hengartner 2000). In *C. elegans*, four caspase-related genes exist: *ced-3*, *csp-1*, *csp-2*, and *csp-3* (Yuan et al. 1993; Shaham 1998); however, only *ced-3* seems to be required for programmed cell death (Yuan et al. 1993; Abraham and Shaham 2004), and only *ced-3* and *csp-1* are proteolytically active (Shaham 1998). The CSP-2 caspase lacks key active-site residues, and *csp-3* encodes only a C-terminal caspase domain, entirely lacking the active site (Shaham 1998). As it turns out, the genetic encoding for the regulation and execution of developmental apoptosis has been remarkably conserved between *C. elegans* and mammals.

15.2 Necrotic Cell Paradigms During *C. elegans* Development

The identification of the caspase CED-3 as a key regulator of apoptosis has been a key contribution of *C. elegans* to the cell death field, as caspases also play crucial roles in the execution of programmed cell death across many species. However, is all developmental cell death in *C. elegans* dependent on caspases? As it turns out, not quite all cell death events during *C. elegans* development follow the typical apoptotic pathway that involves CED-4 and CED-3.

15.2.1 Death of the Linker Cell

The *C. elegans* linker cell has been identified as such an exemption (Horvitz et al. 1983). The linker cell is born during the second larval stage (L2) in the central region of the animal and follows a stereotypical path of migration. As the cell migrates, it leads the extension of the male gonad behind it (Kimble and Hirsh 1979; Sulston et al. 1980), and upon completion of its migratory route, it is positioned between the gonad (vas deferens) and the cloacal tube, serving as an exit channel for sperm in the adult. It is generally thought that the death and removal of the linker cell around the L4/adult transition facilitates the fusion between the vas deferens and cloaca, to connect the male reproductive system to the exterior.

Following up on early observations that the programmed death of the linker cell persists even in *ced-3* mutant animals, Abraham and colleagues thoroughly studied the death of this cell by following the fate of a GFP-marked linker cell in animals harboring mutations in core genes of the apoptotic machinery, such as *ced-3* and *ced-4*, as well as in engulfment genes. They convincingly demonstrated that the linker cell dies in a cell autonomous manner that, unlike what was postulated by previous reports (Sulston et al. 1980), does not require extrinsic signals from engulfing or other cells. Moreover, they showed that this death event is independent of any known apoptotic genes, in line with the lack of apoptotic morphological features, such as chromatin condensation. Instead, there was a noted presence of swollen and

degraded mitochondria within large multilayered membrane-bound structures, as well as small electron-translucent “empty” membrane-bound cytoplasmic structures that resembled vacuoles typically seen during necrotic cell death in *C. elegans* (Hall et al. 1997) (Fig. 15.1). Although linker cell death does not satisfy all classical criteria of necrotic death, it is even further away from classical apoptotic paradigms, perhaps falling under the characteristics of more recently described programmed necrosis processes, also known as necroptosis. More experiments are however needed to further characterize the precise mode of death of the linker cell.

15.2.2 *Death of Mis-specified Uterine–Vulval (uv1) Cells*

Yet, a more robust example of a necrotic event during development is the demise of mis-specified uterine–vulval (uv1) cells that have an important role in egg laying. Egg laying in *C. elegans* requires a connection between the lumens of the uterus in the somatic gonad and the vulva in the extra-gonadal epithelium, facilitated by cell–cell interactions between gonadal and vulval cells. Two specialized cell types of the ventral uterine π lineage are integral components of the uterine–vulval connection. These are the syncytial uterine seam (utse) cell, which overlies the vulval lumen, and the four uterine–vulval (uv1) cells, which directly contact the most dorsal vulval cell vulF (Newman et al. 1996). The temporal and spatial specification of both these cell types largely relies on a specific signaling axis, where an inductive LIN-3 epidermal growth factor (EGF) signal derived from a single gonadal cell called the anchor cell (AC) activates the LET-23 EGF receptor on the receiving vulval precursor cells (Aroian et al. 1990; Hill and Sternberg 1992). Mutations in genes of the LIN-3/LET-23/Ras signaling pathway compromise uv1 fate specification. Work from the laboratory of Hanna-Rose (Huang and Hanna-Rose 2006) described the isolation of the *cog-3(ku212)* mutant, which uncouples gonadogenesis from its normal progression relative to the development of the vulva and shares phenotypes with heterochronic mutations that disturb the temporal coordination of vulval and uterine development. In *cog-3(ku212)* mutants, the entire uterus, including the pre-uv1 cells, is generated at a later stage of vulval development than is normal. Notably, the delayed pre-uv1 cells subsequently die by necrosis leading to the absence of uv1 cells in the adult stage. Moreover, the study investigated if a LIN-3/LET-23/Ras signaling defect underlies the necrosis of uv1 defect in *cog-3(ku212)* mutants, by analyzing *cog-3(ku212)* double mutants with a gain-of-function allele of *let-23*. The results indicated that the *let-23(gf)* mutation rescued the mis-specification and death phenotype of uv1 cells, suggesting that the necrotic program is recruited during development in response to uncoordinated spatiotemporal development.

A recent study revealed the involvement of the *ku212* allele in uv1 cell necrosis, which maps to the *pnc-1* gene locus, encoding a nicotinamidase (van der Horst et al. 2007; Vrablik et al. 2009). Nicotinamidases are the first enzymes of the NAD⁺ salvage pathway in invertebrates, using nicotinamide (NAM) as a substrate (Magni et al. 1999). Administration of high levels of nicotinamide causes uv1 cells to die by

necrosis at high frequency in wild-type animals. Thus, instead of compromised EGF signaling, the necrotic death of uv1 cells in *pnc-1* mutants may result from accumulation of the substrate nicotinamide. In addition, the gonad-defective and uv1 cell death phenotypes are separable in *pnc-1* mutants. Constitutively active LET-23/EGF receptor prevents NAM-induced uv1 necrotic cell death, suggesting that EGF signaling may provide a survival cue that rescues uv1 cells from NAM-induced necrosis (reviewed in Vlachos and Tavernarakis 2010).

15.3 Nondevelopmental Necrotic Death

In the adult nematode, necrotic cell death can be triggered by a wide variety of both extrinsic and intrinsic signals (Walker et al. 1988). Several well-defined conditions are known to trigger necrotic cell death in *C. elegans*. The best-characterized case is that of unusual gain-of-function mutations, in several ion channel genes, which inflict a necrotic pattern of death on the neurons that express their protein products. Cell demise in these paradigms is accompanied by characteristic morphological features of necrosis, starting with the appearance of a distorted nucleus and cell body during the early phase of death. Gradually, the cell swells to several times its normal diameter, and small, tightly wrapped membrane whorls form, originating from the plasma membrane and coalescing into large, electron-dense membranous structures (Hall et al. 1997). Interestingly enough, these membranous inclusions also represent characteristic hallmarks in mammalian neurodegenerative disorders, such as in neuronal ceroid lipofuscinosis (Batten's disease, the *mnd* mouse) as well as in the wobbler mouse, a model of amyotrophic lateral sclerosis (ALS) (Cooper et al. 1999; Blondet et al. 2002).

15.3.1 Cell Death Induced by Ionic Imbalance

The most extensively characterized paradigm of nonprogrammed cell death in adult *C. elegans* animals is the necrosis of cells expressing aberrant ion channels harboring unusual gain-of-function mutations (Syntichaki and Tavernarakis 2003). For example, dominant mutations in *deg-1* [degenerin; *deg-1(d)*] induce death of a group of interneurons of the nematode posterior touch sensory circuit (Chalfie and Wolinsky 1990). Similarly, dominant mutations in the *mec-4* gene [mechanosensory; *mec-4(d)*] induce degeneration of six touch receptor neurons required for the sensation of gentle touch to the body (Syntichaki and Tavernarakis 2004).

deg-1 and *mec-4* encode proteins that are very similar in sequence and were the first identified members of the *C. elegans* "degenerin" family, so named because several members can mutate to forms that induce cell degeneration (Chalfie et al. 1993). Degenerins bear sequence similarity to mammalian epithelial sodium channels (ENaCs). The time of degeneration onset correlates with the initiation of

degenerin gene expression, and the severity of cell death is analogous to the dose of the toxic allele (Hall et al. 1997). Expression of mammalian homologous proteins, carrying amino acid substitutions analogous to those of toxic degenerins, leads to degeneration of cells in a manner reminiscent of necrotic cell death in *C. elegans*. Additional members of the degenerin family are *mec-10*, which can be engineered to encode toxic degeneration-inducing substitutions; *unc-8*, which can mutate to a semidominant form that induces swelling and dysfunction of ventral nerve cord; and *unc-105*, which appears to be expressed in muscle and can mutate to a semidominant form that induces muscle hyper-contraction (Syntichaki and Tavernarakis 2004). Thus, a unifying feature of degenerin family members is that specific gain-of-function mutations have deleterious consequences for the cells in which they are expressed, which, at least in neurons, culminate into a necrotic cell death event.

C. elegans degenerins share sequence similarity with Drosophila Ripped Pocket (RPK) and Pickpocket (PPK), with subunits of the vertebrate amiloride-sensitive epithelial sodium channel (ENaC), and with other neuronally expressed ion channels. Together, these proteins define the DEG/ENaC protein superfamily (Tavernarakis and Driscoll 2001). Although mutant degenerins can kill different groups of neurons depending on their expression patterns, the morphological features of the cell death that they induce are the same and resemble those of mammalian cells undergoing necrotic cell death. The pattern of necrotic cell death inflicted by degenerins is not a peculiarity of this gene class. For example, *C. elegans deg-3*, whose product is related to the vertebrate α -7 nicotinic acetylcholine receptor and together with the related protein DES-2 forms a very efficient calcium channel, can mutate to induce necrotic cell death similar to that induced by degenerins (Treinin et al. 1998). In addition, mutant-activated forms of the heterotrimeric G protein α -subunit ($G\alpha_s$, Q208L), from both *C. elegans* and rat, cause swelling and degeneration of many cell types when expressed in *C. elegans* (Korswagen et al. 1997; Berger et al. 1998).

In addition to degenerins, gain-of-function mutations in other ion channel genes, such as *deg-3*, lead to vacuolar degeneration of various types of *C. elegans* neurons. *deg-3* encodes an acetylcholine receptor ion channel, related to the vertebrate nicotinic acetylcholine receptor (nAChR) that participates in the formation of a channel highly permeable to Ca^{2+} (Treinin and Chalfie 1995). Moreover, expression of a constitutively active form of a heterotrimeric G protein subunit $G\alpha_s$ results in degeneration of a specific subset of neurons. Genetic suppressor analysis identified an adenylyl cyclase as a downstream effector of $G\alpha_s$ -induced neurodegeneration, indicating that cAMP signaling is critical for degeneration (Berger et al. 1998; Korswagen et al. 1998).

Ionic imbalance and subsequent necrotic cell death induced by aberrant ion channel function in *C. elegans* are mechanistically and morphologically similar to excitotoxicity in vertebrates. Excitotoxic cell death is prevalent during stroke, where the energy required for sustaining ionic gradients and the resting potential of neurons is lost. Because membrane potential collapses, massive amounts of the excitatory neurotransmitter glutamate are released at synaptic clefts (Kauppinen et al. 1988a, b). Energy depletion also prevents reuptake of glutamate by dedicated

transporters leading to accumulation of glutamate at synapses, hyperexcitation, and eventually necrotic death of downstream synaptic target neurons. Excitotoxicity is critically dependent on Ca^{2+} influx through glutamate-gated receptor ion channels (reviewed in Kourtis and Tavernarakis 2007).

Malfunction of glutamate transporters and the resulting accumulation of glutamate are known to trigger excitotoxicity in several neurodegenerative diseases (Cleveland and Rothstein 2001). However, the details on the cascade of events leading to neurodegeneration remain unclear. The molecular components of glutamatergic synapses assembled in *C. elegans* are highly conserved from nematodes to humans. A recent study describes a novel paradigm for nematode excitotoxicity, by investigating the *in vivo* effects of multiple mediators of glutamate-induced neuronal necrosis (Mano and Driscoll 2009). Combined $\Delta\text{glt-3}$ glutamate transporter-null mutations and expression of a constitutively active form of the alpha subunit of the G protein Gs induce extensive neurodegeneration in head interneurons. $\Delta\text{glt-3}$ -dependent neurodegeneration acts through Ca^{2+} -permeable Glu receptors of the α -amino-3-hydroxy-5-methyl-4-isoxazolepropionic acid (AMPA) subtype, requires calcineurin function, and is modulated by calcineurin and type-9 adenylyl cyclase (AC9). This glutamate-dependent toxicity defines a novel necrotic death paradigm in *C. elegans* that shares many basic features with excitotoxicity in mammalian neurons and may potentially be operative also in higher organisms.

15.3.2 Heat-Induced Necrotic Death

Climate change has brought about a dramatic increase in the cases of heatstroke and related pathologies in humans. With core body temperature reaching over 40 °C, heatstroke causes immediate devastating tissue damage and inflammatory response that can be fatal, as well as long-term defects. To gain insight into the molecular mechanisms of heat cytotoxicity and to circumvent the confounding influence of secondary physiological and inflammatory responses, our laboratory developed and characterized a genetically tractable model of heatstroke in *C. elegans*. Widespread cell death across several tissues could be observed in animals exposed to hyperthermia, which in the nematode was simulated by a short exposure to 39 °C (Kourtis et al. 2012). Dying cells displayed morphological features characteristic of necrosis, expressed markers of necrotic death, and became permeable to propidium iodide. Moreover, depletion of proteins required for necrosis strongly facilitated survival after heatstroke. In contrast, loss of key mediators and core components of the apoptotic or autophagic machineries did not suppress heatstroke-induced cell death. Thus, heatstroke compromises viability by triggering extensive necrotic cell death and represents a newly added necrotic cell paradigm in the nematode.

Notably, we also observed that preconditioning animals at an intermediate, non-lethal temperature markedly enhanced their capacity to withstand a subsequent heatstroke. This protective effect is in line with the previously described phenomenon of hormesis (Calabrese 2004), where preexposure to mild stress elicits increased

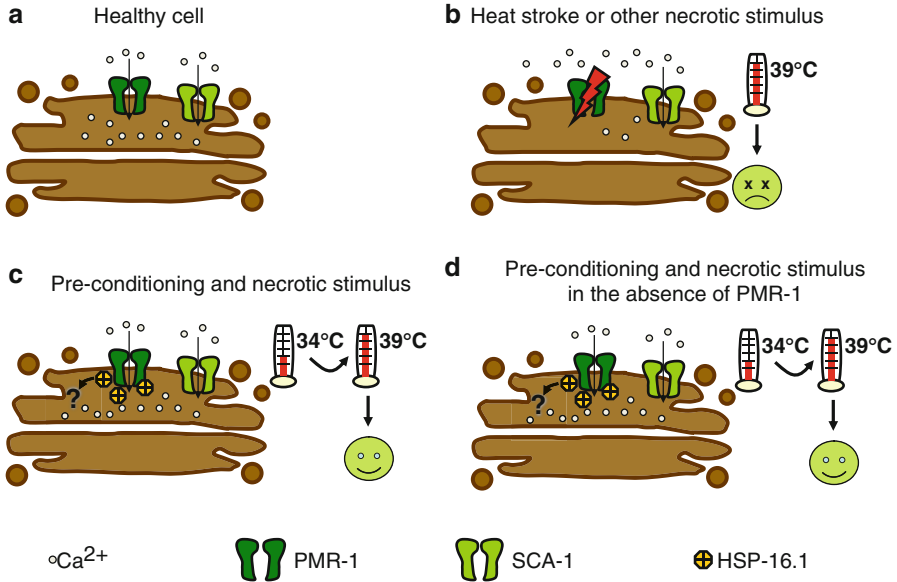


Fig. 15.2 A cytoprotective mechanism against necrotic cell death engaged by heat preconditioning. The contribution of the medial Golgi, shown here by brown cisternae, is depicted (a) in healthy cells under normal conditions, (b) upon exposure to heatstroke or other necrotic stimuli, (c) upon heat preconditioning and subsequent heatstroke, and (d) upon heat preconditioning and subsequent heatstroke in the absence of PMR-1. Under normal conditions (a) the Golgi P-type ATPase $\text{Ca}^{2+}/\text{Mn}^{2+}$ pump PMR-1 and SCA-1 maintain Ca^{2+} homeostasis by sequestering Ca^{2+} inside the Golgi. (b) Heatstroke perturbs the normal function of PMR-1 leading to aberrant release of Ca^{2+} into the cytoplasm and causing necrosis. Heat preconditioning (c) increases the levels of HSP-16.1, which restores PMR-1 function upon subsequent heatstroke, therefore preventing necrosis. The effect of HSP-16.1 is entirely dependent on PMR-1; as in the absence of PMR-1 (b), heat preconditioning cannot confer cytoprotection against subsequent heatstroke (Adapted from Kourtis et al. 2012)

resistance to subsequent severe stress. It is also worth noting that in addition to heatstroke, heat preconditioning conferred resistance against a wide range of necrotic death insults, including in particular ionic imbalance paradigms (discussed earlier), overexpression of aggregation-prone proteins (such as α -synuclein), and hypoxic conditions. In the case of hormesis by heat preconditioning, we found that cytoprotection is orchestrated at the molecular level by the hermetic induction of a single sHSP, HSP-16.1. sHSPs assemble into oligomeric complexes and serve as molecular chaperones, efficiently binding denatured proteins and/or preventing irreversible protein aggregation and insolubilization (Van Montfort et al. 2001). HSP-16.1 localizes in the Golgi, where it functions together with the PMR-1 pump to prevent cytoplasmic Ca^{2+} overload under extreme stress. We propose that HSP-16.1 contributes to stabilize and protect the stress-labile PMR-1 pump, allowing for efficient clearance of Ca^{2+} from the cytoplasm, after necrotic insult (see Fig. 15.2).

Importantly, mammalian PMR1 is selectively impaired during ischemic or reperfusion brain injury (Lehotsky et al. 2002; Gidday 2006; Pavlikova et al. 2009). Given the strong evolutionary conservation of the proteins involved, this mechanism is probably relevant to related human pathologies. Relevant to that, we also demonstrated that heatstroke induces widespread necrotic death in mammalian neurons, which can be largely prevented by heat preconditioning. Moreover, hormesis in mammalian neurons in response to heat preconditioning also requires the function of PMR1 and is mediated by the same molecular players as in the nematode.

15.3.3 *Bacterial Infection-Induced Necrosis*

Infection of *C. elegans* with different bacterial pathogens has been shown to induce necrotic death of intestinal cells as part of a pathogen-shared response to infection (Wong et al. 2007). At later stages of infection, necrotic vacuoles are also observed in epidermal and gonadal cells. Mutations in genes required for necrosis ameliorate the consequences of infection, suggesting that necrosis is an integral part of host–pathogen interaction that contributes to the pathology associated with infection in *C. elegans*.

15.3.4 *Hypoosmotic Shock-Induced Cell Death*

Lysosomal integrity and lysosomal proteolytic mechanisms are key factors modulating necrotic cell death in the nematode. Serpins are extracellular or intracellular regulators of proteolytic pathways and inhibitors of multiple peptidases (Silverman et al. 2001). One of the functions of intracellular serpins is the inhibition of lysosomal cysteine peptidases. SRP-6 is such an intracellular serpin in *C. elegans*. *srp-6-null* mutants experiencing hypoosmotic conditions die rapidly and display marked increase of necrotic cell death of the intestinal epithelium (Luke et al. 2007). Ca^{2+} release from endoplasmic reticulum (ER) stores, together with other factors, induces calpain-mediated lysosomal rupture and massive release of lysosomal peptidases into the cytoplasm that mediate necrotic cell death. In addition to hypoosmotic conditions, *srp-6-null* mutants are susceptible to other stressors such as thermal and oxidative stress, hypoxia, and channel hyperactivity. SRP-6 appears to protect cells from lysosomal rupture and also ameliorate the deleterious consequences of lysosomal rupture triggered by various stressors. The protective function of SRP-6 may be adaptive by enhancing the degradation of misfolded proteins or by aiding cytoskeletal rearrangements through altering lysosomal membrane permeability and allowing the leakage of small amounts of peptidases. In the absence of SRP-6, the uncontrolled release of these peptidases leads to necrotic cell death.

15.4 Execution of Necrosis

Intracellular calcium overload through different sources is considered as one of the leading steps in the necrotic pathway. Calcium may enter the cell through voltage-gated channels, and the $\text{Na}^+/\text{Ca}^{2+}$ exchanger and mutations that increase sodium influx augment calcium entry through these paths. The main intracellular compartment for calcium storage is the endoplasmic reticulum (ER) (Mattson et al. 2000; Paschen 2001; Paschen and Frandsen 2001), where calcium is sequestered by the sarco-endoplasmic reticulum Ca^{2+} -ATPase (SERCA) and is released back to the cytoplasm by ryanodine (RyR) and inositol 1,4,5-trisphosphate receptors [Ins(1,4,5) P3PR]. In *C. elegans*, extensive genetic screens for suppressors of *mec-4(d)*-induced necrosis have identified genes required for the execution of necrotic cell death. Two of these genes encode the calcium-binding chaperones calreticulin and calnexin, which were found to regulate intracellular calcium levels and to be required for necrotic cell death (Xu et al. 2001). Moreover, treatment of animals with thapsigargin, a drug that induces release of calcium from the ER to the cytoplasm, triggers necrotic cell death, whereas pharmacological treatments or genetic mutations that inhibit calcium release from the ER have a strong protective effect against necrotic cell death.

Genetic studies in *C. elegans* have also shown that in addition to calcium homeostasis, intracellular pH is also an important modulator of necrotic cell death. Cytoplasmic acidification occurs during necrosis, whereas the vacuolar H^+ -ATPase, which is a pump that acidifies lysosomes and other intracellular organelles, is required downstream of cytoplasmic calcium overload to promote necrotic cell death (Syntichaki et al. 2005). In line with this, reduced vacuolar H^+ -ATPase activity or alkalization of acidic endosomal/lysosomal compartments by weak bases has a neuroprotective role against necrosis. Acidic conditions are required for full activity of cathepsins, aspartyl proteases that are primarily confined to lysosomes and other acidic endosomal compartments (Ishidoh and Kominami 2002).

Lysosomal as well as cytoplasmic proteases have been implicated as downstream effectors of cellular destruction in necrosis. Calpains are cytoplasmic, papain-like cysteine proteases that depend on calcium for their activity. Under normal conditions, calpains function to mediate essential signaling and metabolic processes. However, during the course of necrotic cell death, these proteases localize onto lysosomal membranes and may compromise lysosomal integrity, thereby causing leakage of their acidic contents, including lysosomal proteases, into the cytoplasm (Yamashima 2004). In primates, calpains rapidly localize to lysosomal membranes after the onset of ischemic episodes (Yamashima 2000). In *C. elegans*, two specific calpains, TRA-3 and CLP-1, and two lysosomal cathepsin proteases, ASP-3 and ASP-4, are required for neurodegeneration (Syntichaki et al. 2002). It is likely that ensuing cytoplasmic acidification, activation of the lysosomal, low-pH-dependent cathepsins and hydrolases contributes to cell demise. Mutations that interfere with lysosomal biogenesis and function influence necrotic cell death. For example, necrosis is exacerbated in mutants that accumulate abnormally large lysosomes, whereas

impairment of lysosomal biogenesis protects from cell death (Artal-Sanz et al. 2006). Interestingly, lysosomes appear to coalesce around the nucleus and dramatically enlarge during early and intermediate stages of necrosis. In advanced stages of cell death, GFP-labeled lysosomal membranes fade, as lysosomes rupture.

In a recent study from our laboratory, we utilized well-characterized necrosis models in *C. elegans* to dissect the involvement of clathrin-mediated endocytosis and intracellular trafficking by kinesin motor proteins in cellular destruction during necrotic death (Troulinaki and Tavernarakis 2012a). Our findings revealed for the first time that both clathrin-mediated endocytosis and intracellular trafficking are required for the execution of necrosis in the nematode. Downregulation of endocytosis or kinesin-mediated trafficking by interfering with key proteins regulating these processes, including SNT-1, endophilin (UNC-57), AP180 (UNC-11), synaptotagmin (UNC-26), heavy chain of kinesin 1 (UNC-116), and the monomeric kinesin UNC-104, significantly suppresses neurodegeneration induced by hyperactive ion channels without affecting the expression, the localization, or the function of the toxic insults.

Moreover, using the same well-defined necrotic cell paradigm, we assayed animals that were deficient for both autophagy and endocytosis and observed significant synergistic protection against degeneration. These results suggest that autophagy and endocytosis function in parallel to contribute to necrotic cell death (Troulinaki and Tavernarakis 2012a). A graphical representation of the crosstalk of the different mechanisms that cooperate in the execution of necrosis is depicted in Fig. 15.3.

15.5 *C. elegans* as a Model for Human Diseases Entailing Necrosis

Nematode genes and major signaling pathways show significant conservation during evolution, and more than 50 % of the *C. elegans* genes have counterparts in humans. In addition to its contribution in elucidating developmental processes, the worm has also served as a platform to model many human pathological conditions such as neurodegenerative disorders, cancer, aging, and associated diseases (Lee et al. 2001; Baumeister and Ge 2002; Poulin et al. 2004). Systematic mapping of gene interactions and signaling pathways implicated in human disease using *C. elegans* has provided better understanding of complex pathologies (Bussey et al. 2006). The ability to produce “humanized” worms, which express human genes not present in the *C. elegans* genome, has further enhanced the experimental value of the nematode by allowing the dissection of molecular mechanisms relevant to human disorders. In addition, the ease of drug testing coupled with the efficiency of genetic screens in worms has made *C. elegans* a favorable tool for the identification and validation of novel drugs and drug targets, aiming to battle human pathological conditions (Kaletta and Hengartner 2006). Here, we overview *C. elegans* models of human diseases that entail necrosis, focusing on hypoxia, Parkinson’s disease, and tauopathies.

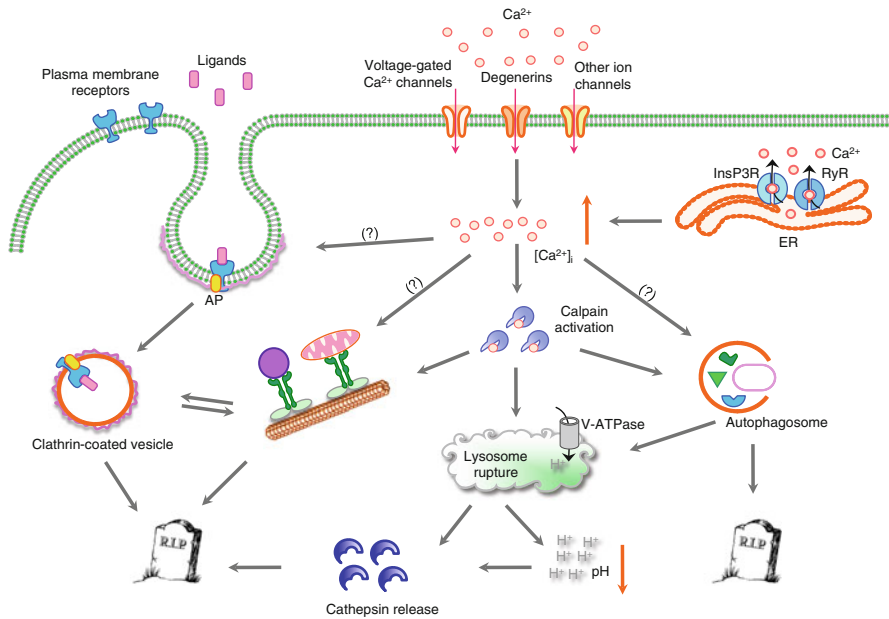


Fig. 15.3 Crosstalk between necrotic cell death mechanisms in *C. elegans*. Necrotic insults converge to increase intracellular Ca²⁺ levels by calcium influx from extracellular pools through various plasma membrane channels, such as voltage-gated receptors or sodium/calcium exchangers (NCX), or by calcium efflux from subcellular organelles with substantial Ca²⁺ stores, such as the endoplasmic reticulum via the ryanodine (RyR) and the inositol 1,4,5-trisphosphate receptors [Ins(1,4,5)P₃R]. Ca²⁺ ions then activate cytoplasmic calpain proteases that attack lysosomal membrane proteins, compromising lysosomal integrity and causing the release of hydrolytic enzymes, such as cathepsin proteases. Vacuolar H⁺ ATPase (V-ATPase)-mediated lysosomal acidification is important for subsequent acidification of the cytoplasm and enhancement of cathepsin activity. In addition, autophagy is induced during necrosis, either directly or through calpain activation, and synergizes with lysosomal cathepsin proteases to facilitate cellular destruction. Moreover, both clathrin-mediated endocytosis and intracellular trafficking are required for cell death and become upregulated by necrosis-triggering insults. [Ca²⁺]_i cytoplasmic calcium, InsP₃R inositol trisphosphate receptor, RyR ryanodine receptor, ER endoplasmic reticulum, AP adaptor proteins for clathrin-mediated endocytosis, V-ATPase vacuolar H⁺ ATPase (Adapted from Troulinaki and Tavernarakis 2012b)

Clearly, this list is only indicative of the applications of *C. elegans* in understanding complex human pathologies that involve necrotic death, and many more such diseases that are not mentioned here have been usefully modeled in the nematode.

15.5.1 Hypoxia

In humans oxygen deprivation induces cell death in pathological conditions such as stroke and heart attack. In *C. elegans*, hypoxia inflicts necrotic death in a variety of cell types (Scott et al. 2002). Interestingly, mutations in the *daf-2* gene, which

encodes the *C. elegans* insulin/IGF receptor tyrosine kinase, confer resistance against hypoxic cell death. DAF-2 is also known to regulate aging and dauer formation in *C. elegans* (Libina et al. 2003). Related to this, many human neurodegenerative disorders show a late-onset pathogenesis, indicating that aging may alter the vulnerability of cells to various insults. However, while hypoxia resistance in *C. elegans* appears to be modulated by insulin signaling, other *daf-2* mutations that affect longevity and stress resistance do not affect hypoxic death. Selective expression of wild-type *daf-2* in neurons and muscles restores hypoxic death in *daf-2* hypoxia-resistant mutants, demonstrating a role of the insulin/IGF receptor in the protection of myocytes and neurons from hypoxic injury. Na⁺-activated potassium channels (KNa) have been identified in cardiomyocytes and neurons as mediators of the protective mechanisms against hypoxic death (Kameyama et al. 1984; Bader et al. 1985). In *C. elegans*, a KNa ion channel is encoded by the *slo-2* gene. *slo-2* mutants are hypersensitive to hypoxic death, suggesting that SLO-2 protects against hypoxia effects. Thus, molecular characterization of KNa channels may allow the development of specific agonists and antagonists, in an effort to combat hypoxia-caused pathologies (Yuan et al. 2003).

15.5.2 Parkinson's Disease

Inclusions of α -synuclein represent a hallmark feature of pathology in both sporadic and familial cases of Parkinson's disease. α -synuclein is the main component of Lewy bodies found in degenerating dopamine neurons (Spillantini et al. 1997). Mutations in the α -synuclein gene or multiplications of the α -synuclein locus have also been associated with some autosomal dominant familial cases of Parkinson's disease (Polymeropoulos et al. 1997; Singleton et al. 2003; Chartier-Harlin et al. 2004). *C. elegans* models of wild-type or mutated human α -synuclein overexpression have been established, either pan-neuronally or specifically in dopaminergic neurons (Lakso et al. 2003; Cao et al. 2005; Cooper et al. 2006; Kuwahara et al. 2006; Qiao et al. 2008), and result in significant motor deficits. No inclusion bodies or α -synuclein aggregation is observed, and intracellular inclusions are rarely observed in these transgenic animals. Overexpression of wild-type or mutant human α -synuclein specifically in worm dopaminergic neurons causes their degeneration, which becomes more pronounced as the animal ages (Cao et al. 2005; Cooper et al. 2006; Kuwahara et al. 2006).

One of the mechanisms implicated in the pathogenesis of Parkinson's disease is mitochondrial dysfunction (Schapira 2008). Autosomal dominant mutations in the leucine-rich repeat kinase 2 (LRRK2) have been associated with both familial and late-onset cases of PD, with G2019S being a prominent such mutation. *C. elegans* engineered to express the human LRRK2 (G2019S) mutant form show extensive loss of dopaminergic neurons (Saha et al. 2009), by increasing their vulnerability to mitochondrial stress. Expression of the wild-type LRRK2 has a milder effect on neuron loss. Similarly, loss-of-function mutations in the *lrk-1* gene, encoding the worm orthologue of LRRK2, also sensitize dopaminergic neurons to mitochondrial stress.

C. elegans models of α -synuclein-induced dopaminergic neurodegeneration have been used as a platform to identify suppressors of dopaminergic neuron loss with some success. For example, specific overexpression of human torsinA or the worm homologue TOR-2 protects dopamine neurons in these models (Cao et al. 2005). In addition, overexpression of the human lysosomal enzyme cathepsin D has a similar neuroprotective effect (Qiao et al. 2008). Several other molecules involved in autophagy, lysosomal function, trafficking, and G protein signaling have also been identified in RNAi suppressor screenings (Hamamichi et al. 2008).

15.5.3 *Tau Toxicity*

A significant number of neurodegenerative diseases (including in particular Alzheimer's disease, frontotemporal dementia and Parkinsonism linked to chromosome 17) is characterized by neurofibrillary tangles consisting of hyperphosphorylated forms of the microtubule-associated protein *Tau*, encoded by the *mapt* gene (Lee et al. 2001). Although the exact role of *tau* in the pathogenesis of these diseases is not clear, the identification of autosomal dominant mutations in the *mapt* gene indicates a crucial role for the altered *tau* protein in the neurodegenerative process (Hutton et al. 1998; Poorkaj et al. 1998; Spillantini et al. 1998).

Two studies have reported the expression of human *tau* (wild-type *tau* or *tau* carrying FTDP-17 mutations) either pan-neuronally, under the control of the *aex-3* promoter (Kraemer et al. 2003), or specifically in touch receptor neurons of *C. elegans*, under the control of the *mec-7* promoter (Miyasaka et al. 2005). In the first model, expression of the human *tau* results in reduced lifespan, behavioral abnormalities, progressive uncoordinated movement, and accumulation of insoluble phosphorylated *tau*, defective cholinergic neurotransmission, and age-dependent axonal and neuronal degeneration. Among the morphological features of neurodegeneration are axonal vacuolar clearing, collapsed membrane structure, and membranous infoldings and whorls (which are characteristic of necrotic cell death), with associated amorphous *tau* accumulations and abnormal *tau*-positive aggregates. Axonal degeneration and uncoordinated movement are more severe in lines expressing mutant *tau*. However, no *tau* filaments are observed.

15.6 Concluding Remarks

In this chapter, we have attempted to provide a comprehensive overview of the necrotic cell death paradigms that have been established in *C. elegans* (see Table 15.1) and to also convey our current understanding of the molecular mechanisms involved. The rich repertoire of necrotic cell death events that occur in *C. elegans* both during development and in the adult renders the nematode a particularly attractive platform for dissecting the mechanisms of pathological cell death in humans, which is typically mediated by necrotic processes.

Table 15.1 Triggers and paradigms of necrotic death in *C. elegans*. Necrotic stimuli and cell populations affected

Death initiator	Type of insult	Dying cells
<i>mec-4(u231)</i> referred to as <i>mec-4(d)</i>	Hyperactive degenerin ion channel	Touch receptor neurons
<i>mec-10(A673V)</i> referred to as <i>mec-10(d)</i>	Hyperactive degenerin ion channel	Touch receptor neurons
<i>deg-1(u38)</i> referred to as <i>deg-1(d)</i>	Hyperactive degenerin ion channel	Some polymodal neurons and specific interneurons
<i>unc-8(n491)</i>	Hyperactive degenerin ion channel	Motor neurons
<i>pnc-1(ku212)</i> or <i>cog-3(ku212)</i>	Excess nicotinamide levels	Uterine–vulval 1 cells
Nicotinamide	Excess nicotinamide levels	Uterine–vulval 1 cells
<i>deg-3(u662)</i> referred to as <i>deg-3(d)</i>	Hyperactive nicotinic acetylcholine receptor	Subset of sensory neurons and interneurons
<i>gsa-1(Q208L)</i> , $G\alpha_s(Q227L)$ referred to as $\alpha_s(gf)$	Constitutively active GTP-binding protein $G\alpha_s$	Motor neurons, interneurons, head and tail ganglia neurons, and pharyngeal neurons or epithelial cells (unidentified)
Thapsigargin	Elevation of intracellular Ca^{2+} levels	Random cells (including neuronal)
$\Delta glt-3;\alpha_s(gf)$	Glutamate-dependent toxicity	Head neurons
<i>Erwinia carotovora</i>	Pathogen infection	Intestinal, epidermal, and gonadal cells
<i>Photorhabdus luminescens</i>		
Hypoxic treatment	Oxygen/energy limitation	Pharynx, gonad primordium, body wall muscles, unidentified cells
α -synuclein	Stress induction	Dopaminergic neurons
LRRK2, leucine-rich repeat kinase 2	Stress induction	Dopaminergic neurons
<i>Tau</i> protein	Stress induction	Several neurons (including motor neurons)

The similarity of necrotic cell death triggered by hyperactive ion channels in *C. elegans* to excitotoxic cell death and neurodegeneration in mammals, both in terms of morphological characteristics and mechanistic aspects, reflects the extensive evolutionary conservation of necrosis-relevant genes between *C. elegans* and mammals. Moreover, conservation of the mechanisms that protect *C. elegans* and mammalian cells from necrotic death inflicted by diverse stimuli, as exhibited, for example, by the hormetic induction of HSF16.1 upon heat preconditioning, provides new prospects for employing the nematode in the battle against degeneration. Concomitantly, modeling of human degenerative disorders, such as Parkinson's disease and others, in *C. elegans* has already accelerated the pace of the molecular dissection of the underlying mechanisms and holds promise for the development and testing of innovative intervention strategies.

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Chapter 16

Necrostatin-1: Its Discovery and Application in Cell Death Research

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Pathological cell death occurs by both apoptosis and necrosis. Necrosis has traditionally been believed to be a passive form of cell death caused by overwhelming stress. However, the observation that death receptor stimulation could induce necrosis when apoptosis was inhibited led to the idea that at least a subset of necrosis might be the result of a programmed cell death pathway (Kawahara et al. 1998; Vercammen et al. 1998a; Holler et al. 2000). This form of caspase-independent, programmed necrotic cell death is now known as necroptosis (Degterev et al. 2005). Receptor-interacting protein 1 (RIP1) was the first identified key component of this pathway, and the kinase activity of RIP1 is essential to the pathway's execution (Holler et al. 2000; Degterev et al. 2005, 2008).

16.1 Receptor-Interacting Protein 1 is a Critical Regulator of Cell Death

Receptor-interacting protein 1 (RIP1) was first identified as a 74 kDa Fas-interacting protein but is also recruited to other death receptors, including the TNF α receptor (Stanger et al. 1995; Hsu et al. 1996a). RIP1 contains a C-terminal death domain (DD), an intermediate domain, and an N-terminal kinase domain with serine/threonine kinase activity (Stanger et al. 1995; Hsu et al. 1996a). Each of these domains of RIP1 is important for modulating cell fate after death receptor stimulation: the intermediate domain is responsible for NF- κ B activation and cell survival, the death domain mediates apoptosis as part of the death-inducing signaling complex (DISC), and the kinase domain is required for necroptosis.

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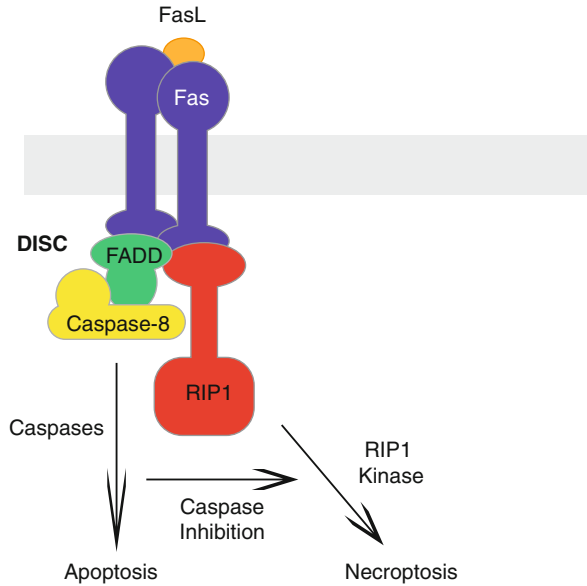
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295

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Fig. 16.1 Model of Fas receptor-stimulated pathways resulting in cell death. FasL binding induces dimerization of Fas in the cell membrane to recruit RIP1, FADD, and caspase-8 to form the DISC. Caspase-8 is activated to induce apoptosis; however, when caspases are inhibited, cell death occurs via RIP1 kinase-mediated necroptosis



16.1.1 *FasL Signaling Induces Cell Death*

Fas ligand (FasL/CD95L/APO1L) signals through its receptor, Fas (CD95/APO1), to directly induce formation of the death-inducing signaling complex (DISC) and cell death. FasL induces dimerization of the Fas receptor death domains (DD) which recruits the DD-containing proteins FADD and RIP1 (Stanger et al. 1995). FADD in turn recruits procaspase-8 through interaction of their death-effector domains (DEDs), thus forming the DISC at the Fas receptor (Boldin et al. 1996). The DISC promotes the activation of caspase-8, allowing it to cleave Bid and downstream caspases to induce apoptosis (Boldin et al. 1996). In some cell types, when FasL-induced apoptosis is inhibited, RIP1 kinase is activated, resulting in the induction of necroptosis and cell death (Kawahara et al. 1998; Vercammen et al. 1998a; Holler et al. 2000) (Fig. 16.1).

16.1.2 *TNF α Signaling Activates Cell Survival or Cell Death*

TNF α is a pleiotropic cytokine that can activate cell survival and proliferation pathways via the transcription factor NF- κ B or cell death by either apoptosis or necroptosis. TNF α was first isolated as the endotoxin-induced factor that caused necrosis of tumors in mice and was found to have cytotoxic activity against some cell lines, including the mouse fibrosarcoma L929 cells (Carswell et al. 1975). Only a small subset of cells, however, are actually sensitive to TNF α alone, and in fibroblasts and other tumor cell lines, TNF α instead promotes cell growth and proliferation (Sugarman et al. 1985; Fransen et al. 1986; Vilcek et al. 1986).

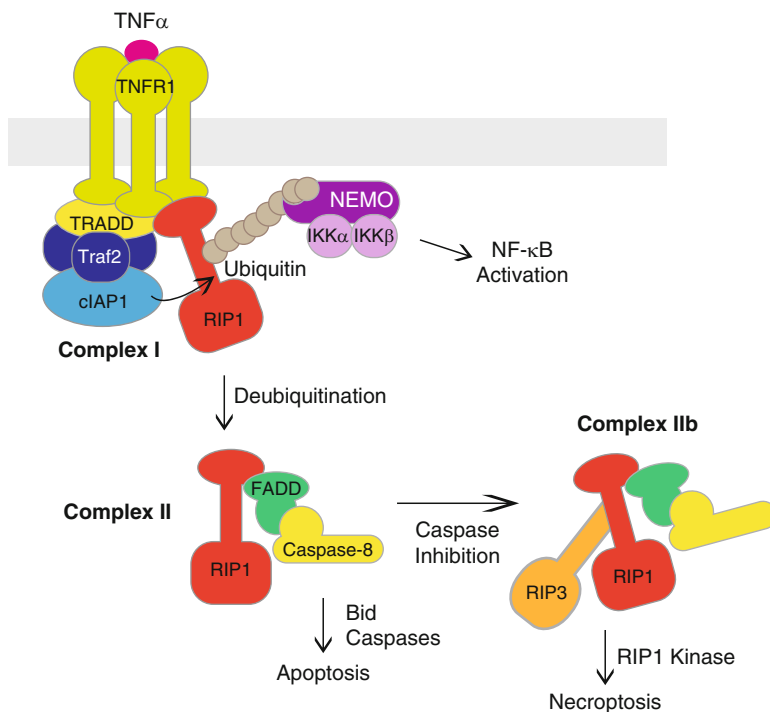


Fig. 16.2 Model of pathways activated after TNF α stimulation. TNF α trimerization of TNFR1 recruits TRADD, Traf2, cIAP1, and RIP1 to form complex I, which activates NF- κ B by ubiquitination of RIP1. Deubiquitinases promote the transition to complex II containing RIP1, FADD, and caspase-8 to activate apoptosis. When apoptosis is inhibited, an alternative complex Iib forms, also containing RIP3, to activate necroptosis, dependent on the kinase activity of RIP1

Trimerization of TNFR1 triggered by TNF α brings together its cytoplasmic death domains to recruit TRADD and RIP1 (Hsu et al. 1995, 1996a). TRADD also recruits TRAF2 to TNFR1 (Hsu et al. 1996b; Ermolaeva et al. 2008; Pobeziinskaya et al. 2008). TRAF2 binds to the cellular inhibitor of apoptosis proteins (cIAP1 and cIAP2) and is responsible for their recruitment to the TNF α receptor signal complex (Rothe et al. 1995; Shu et al. 1996; Vince et al. 2009; Zhang et al. 2009b). This complex of proteins at the TNF α receptor is known as “complex I” (Micheau and Tschopp 2003). The intermediate domain of RIP1 is ubiquitinated at complex I, activating the transcription factor NF- κ B to promote the expression of genes involved in cell proliferation and survival, including a number of antiapoptotic proteins such as c-Flip (Lowenthal et al. 1989; Osborn et al. 1989; Wang et al. 1998; Micheau et al. 2001). In the absence of survival signaling, complex I transits to cytosolic “complex II” containing FADD, caspase-8, and RIP1, similar to the DISC in Fas signaling, to induce apoptosis (Kull and Cuatrecasas 1981). If apoptosis is blocked, some cells utilize an alternative complex II, complex Iib that requires RIP1 kinase activity, and an additional component, RIP3, to induce necroptosis (Cho et al. 2009) (Fig. 16.2).

16.1.3 The Kinase Activity of RIP1 Is Required for Necroptosis

In most cells, inhibition of caspase activation blocks apoptosis and cell death. It was with surprise that pan-caspase inhibitors such as zVAD.fmk or deletion of the upstream initiator caspase-8 were unable to inhibit FasL-induced cell death in some cell types (Kawahara et al. 1998; Vercammen et al. 1998a). L929 cells, a mouse fibrosarcoma cell line, do not express Fas and undergo necrosis when treated with TNF α (Carswell et al. 1975). Reconstitution of L929 cells with human Fas and treatment with a Fas agonist antibody induces apoptosis (Schulze-Osthoff et al. 1994; Vercammen et al. 1998a). However, studies using Fas-reconstituted L929 cells found that treatment with caspase inhibitors to block apoptosis did not inhibit cell death. Instead, the cells underwent necrotic cell death, similar to that induced by TNF α in L929 cells (Vercammen et al. 1998a), indicating that if apoptosis was blocked, the cells could activate a necrotic, caspase-independent mechanism of cell death.

The same phenomenon was seen in a model of activation-induced cell death (AICD) in Jurkat cells, a human T cell line. Activation of the Fas receptor induced apoptosis, but caspase-8-deficient cells or cells treated with the pan-caspase inhibitor zVAD.fmk were not resistant to cell death (Kawahara et al. 1998; Holler et al. 2000). As in the FasL/zVAD.fmk-stimulated L929 cells, after caspase inhibition the dying Jurkat cells exhibited a necrotic morphology (Kawahara et al. 1998; Holler et al. 2000). Jurkat cells deficient in the DISC proteins FADD, caspase-8, and RIP1 helped to establish essential components of the caspase-independent necrotic cell death pathway. Caspase-8-deficient Jurkat cells undergo necroptosis after treatment with FasL, and similarly, FADD-deficient Jurkat cells are blocked from undergoing apoptosis, but die by necroptosis after TNF α stimulation (Kawahara et al. 1998; Holler et al. 2000). FADD-deficient Jurkat cells are commonly used as a model for TNF α -induced necroptosis (Holler et al. 2000; Degterev et al. 2005; Lawrence and Chow 2005; Christofferson and Yuan 2010).

Apoptosis is blocked in FADD and caspase-8-deficient cells, resulting in sensitization to necroptosis. In contrast, RIP1-deficient Jurkat cells were found to be sensitive to apoptosis, but completely resistant to necroptosis, suggesting the importance of RIP1 in mediating necroptosis (Holler et al. 2000). RIP1-deficient cells reconstituted with kinase dead RIP1 remained resistant to necroptosis, while expression of wild-type RIP1 resensitized cells to death (Holler et al. 2000). Thus, it was established that the kinase activity of RIP1 is required for necroptosis.

16.1.4 Necrostatin-1 Is an Inhibitor of RIP1 Kinase

These studies were the first to establish that necrotic cell death occurred as the result of a specific signaling pathway and is dependent on the kinase activity of RIP1 (Degterev et al. 2005). The identification of a small molecule that could specifically inhibit necroptosis supported the hypothesis that necroptosis follows a defined

Table 16.1 Cell death models inhibited by Nec-1

Death receptor stimulation		
Cell line	Stimulus	References
U937	TNF α /zVAD	(Degterev et al. 2005)
Jurkat wt	FasL/CHX/zVAD	(Degterev et al. 2005)
Jurkat FADD deficient	TNF α	
BALB/c 3T3	TNF α /zVAD	(Degterev et al. 2005)
	FasL/zVAD	
MEF	TNF α /CHX/zVAD	(Degterev et al. 2005)
<i>Rela</i> ^{-/-} MEF	Poly (I:C)	(Basagoudanavar et al. 2011)
<i>Cpdm</i> MEF	TNF α	(Gerlach et al. 2011)
L929	TNF α	(Degterev et al. 2005)
	zVAD	(Hitomi et al. 2008)
	poly (I:C)/IFN γ	
	TNF α /BV6 (SM)	(Vanlangenakker et al. 2011)
HaCaT	TRAIL/SM/zVAD	(Geserick et al. 2009)
HT-29	SM/zVAD	(He et al. 2009)
SVEC4-10	TNF α /zVAD	(Upton et al. 2010)
EJ	CD154	(Knox et al. 2011)
Bone marrow-derived macrophages	Anti-Fas/CHX/zVAD	(Kaiser et al. 2011)
HeLa, HT1080, MDA-MB-231	Etoposide	(Biton and Ashkenazi 2011; Tenev et al. 2011)
HT-29, MEF, HepG2	TRAIL at acidic pH 6.5	(Jouan-Lanhouet et al. 2012)

signaling pathway. A high throughput small molecule screen identified necrostatin-1 (Nec-1), a small molecule that is able to inhibit necroptosis in U937 cells (Degterev et al. 2005). Although the original Nec-1 isolated from the high throughput screen, methyl-thiohydantoin-tryptophan (MTH-Trp), can also inhibit indoleamine 2,3-dioxygenase (IDO), 7-Cl-O-Nec-1 (5-((7-chloro-1H-indol-3-yl)methyl)-3-methylimidazolidine-2,4-dione), an improved analog of Nec-1, has no IDO inhibitory activity (Takahashi et al. 2012; Degterev et al. 2012).

Nec-1 potently inhibits necroptosis in many cell types, including TNF α -induced necroptosis in FADD-deficient Jurkat cells (Degterev et al. 2005) (Table 16.1). After the discovery of this compound as an inhibitor of necroptosis, Nec-1 was found to specifically target RIP1 kinase, validating the important role of RIP1 kinase in necroptosis (Degterev et al. 2008). Nec-1 has no effect on the kinase activity of the closely related kinases, RIP2 or RIP3, and is very specific to RIP1 when tested against a panel of kinases (Degterev et al. 2008; Biton and Ashkenazi 2011). The specificity and activity of Nec-1 have allowed this compound to be used as a chemical tool to study the roles of RIP1 kinase and necroptosis in cellular pathways and pathological conditions.

Nec-1 acts as an ATP competitive inhibitor, and structural studies show that it binds an inactive conformation of RIP1 (Degterev et al. 2008; Xie et al. 2013). RIP1 is autophosphorylated on Ser161 within the activation loop or T-loop of the kinase (Degterev et al. 2008). This loop, modeled after the closely related kinase B-RAF,

has two conformations: open and closed. In the closed form, the loop blocks access to the catalytic cleft but when open allows the kinase access to its substrates. Autophosphorylation on Ser161 is predicted to move the loop into its open form and allow kinase activation; accordingly, Nec-1 is unable to inhibit necroptosis in cells expressing the phosphomimetic S161E RIP1 (Degterev et al. 2008). Nec-1 binds to a hydrophobic pocket between the N- and C-lobes of RIP1's kinase domain, stabilizing the inactive conformation of RIP1 in part through interactions with the activation loop (Xie et al. 2013).

16.2 Importance of Necrostatin-1 as a Tool to Understand Necroptosis and RIP1 Activity

Nec-1 has been proven to be a critical tool in understanding the molecular pathways involved in necroptosis as well as the cellular roles of RIP1 kinase. Genetic screens have identified genes that play critical roles in necroptosis (Hitomi et al. 2008; Wang et al. 2008). Chemical biological approaches have also yielded important information about the necroptotic cell death pathway: the use of Nec-1 as a chemical inhibitor of RIP1 kinase has allowed the investigation of pathways activated by RIP1 kinase independent from altering other RIP1 activities, such as RIP1 activation of NF- κ B signaling.

16.2.1 *Nec-1 Demonstrates Role of cIAP1/2 in Activating RIP1 Kinase*

Canonical apoptosis induced by TNF α and CHX does not require RIP1 kinase activity; loss of RIP1 in many cases does not block apoptosis (Holler et al. 2000; Wang et al. 2008). However, RIP1 knockdown completely blocks apoptosis when cIAP1/2 are inhibited during death receptor stimulation (Gaither et al. 2007; Petersen et al. 2007; Bertrand et al. 2008; Wang et al. 2008; Geserick et al. 2009; Wong et al. 2010). Loss of cIAP1/2 promotes the formation of complex II containing RIP1, caspase-8, and FADD (Bertrand et al. 2008; Wang et al. 2008; Geserick et al. 2009). In contrast to other inducers of apoptosis, apoptosis induced by Smac mimetics (IAP antagonists) is blocked by Nec-1 inhibition of RIP1 kinase, suggesting that RIP1 kinase activity is activated upon Smac mimetic treatment to induce cell death (Wang et al. 2008). cIAP1/2 therefore regulate the activation of RIP1 kinase and formation of complex II after TNF α stimulation.

As further evidence that cIAP1/2 regulate the formation of complex II, loss of cIAP1/2 with Smac mimetic or etoposide treatment can spontaneously induce association of complex II containing RIP1, FADD, and caspase-8 and RIP1

kinase-dependent cell death that can be inhibited by Nec-1 (Feoktistova et al. 2011; Tenev et al. 2011). This complex II, which forms independent of death receptor signaling, has been termed the “riposome.” Together, these findings suggest that the cIAPs normally inhibit formation of a RIP1-containing complex II. Nec-1 as an inhibitor of RIP1 kinase was used to demonstrate a novel role for RIP1 kinase in inducing apoptosis in the absence of cIAP1/2.

16.2.2 Mechanism of RIP1 and RIP3 Kinase Activation in Necroptosis Is Explored with Nec-1

RIP3 plays an important role in caspase-independent necroptotic cell death. Knockdown of RIP3 protects against multiple inducers of necroptosis, and it is thought that expression of RIP3 sensitizes cells to necroptosis over apoptosis (Cho et al. 2009; He et al. 2009; Zhang et al. 2009a). The kinase activity of RIP3 is also critical for necroptosis: cells expressing kinase dead RIP3 are resistant to necroptosis (Cho et al. 2009; He et al. 2009). RIP3 and RIP1 are both required for the formation of complex IIb in necroptosis (Cho et al. 2009; He et al. 2009; Zhang et al. 2009a).

After death receptor stimulation, Nec-1 blocks RIP1 interaction with caspase-8 and FADD (Wang et al. 2008; Geserick et al. 2009), as well as RIP3 recruitment to complex IIb (Cho et al. 2009; He et al. 2009). This suggests that the Nec-1 stabilized inactive conformation of RIP1 is unable to form complex IIb (Xie et al. 2013). The active conformation of RIP1 itself, however, is not sufficient to induce necroptosis: autophosphorylation on Ser161 is predicted to move the loop into its open form and allow kinase activation; however, a phosphomimetic RIP1 mutant, S161E, does not induce necroptosis by itself, indicating that autophosphorylation and an open conformation of the activation loop are not sufficient for RIP1 kinase activation (Degterev et al. 2008). RIP3 is also required for complex IIb formation, as RIP1 does not bind FADD after necroptosis stimulation in *Rip3^{-/-}* cells (Cho et al. 2009).

RIP1 and RIP3 kinases cross-phosphorylate and activate each other: after necroptosis stimulation, RIP1 kinase activates RIP3 autophosphorylation, and RIP3, either directly or indirectly, also increases RIP1 phosphorylation (Cho et al. 2009; He et al. 2009). The exact mechanism of activation of both kinases is unclear; however, the use of Nec-1 demonstrates that activated RIP1 kinase is required both for assembly of complex IIb and for necroptosis to occur.

Nec-1 does not show any activity against RIP3 kinase (Cho et al. 2009). To date, none of the identified necrostatin compounds have demonstrated any inhibition of RIP3 kinase, which is interesting in its own right, as one would expect that RIP3 kinase inhibitors should have been recovered from cell-based screens in addition to the RIP1 kinase inhibitors. Identification of a RIP3-specific inhibitor would allow further study to better define the role of RIP3 kinase activity in cell death.

16.2.3 *The Complex II Components FADD and Caspase-8 Also Regulate Necroptosis*

Although essential for the activation of apoptosis, FADD and caspase-8 have an important role in the inhibition of necroptosis and promotion of cell survival in embryonic development and in T cell activation. FADD or caspase-8 knockout mice are embryonic lethal, but viability can be restored by crossing with either RIP1 knockout or RIP3 knockout mice, suggesting that FADD and caspase-8 negatively regulate necroptosis during embryonic development (Varfolomeev et al. 1998; Yeh et al. 1998; Zhang et al. 1998; Kaiser et al. 2011; Oberst et al. 2011).

The pro-survival role of FADD and caspase-8 has been shown more specifically in studies of T cell activation. After antigen stimulation, T cells undergo clonal expansion to combat infection (Green et al. 2003). After activation, T cells deficient in FADD or caspase-8 do not proliferate and accumulate like WT cells do, due to an increase in necroptosis (Newton et al. 1998; Zhang et al. 1998; Bell et al. 2008; Ch'en et al. 2008; Osborn et al. 2010; Ch'en et al. 2011). The overactivation of necroptosis in FADD- and caspase-8-deficient cells suggests a pro-survival role for FADD and caspase-8 during T cell activation. Nec-1, the RIP1 kinase inhibitor, or loss of RIP1 restores the normal T cell activation-induced proliferative response in FADD-deficient cells (Bell et al. 2008; Ch'en et al. 2008; Osborn et al. 2010; Zhang et al. 2011). Correspondingly, T cell activation-induced necroptosis in caspase-8-deficient cells is reversed by the co-deletion of *Rip3* (Ch'en et al. 2011; Kaiser et al. 2011; Oberst et al. 2011). Thus, FADD and caspase-8 negatively regulate RIP1 and RIP3 activation and necroptosis during T cell activation.

16.3 *Nec-1 Has Been Used to Identify Downstream Pathways That Mediate Necroptosis*

16.3.1 *Cyclophilin D Mediates Oxidative Stress-Induced Necroptosis*

Cyclophilin D (CypD) is a peptidyl-prolyl *cis-trans* isomerase found in the mitochondrial matrix as a component of the mitochondrial permeability transition (MPT) pore and is specifically involved in regulating necrotic cell death. RIP1 and RIP3 are reported to mediate a cellular model of nitric oxide (NO)-induced death (Li et al. 2004b; Davis et al. 2010b). CypD overexpression blocks apoptosis, but sensitizes cells to nitric oxide (NO)-induced necrosis, suggesting CypD might act in the same pathway as RIP1 and RIP3 (Lin and Lechleiter 2002; Schubert and Grimm 2004; Li et al. 2004b). CypD knockout cells are resistant to Ca²⁺ or hydrogen peroxide-induced necrotic cell death, but still sensitive to apoptosis (Baines et al. 2005; Nakagawa et al. 2005; Schinzel et al. 2005). Altogether, the data suggests that

CypD functions specifically in necrosis. There have, however, been conflicting reports as to the role of CypD in necroptosis. CypD overexpression blocked necroptosis induced by TNF α and zVAD.fmk, suggesting it does not play a role in mediating necroptosis (Temkin et al. 2006). Defects in mitochondrial function after TNF α /CHX/zVAD.fmk stimulation in MEF cells and the resulting necroptosis could not be blocked by cyclosporin A, a CypD inhibitor (Irrinki et al. 2011). These studies suggest that although CypD is important in oxidative stress-induced necrosis, CypD may not play a role in death receptor-induced necroptosis.

Animal models, however, confirm an important role for CypD in necroptosis. CypD knockout mice are protected against ischemia-reperfusion injury (Baines et al. 2005; Nakagawa et al. 2005; Schinzel et al. 2005; Devalaraja-Narashimha et al. 2009). Inhibition of RIP1 kinase with Nec-1 also reduces infarct size in ischemia-reperfusion injury (Degterev et al. 2005). Although both CypD knockout mice and those treated with Nec-1 have reduced infarct size after cardiac ischemia compared to controls, Nec-1 was not able to further reduce infarct size in CypD-deficient mice after cardiac ischemia, suggesting that RIP1 kinase acts upstream of CypD in ischemia-induced necroptosis (Lim et al. 2007). CypD function in the MPT might cause mitochondrial dysfunction in necroptosis.

16.3.2 *Reactive Oxygen Species in Necroptosis*

RIP3 binds to several metabolic enzymes, both cytosolic and mitochondria associated, after the stimulation of necroptosis (Zhang et al. 2009a). RIP3 may directly modulate cellular metabolic activity to promote necroptosis; RIP3 kinase promotes the activity of the metabolic enzymes glycogen phosphorylase (PYGL), glutamate-ammonia ligase (GLUL), and glutamate dehydrogenase 1 (GLUD1) (Zhang et al. 2009a). The activation of RIP3 and increased metabolic activity promotes production of reactive oxygen species (ROS), which are involved in the execution of necroptotic cell death (Cho et al. 2009; Zhang et al. 2009a).

The generation of free radicals or ROS is involved in TNF α -induced cytotoxicity in some cell types. TNF α -induced necroptosis in L929 and MEF cells can be inhibited by antioxidants such as BHA (butylated hydroxyanisole), which blocks ROS accumulation and cell death (Matthews et al. 1987; Yamauchi et al. 1989; Zimmerman et al. 1989; Goossens et al. 1995; Vercaemmen et al. 1998b; Sakon et al. 2003; Lin et al. 2004; Degterev et al. 2005). ROS specifically mediates TNF α -induced necroptosis, as BHA is unable to block TNF α -induced apoptosis (Sakon et al. 2003). RIP1 is required for TNF α -induced ROS, potentially by recruiting the NADPH oxidase Nox1 and its regulatory subunits NOXO1 and NOXA1 to TNFR1 (Lin et al. 2004; Ventura et al. 2004; Kim et al. 2007). Recruitment of the NADPH oxidase complex to TNFR1 is required for TNF α to induce ROS production in L929 cells (Kim et al. 2007).

While ROS generation in L929 and MEF cells is important for the execution of necroptosis, it is not required for necroptosis in all cell types (Degterev et al. 2005).

Jurkat cells, for example, undergo TNF α -induced necroptosis even with NADPH oxidase inhibitors or BHA (Matsumura et al. 2000; Degtrev et al. 2005, 2008). The amoeba *N. fowleri*, however, induces ROS-dependent necroptosis in infected Jurkat cells that can be inhibited by pretreatment with Nec-1 (Song et al. 2011). These conflicting reports on the role of ROS in necroptosis suggest that the requirement of ROS in mediating necroptosis is cell type and stimulus dependent.

16.3.3 Role of Autophagy in Necroptosis

Autophagy is a cellular mechanism activated in response to cell stress that breaks down cellular organelles and other components and recycles them into their basic parts to maintain cellular energy levels and homeostasis (Levine and Klionsky 2004). Most notably, autophagy is activated under starvation conditions and required for cellular survival in response to limiting nutrients, but is also involved in mediating cell death (Levine and Klionsky 2004; Degtrev et al. 2008).

Autophagy is activated downstream of RIP1 kinase in necroptotic cell death. Necroptosis stimulation increased autophagy downstream of RIP1 kinase activation (Degtrev et al. 2005). Inhibition of cell death with Nec-1 reduced the accumulation of LC3-II, a marker of autophagy, in several cell types. In vivo, autophagy induced in response to tissue injury in a rat model of retinal ischemia was also reduced by treatment with Nec-1, indicating that autophagy is activated downstream of RIP1 kinase (Rosenbaum et al. 2010). However, the importance of autophagy in mediating necroptosis is cell type dependent. Autophagy is reportedly required for cell death in zVAD.fmk-stimulated L929 cells, U937 cells, and macrophages; however, although autophagy is activated in TNF α -stimulated FADD-deficient Jurkat cells, or TNF α - and zVAD.fmk-treated BALB/c 3T3 and MEF cells, these cell types do not require autophagy to undergo cell death; for example, Nec-1 was still able to inhibit necroptosis in *Atg5*^{-/-} MEFs (Yu et al. 2004; Degtrev et al. 2005; Xu et al. 2006).

The in vivo requirement of autophagy in necroptosis was examined using a model of T cell activation. T cell activation-induced necroptosis occurs in FADD-deficient and caspase-8-deficient T cells, independent of autophagy (Ch'en et al. 2008, 2011; Osborn et al. 2010). However, in a FADD^{dd} transgenic mouse model, expressing dominant negative FADD, T cell activation induces cell death dependent on both RIP1 kinase and autophagy (Bell et al. 2008). While the differential role of autophagy in activation-induced necroptosis in FADD-deficient and FADD^{dd}-expressing T cells is not clear, it might be due to a requirement of FADD for the activation of autophagy. A tandem affinity purification of FADD indicates that FADD, RIP1 kinase, and caspase-8 are in a complex with components of the autophagosome, Atg5, Atg12, and Atg16L, suggesting that FADD and caspase-8 might target RIP1 kinase to directly activate the autophagosome (Bell et al. 2008).

16.4 Nec-1 Has Been Used to Identify Novel Functions of RIP1 Kinase

zVAD.fmk treatment activates necroptosis that is inhibited by Nec-1 in select cell types, such as L929 cells and macrophages (Yu et al. 2004; Hitomi et al. 2008; Christofferson et al. 2012). zVAD.fmk is a pan-caspase inhibitor, and an initial report showed that knockdown of caspase-8 could recapitulate the effects of zVAD.fmk on inducing cell death in L929 cells (Yu et al. 2004). This result has not been repeated, and furthermore, specific caspase-8 inhibitors are insufficient to replicate the effect of zVAD.fmk and induce necroptosis (Madden et al. 2007; Wu et al. 2011). Toxicity of fluoromethylketone (fmk)-conjugated caspase inhibitors and the lack of specificity of pan-caspase inhibitors, like zVAD.fmk, have been suggested as possible mechanisms for the induction of cell death (Chauvier et al. 2007). The effect of zVAD.fmk in L929 cells has been attributed to nonspecific inhibition of cathepsins and calpains; however, there are conflicting reports as to the ability of zVAD.fmk to inhibit these enzymes (Chauvier et al. 2007; Madden et al. 2007; Chen et al. 2011). Use of a specific pan-caspase inhibitor lacking the fmk group, QVD.oph, is unable to replicate the results of zVAD.fmk on L929 cells; however, other compounds conjugated to the fmk group were not toxic to cells, suggesting that fmk toxicity is not the primary cause of cell death in response to zVAD.fmk (Wu et al. 2011). IDN 6556, a more specific pan-caspase inhibitor than zVAD.fmk that lacks the fmk group, completely replicates the effects of zVAD.fmk on L929 cells (D. Christofferson, unpublished data). Together, this data suggests that zVAD.fmk does not induce nonspecific toxicity but, instead, inhibits caspase activity to induce necroptosis, although the specific caspase requirements and their role remain unknown.

ROS and autophagy are activated by zVAD.fmk treatment and reported to be required for necroptosis and are blocked by Nec-1 (Yu et al. 2004; Degtarev et al. 2005; Hitomi et al. 2008; Chen et al. 2011; Wu et al. 2011). Although activated downstream of RIP1 kinase, a genome-wide siRNA screen for genes involved in mediating zVAD.fmk-induced necroptosis did not identify any autophagy-related genes as essential for zVAD.fmk-induced cell death (Hitomi et al. 2008). Instead, this siRNA screen suggested that autocrine TNF α production is involved in mediating zVAD.fmk-induced necroptosis (Hitomi et al. 2008).

A chemical biological approach uncovered the role of RIP1 kinase in mediating autocrine TNF α production. In response to zVAD.fmk treatment, mouse L929 fibrosarcoma and J774 macrophages activated TNF α production that was blocked by Nec-1 treatment (Christofferson et al. 2012). L929 cells and human MDA-MB-231 breast cancer cells treated with Smac mimetic also induced TNF α production inhibited by Nec-1, altogether suggesting that activation of RIP1 kinase by inhibition of caspases or loss of cIAP1/2 activated TNF α production. This study identified a novel role for RIP1 kinase in activating transcription of TNF α , through a pathway dependent on EDD, JNK signaling, and the transcription factor Sp1 (Christofferson et al. 2012).

16.5 Use of Nec-1 in Determining the Physiological Role of Necroptosis

Nec-1 has been instrumental in demonstrating the physiological and pathological roles of necroptosis. From the initial discovery of Nec-1, which used Nec-1 to block ischemia-reperfusion (I/R) injury in a mouse model of stroke, to other I/R models, models of oxidative stress, and various disease models, Nec-1 has been used to demonstrate the role of necroptosis in pathological cell death (Table 16.2).

16.5.1 Necroptosis Occurs in Response to Infection

Necroptosis was proposed to be an alternative “backup” cell death pathway for when apoptosis is blocked. In many ways, its function is similar to apoptosis. Necroptosis and apoptosis both are important in the elimination of damaged or infected cells. A viral gene essential for viral replication and pathogenesis in the murine cytomegalovirus (MCMV), M45, encodes an inhibitor of necroptosis, M45-encoded viral inhibitor of RIP activation (vIRA) (Lembo et al. 2004; Mack et al. 2008). vIRA is essential for inhibiting necroptosis upon infection by directly interacting with RIP1 and RIP3 (Mack et al. 2008; Upton et al. 2010). Infected virus expressing vIRA with a mutated RIP-binding motif induces necroptosis, which is blocked in *Rip3*^{-/-} cells but not in Nec-1-treated cells (Upton et al. 2010). The inability of Nec-1 to inhibit cell death indicated that while MCMV infection induces necroptosis that is dependent on RIP3, this pathway is independent of RIP1 kinase. The preferential increased sensitivity of *Rip3*^{-/-}-deficient cells, but not that of Nec-1-treated cells, to MCMV infection suggests the differential involvement of RIP1 and RIP3 kinases in the antiviral response and the possible consequence of increased sensitivity to certain viral infection upon blocking of RIP3 kinase but not RIP1 kinase.

Vaccinia virus infection also induces cell death via necroptosis. RIP1-deficient or *Rip3*^{-/-} cells infected with vaccinia virus have enhanced viability after TNF α treatment compared to WT cells (Chan et al. 2003; Cho et al. 2009). This enhanced cellular viability after viral infection translates into reduced survival of *Rip3*^{-/-} mice infected with vaccinia virus, supporting a role for necroptotic cell death during viral infection to promote clearance of the virus and organism survival (Cho et al. 2009).

Infection with pathogens aside from viruses can also induce necroptosis. The amoeba *N. fowleri* can cause primary amoebic meningoencephalitis in mammals, characterized by a severe inflammatory response and necrotic cell death. In order to understand the mechanism of cell death induced by this pathogen, researchers incubated Jurkat T cells with *N. fowleri* trophozoites (Song et al. 2011). *N. fowleri* infection caused ROS generation and necroptotic cell death in Jurkat cells, which was markedly reduced with Nec-1 treatment, suggesting that ROS production and cell death are dependent on the kinase activity of RIP1 (Song et al. 2011).

Table 16.2 Disease models inhibited by Nec-1

<i>Treatment</i>	<i>Model</i>	<i>References</i>
Ischemia-reperfusion (I/R)		
Oxygen-glucose deprivation	Mouse, primary cortical neurons	Xu et al. (2010)
Middle cerebral artery occlusion (MCAO)	Rat, neuronal I/R	Degterev et al. (2005)
Myocardial I/R	Mouse, heart I/R	Lim et al. (2007)
Langendorff perfused heart I/R	Mouse, heart	Smith et al. (2007)
Left anterior descending coronary artery I/R	Mouse, heart	Smith et al. (2007); Oerlemans et al. (2012)
High intraocular pressure	Rat, retinal I/R	Rosenbaum et al. (2010)
Retinal detachment	Mouse, retina	Trichonas et al. (2010)
Neonatal hypoxia-ischemia	Mouse, Vannucci model	Northington et al. (2011); Chavez-Valdez et al. (2012)
Bilateral renal pedicle clipping	Mouse, renal I/R	Linkermann et al. (2012)
Oxidative stress/NO donor-induced death		
<i>Cell line</i>	<i>Stimulus</i>	<i>References</i>
C2C12	t-BuOOH	Smith et al. (2007)
H9c2	Arachidonic acid	Kim et al. (2010)
Premyelinated oligodendrocytes (preOLs, rat)	Cystine deprivation	
Cardiomyocyte progenitor cells (CMPC, human)	BSO (buthionine sulfoximine)	
HPMVEC	H ₂ O ₂	Liu et al. (2011)
Pancreatic islet cells, β TC-6, INS-1, Jurkat	DeaNONOate	Davis et al. (2010a)
	GSNO, SNAP	Tamura et al. (2011) ^a

(continued)

Table 16.2 (continued)

<i>Treatment</i>	<i>Model</i>	<i>References</i>
Neuronal cell injury		
<i>Treatment</i>	<i>Model</i>	<i>References</i>
NMDA, excitotoxicity	Primary cortical neurons, rat	Li et al. (2008)
Glutamate, excitotoxicity	HT-22	Xu et al. (2007)
Aluminum chloride	SH-SY5Y	Zhang et al. (2010)
Light insult	RGC-5, retina cell line	Ji et al. (2011)
AD model, 24S-OHC	SH-SY5Y	Yamanaka et al. (2011)
HD model, zVAD	Striatal cell line (ST-14A 8plx)	Zhu et al. (2011)
	R6/2 HD mouse model	
Controlled cortical impact (CCI)	Mouse	You et al. (2008)
Weight drop	Traumatic brain injury	Wang et al. (2012)
Chemotherapy/cancer treatments		
<i>Treatment</i>	<i>Cell line/model</i>	<i>References</i>
Dexamethasone/obatoclax	CEM-C1, 697, Jurkat/ALL	Bonapace et al. (2010)
AraC/SM	Reh/ALL	Löder et al. (2012)
Obatoclax (GX15-070)	TE671, RMS13/rhabdomyosarcoma cells	Basit et al. (2013)
DT-GMCSF, diphtheria toxin	U937/AML	Horita et al. (2008)
D-galactose	Malignant cancer cells (Neuro2a, SH-SY5Y, PC-3, HepG2)	Li et al. (2011)
Radiation	TPC-1, 8505c, SW13, human papillary thyroid carcinoma/anaplastic thyroid and adrenocortical cancers	Nehs et al. (2011)
Shikonin	MCF-7/NIH3T3/leukemia	Han et al. (2007, 2012); Park et al. (2012)
Cisplatin/zVAD	Human proximal tubule cells	Tristão et al. (2012)

Activation-induced cell death	
<i>Cell line</i>	<i>References</i>
<i>Stimulus</i>	<i>References</i>
Mouse T cells	Cho et al. (2009)
FADD ^{dd} mouse T cells	Bell et al. (2008)
<i>Casp8</i> ^{-/-} T cells	Bell et al. (2008); Ch'en et al. (2008, 2011)
<i>tFADD</i> ^{-/-} T cells	Osborn et al. (2010)
Other	
<i>Treatment</i>	<i>Cell line/model</i>
<i>N. fowleri</i> infection	Jurkat
Acetyl-LDL lipoprotein particles (rAcL-SO)	Mouse peritoneal macrophages
Cadmium	CHO K1, RTgill-W1 (rainbow trout gill cell line)
mTNF α -induced systemic inflammatory response	Mouse
Germanium nanoparticle	CHO K1
Staurosporine (1 μ M)	Rat astrocyte
Cyclosporin A	Renal tubular epithelia cell
Concanavalin A	Hepatitis

^aTamura et al. 2011 shows a protective effect of Nec-1, but Nec-1 is still protective in siRIP1 cells, making it unclear if the effect of Nec-1 is due to inhibition of RIP1 kinase. They use 100 μ M Nec-1, which is high enough to have nonspecific effects but however does not show the efficiency of RIP1 knockdown by siRNA

Together, these studies suggest that necroptotic cell death occurs in response to infection with various pathogens, likely to contribute to the removal of infected and damaged cells, similar to apoptosis. Further study is necessary to determine under what conditions RIP1 kinase is involved and the importance of the inflammatory response that can occur as a result of necroptotic cell death to clearance of the infection and overall survival of the organism.

16.5.2 Necroptosis Occurs in Response to Acute Pathologies

Apoptosis plays a major role in physiological cell death; however, under pathological conditions, necrosis is very common (Artal-Sanz and Tavernarakis 2005). Necroptosis occurs physiologically in acute neuronal pathologies such as stroke or ischemia. Nec-1 can reduce infarct size and cell loss in mouse models of focal cerebral ischemia, cardiac ischemia, neonatal hypoxia-ischemia, and retinal ischemia (Degtrev et al. 2005; Lim et al. 2007; Smith et al. 2007; Rosenbaum et al. 2010; Northington et al. 2011). Neuronal excitotoxicity can induce necroptosis and is involved in acute neurodegeneration such as that resulting from stroke, but also in pathologies associated with chronic neurodegeneration, such as Alzheimer's disease and Parkinson's disease (Artal-Sanz and Tavernarakis 2005; Xu et al. 2007; Li et al. 2008). Additionally Nec-1 significantly reduces tissue damage and improves functional outcome after traumatic brain injury (TBI), indicating that RIP1 kinase activation and necroptosis contribute to the pathology of TBI (You et al. 2008).

16.5.3 Activation of Necroptosis May Circumvent Chemotherapeutic Resistance in Tumor Cells

Many tumor cells are resistant to apoptosis and research is underway for therapies that can increase sensitivity of these cells to apoptosis, such as Smac mimetics (IAP antagonists) (Li et al. 2004a). An alternative is to induce necrotic cell death (Hu and Xuan 2008). Shikonin is a compound that can induce necroptosis and works in MCF-7 xenografts in vivo to significantly reduce tumor weight (Han et al. 2007).

Some cytotoxic compounds and proteins used for cancer therapies have also been shown to induce necroptosis (Horita et al. 2008; Bonapace et al. 2010), suggesting that induction of necroptosis is a viable alternative to activate cancer cell death in apoptosis-resistant cells. Glucocorticoid (GC) resistance is a clinical predictor of poor outcome in childhood acute lymphoblastic leukemia (ALL). Obatoclax (GX15-070), a small molecule inhibitor of Bcl-2 proteins, has been shown to resensitize GC-resistant ALL cells to cell death in a manner dependent on autophagy and RIP1 kinase activity (Bonapace et al. 2010). Obatoclax induces autophagy and the assembly of the necroptosis-inducing complex of RIP1 and RIP3 on the autophagosomal membranes to induce necroptosis in rhabdomyosarcoma cells. Cell death induced by obatoclax requires RIP1 kinase activity as it can be inhibited by Nec-1.

Activation of necroptosis shows promise for the treatment of tumors that are resistant to traditional chemotherapies. Further investigation of specific activators of necroptosis may provide novel clinical treatments for resistant tumors.

Nec-1 has been used *in vitro*, in cellular models and in animal models to investigate the function and role of RIP1 kinase. Use of Nec-1 has enabled the characterization of novel roles for RIP1 kinase in apoptosis, in the induction of TNF α , and in mediating necroptosis. Understanding the role of RIP1 kinase and necroptosis after infection, acute injury, and other pathological conditions will facilitate the targeting and development of clinical strategies to treat a variety of diseases. The use of Nec-1 as a tool has advanced scientific understanding of a number of conditions and may one day itself be developed as a clinical treatment for disease.

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Chapter 17

Small-Molecule Inhibitors of Necroptosis

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17.1 Introduction

Necroptosis is a form of programmed cell death that is characterized by cellular swelling, breakage of the plasma membrane, and release of intracellular contents into the extracellular space, i.e., major hallmarks typically associated with unregulated, pathologic necrosis (Vandenabeele et al. 2010). Although hints of an existence of regulated form of necrosis have been around for the last quarter of a century (Laster et al. 1988), necroptosis has begun to be more thoroughly understood just in the last decade. A number of findings promoted the understanding of necroptotic cell death. First, several cellular models of TNF family-induced necrosis have been developed (Fiers et al. 1995; Holler et al. 2000; Kawahara et al. 1998), laying groundwork for further analysis. Subsequently, Holler et al. reported a specific role for receptor-interacting-protein 1 (RIP1) kinase activity in this process (Holler et al. 2000). In 2005 we identified a first selective small-molecule inhibitor of necroptosis, called necrostatin-1 (Nec-1) (Degterev et al. 2005). It was later found that Nec-1 inhibits RIP1 kinase (Degterev et al. 2008). In 2009 three laboratories independently discovered RIP3 as another kinase that plays an important role in necroptosis (Cho et al. 2009; He et al. 2009; Zhang et al. 2009), followed by identification of mixed-lineage kinase domain-like (MLKL) and PGAM5 proteins as key downstream mediators of RIP3 (Sun et al. 2012; Wang et al. 2012). All of these findings

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set off a chain of discoveries that promoted a better understanding of the signaling pathways involved in necroptosis and its pathophysiological significance.

Necroptosis can be viewed as a process involving initiation, execution, and pathophysiologic response to necrotic cell death, and each of these phases can be potentially modulated in order to treat disease. While there are many known initiators of necroptosis, TNF α activation of the TNF receptor 1 (TNFR1) is one of the best defined mechanisms. Depending on the cellular context, TNFR1 activation can lead to three possible cellular outcomes including nuclear factor kappa-B (NF- κ B) activation and cell survival, apoptosis, or necroptosis. During pro-death signaling, TNFR1 activation by TNF α leads to the formation of an intracellular membrane-associated complex called TNFR1 complex I (Micheau and Tschopp 2003). This complex contains TNFR-associated death domain (TRADD) protein, TNFR-associated factor 2 (TRAF2), TRAF5, cellular inhibitor of apoptosis proteins 1 and 2 (cIAP1/2), and RIP1. Endocytosis of the TNFR1 leads to the rearrangement of complex I and formation of complex II or death-inducing signaling complex (DISC). The makeup of complex II determines whether the cell will die from apoptosis or necroptosis. Apoptotic complex II contains RIP1, TRADD, FAS-associated protein with death domain (FADD), and caspase-8. Activated caspase-8 in complex II leads to the execution of caspase-dependent apoptosis and the cleavage and inactivation of both RIP1 and RIP3 as well as other substrates, such as CYLD, a de-ubiquitinase critical for necroptosis (Hitomi et al. 2008; O'Donnell et al. 2011). Caspase-independent necroptosis and formation of the RIP1- and RIP3-containing necrosome (also known as complex IIb) occur when caspase-8 is inhibited in either a genetic or a pharmacologic fashion. Both the formation and the activity of necrosome are key possible targets for modulation of necroptosis.

In addition to the initiation of necroptosis that we briefly described above, there are several known mechanisms that contribute to the execution of TNFR1-activated necroptosis (reviewed in Christofferson and Yuan 2010; Vandenabeele et al. 2010 and in other chapters of this book). Unlike during apoptosis, bioenergetic processes such the consumption of ATP through translation (Saelens et al. 2005), proteasome-dependent protein degradation (Sun et al. 2004), and poly (ADP-ribose) polymerase 1 (PARP1) (Soldani and Scovassi 2002) continue to occur during necroptosis. Activation of glycolysis and PARP1 have been linked to some instances of necroptosis (Jouan-Lanhouet et al. 2012; Xu et al. 2010; Zhang et al. 2009). Reactive oxygen species (ROS) generation both at the mitochondria and at the plasma membrane by NADPH oxidase (Nox1) has also been shown to be important (Kim et al. 2007; Schulze-Osthoff et al. 1992). It has been shown that ROS can lead to lipid peroxidation and lysosome membrane permeabilization (LMP) (Benedetti et al. 1980; Vandenabeele et al. 2010). Many of these downstream signals could also be modulated in order to inhibit necroptosis.

Massive lysis of necrotic cells can lead to hyperacute inflammation and multiple organ failure, which are hallmarks of many acute necrotizing pathologies. Multiple approaches are under development to control these processes and are not discussed in this chapter.

As our understanding of the signal transduction pathways involved in necroptosis has increased, the role that necroptosis plays in disease has also begun to be clarified. Necroptosis may be a significant contributor to many disease paradigms (reviewed in Galluzzi et al. 2011) and has been shown to occur in a number of experimental models: ischemia–reperfusion injury, cerulein-induced acute pancreatitis, viral infection, atherosclerosis, traumatic brain injury, retinal detachment-induced photoreceptor necrosis, and skin and intestinal inflammation and lethal systemic inflammatory response syndrome (SIRS) (Bonnet et al. 2011; Degterev et al. 2005; Duprez et al. 2011; Gunther et al. 2011; He et al. 2009; Lin et al. 2013; Linkermann et al. 2012; Oerlemans et al. 2012; Rosenbaum et al. 2010; Trichonas et al. 2010; Upton et al. 2012; Welz et al. 2011; You et al. 2008). In order to fully take advantage of the treatment opportunities associated with necroptosis, both a thorough understanding of the signaling pathways involved and the ability to generate small-molecule inhibitors of necroptosis are critical. In this review we discuss inhibitors of necroptosis that are currently being developed, including molecules targeting RIP1 kinase, MLKL, and ROS, as well as additional possible targets for manipulation.

17.2 RIP1 Kinase and Necrostatins

The formation of the necrosome, containing RIP1 and RIP3, which occurs when activity of caspase-8 is lacking, leads to activation of necroptosis. Even though RIP1 and RIP3 interact with each other through their RHIM domains (He et al. 2009; Li et al. 2012), trans-phosphorylation mediated by their kinase domains is critical for complex formation and necroptosis (Cho et al. 2009). It should be noted that it is currently unknown whether other targets of RIP1 kinase exist beyond RIP3. In 2005, we reported a cell-based screen of necroptotic U937 monocytes treated with TNF α and zVAD.fmk and identified the first small molecule, Nec-1 (Fig. 17.1a), that could selectively and efficiently inhibit necroptosis (Degterev et al. 2005). Furthermore, Nec-1 significantly reduced brain ischemia–reperfusion injury. Subsequently, Nec-1 has been shown to be effective in a variety of additional ischemia–reperfusion injuries (brain, heart, kidney, retina), intestinal necrosis, traumatic brain injury, bacterial infections, SIRS, retinal detachment, Huntington’s disease, and a number of other pathologic conditions (Degterev et al. 2005; Duprez et al. 2011; Gunther et al. 2011; Linkermann et al. 2012; Oerlemans et al. 2012; Roca and Ramakrishnan 2013; Rosenbaum et al. 2010; Trichonas et al. 2010; You et al. 2008; Zhu et al. 2011). This gives additional fuel to the concept that inhibition of necroptosis could display a broad therapeutic benefit.

It was discovered that Nec-1 is a selective sub-micromolar inhibitor of RIP1 kinase (Degterev et al. 2008). A structure–activity relationship (SAR) analysis was performed surrounding the original Nec-1, and a more potent and metabolically stable version called 7-Cl-O-Nec-1 (Fig. 17.1b) was found, with R-isomer representing an active moiety (Degterev et al. 2008; Teng et al. 2005). Recently, the

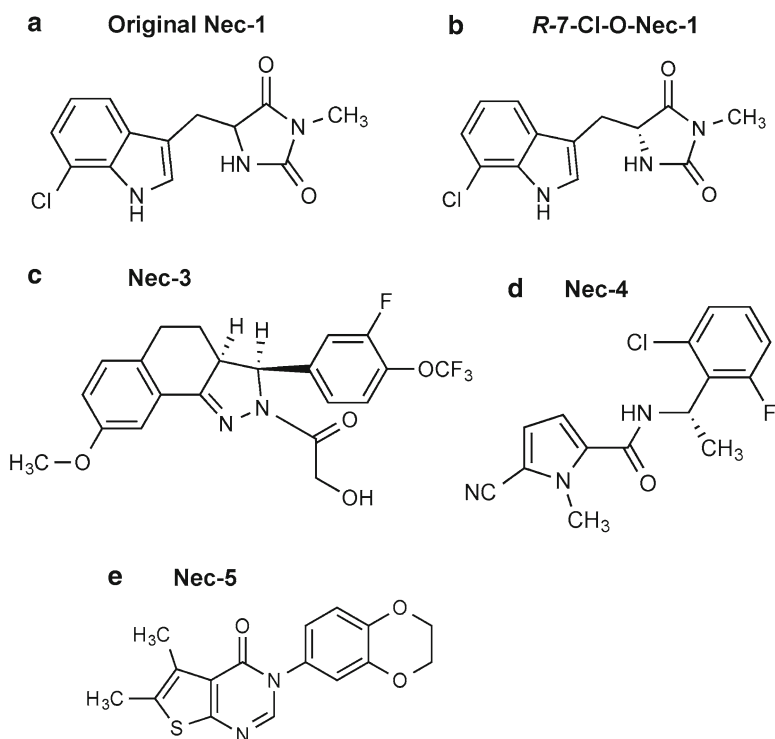


Fig. 17.1 Chemical structures of necrostatins. (a) Original Nec-1 identified in a cell-based screen, (b) optimized Nec-1 analog 7-Cl-O-Nec-1, (c–e) optimized analogs of Nec-3, Nec-4, and Nec-5

exclusive selectivity of *R*-7-Cl-O-Nec-1 towards RIP1 kinase was further validated in a screen against a panel of more than 400 human kinases (Christofferson et al. 2012). It should be noted that the original Nec-1 (Fig. 17.1a) also inhibits indoleamine-2,3-dioxygenase (IDO) (Muller et al. 2005) and this activity is eliminated in the optimized 7-Cl-O-Nec-1 (Fig. 17.1b) (Degterev et al. 2013; Takahashi et al. 2012). Therefore, caution should be used when interpreting data that has used the original Nec-1 compound due to possible off-target effects. In addition, original Nec-1 has been shown to display very limited metabolic stability and some toxicity in vivo, which are also improved or eliminated, respectively, with 7-Cl-O-Nec-1 (Degterev et al. 2013; Takahashi et al. 2012), which makes this analog a much preferred choice for in vivo experiments.

In addition to Nec-1, three more sub-micromolar necrostatins, Nec-3 (Jagtap et al. 2007) (Fig. 17.1c), Nec-4 (Teng et al. 2007) (Fig. 17.1d), and Nec-5 (Wang et al. 2007) (Fig. 17.1e), were identified in the original U-937 cell screen and optimized. Remarkably, all of these molecules also target RIP1 kinase either directly (Nec-3 and Nec-4) or indirectly (Nec-5) (Degterev et al. 2008). Discovery that these structurally dissimilar inhibitors, identified in an unbiased cell-based screen, all target RIP1 kinase further highlighted the significance of this protein as a critical necroptotic target amenable to pharmacological inhibition.

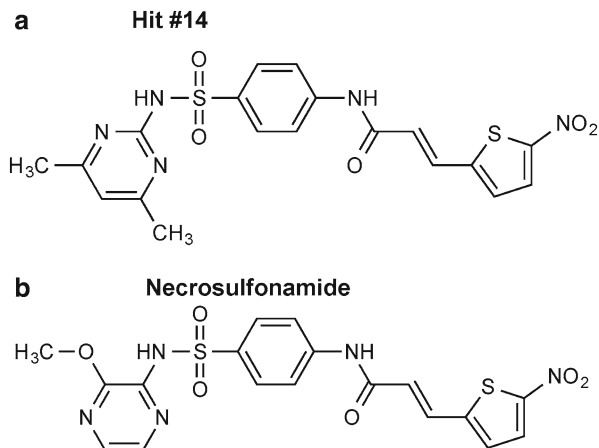
Recently, the crystal structure of the RIP1 kinase domain bound to three different necrostatins (Nec-1, Nec-3, Nec-4) was solved (Xie et al. 2013). Again remarkably, given the lack of structural similarity between necrostatins, all three molecules stabilize the inactive conformation of the kinase by binding to the hydrophobic DLG-out pocket, located between the N- and the C-lobes of the kinase, rather than the ATP-binding pocket. The binding of all three molecules is driven by van der Waals interactions with the same hydrophobic residues located in the activation loop and surrounding segments and is further stabilized by hydrogen bonds, of which the one formed by the amide nitrogen of Asp156 is shared by all three molecules. The generation of a necrostatin-bound crystal structure for RIP1 gave a structural basis for the inhibition of RIP1 by necrostatins and will provide a wealth of information to allow further drug discovery efforts. It should be noted that while the identified DLG-out binding pocket is also highly conserved in RIP3, this kinase is not inhibited by any of the necrostatins. Therefore, additional determinants of necrostatins' selectivity are yet to be defined.

Inhibition of the RIP1 partner in the necrosome, RIP3, could also represent an attractive means for the inhibition of necroptosis. For example, RIP1-independent RIP3-dependent necroptosis can occur following murine cytomegalovirus (MCMV) infection, suggesting that the critical role of RIP1 in RIP3 activation may be bypassed under some circumstances by other molecules, i.e., virus-sensing adaptor DAI in the case of MCMV (Upton et al. 2012). Therefore, inhibition of RIP3 may in some cases provide additional benefits. However, it should be noted that despite the important role of RIP3 in necroptosis and its homology to RIP1, neither our cell-based screen nor a screen reported by Sun et al. (Sun et al. 2012) resulted in the selection of direct RIP3 kinase inhibitors. An RIP3 kinase inhibitor, developed in an *in vitro* screen by GlaxoSmithKline, has been reported at a recent conference (Hildebrand et al. 2013); however, further discussion will have to await full publication of its properties.

17.3 MLKL and Necrosulfonamide

A new protein, the pseudo-kinase MLKL, has recently been discovered to be part of the necrosome complex and to be involved in necroptosis. Xiaodong Wang's group screened a chemical library and found that one hit, number 14 (Fig. 17.2a), inhibited necroptosis in both HT-29 adenocarcinoma and FADD null Jurkat lymphocyte cells (Sun et al. 2012). They went on to develop a more efficacious derivative of this compound, which was named necrosulfonamide (NSA) (Fig. 17.2b). The authors observed that NSA did not interfere with but rather enhanced the interaction between RIP1 and RIP3, unlike Nec-1, suggesting that it may target a more downstream step in a pathway. Using analysis of RIP3-binding factors in NSA-treated cells, MLKL was found to be a new RIP3 partner. MLKL was subsequently established to be a direct target of NSA using biotin-NSA pulldown.

Fig. 17.2 Chemical structures of MLKL inhibitors (Hit#14 and necrosulfonamide)



The role of MLKL in necroptosis was confirmed by Sun et al. using siRNA against MLKL in several cell types. Independently, Zhao et al. used an shRNA library to also identify MLKL as a critical molecule in necroptosis (Zhao et al. 2012). The RIP3/MLKL interaction requires phosphorylation of RIP3 on Ser227 and results in the phosphorylation of MLKL on Thr357 and Thr358 by RIP3 (Sun et al. 2012). The RIP3/MLKL interaction is required for necroptosis in both human and mouse cell types. Interestingly, the RIP3/MLKL interaction is species specific (i.e., hRIP3 cannot bind mMLKL and vice versa) (Chen et al. 2013). Importantly, NSA is only able to bind and inhibit hMLKL and is unable to inhibit mMLKL. This is due to NSA forming a covalent adduct with the Cys86 residue of hMLKL through Michael addition. This residue is missing in mMLKL.

Sun et al. (2012) completed SAR studies of NSA and found that NSA activity required an α,β -unsaturated enone moiety in order to be active. Further SAR studies are needed in order to fully elucidate the most efficacious MLKL inhibitor compound. Importantly, a version of NSA that is able to inhibit mMLKL will be very useful for in vivo studies. Although inhibition of MLKL in the prevention of necroptosis has a lot of potential, it remains to be determined how inhibitors of a step downstream of RIP1 (or RIP3) kinase activity will perform in animal models of necroptosis. Furthermore, while inhibitors of MLKL could potentially be useful in death that occurs in an RIP1-independent fashion, it also remains to be formally tested whether MLKL is involved in death under these circumstances.

17.4 ROS and Butylated Hydroxyanisole

ROS were first shown to be an important part of regulated necrotic cell death in 1992 when it was reported that ROS generation is a requirement for TNF α -induced killing of L929 cells (Schulze-Osthoff et al. 1992). Multiple consequences of

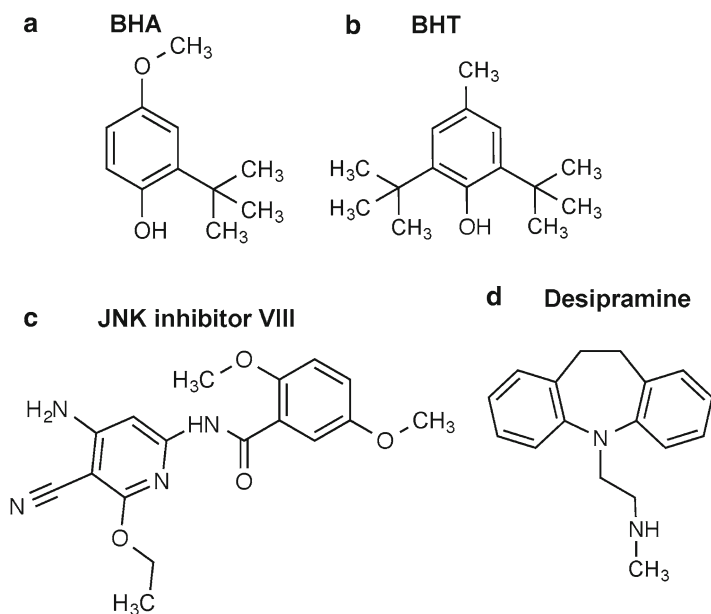


Fig. 17.3 Chemical structures of necroptosis-related inhibitors. **(a and b)** ROS (BHA, BHT), **(c)** JNK kinase (JNK inhibitor VIII), **(d)** ASM (desipramine)

increased ROS levels have been described in the literature, including lipid peroxidation and LMP (Benedetti et al. 1980), which are likely to contribute to cellular demise. Mitochondrial electron transport chain complexes I and II were identified as the principal mediators of ROS in necroptotic L929 cells, and inhibition of these complexes using amytal or thenoyltrifluoroacetone, respectively, efficiently attenuated L929 cell death. Furthermore, a pathway involving RIP1 kinase-dependent phosphorylation on Ser727 of Stat3 followed by its translocation to mitochondria through binding to the complex I component GRIM-19 has been linked to ROS production (Shulga and Pastorino 2012). Recent evidence also suggested that RIP3 kinase activity links TNFR signaling to mitochondrial bioenergetics and ROS production. RIP3 physically interacts with several metabolic enzymes including glycogen phosphorylase (PYGL), glutamate-ammonia ligase (GLUL), and glutamate dehydrogenase 1 (GLUD1) leading to their activation (Zhang et al. 2009). Knockdown of these enzymes protects cells from necroptosis and inhibits ROS production. In addition to generation of ROS at the mitochondria, ROS generation at the plasma membrane by NADPH oxidase (Nox1) has also been found to be important (Kim et al. 2007). Multiple NADPH oxidase inhibitors have been developed (see Cifuentes-Pagano et al. 2012 for a recent review) but are yet to be tested in necroptosis.

Several groups have shown that the radical scavenging antioxidant butylated hydroxyanisole (BHA) (Fig. 17.3a) is an efficient inhibitor of necroptotic death in multiple cellular models including L929 and NIH3T3 cells (Chen et al. 2009;

Goossens et al. 1995; Luschen et al. 2000; Thon et al. 2005; Vercammen et al. 1998). Furthermore, BHA as well as several additional antioxidants and mitochondrial ETC/NADPH oxidase inhibitors attenuated the hyperacute toxicity of TNF α and zVAD.fmk in vivo (Cauwels et al. 2003). The role of ROS as a downstream mediator of RIP1-dependent necroptosis has been reiterated in a recent study (Shindo et al. 2013). The authors reported that while Nec-1 inhibits RIP1 phosphorylation, BHA does not, even though it is able to protect cells from death. Importantly, the authors performed SAR analysis of BHA and found that 4-hydroxy-anisole, where the *tert*-butyl group is removed, is not able to prevent accumulation of ROS or cell death. It also revealed that a hydroxy group at the R₃ position is required for the anti-necroptotic and antioxidant activities of these small molecules.

Given that ROS have been shown to contribute to many disease states in which necroptosis has also been implicated including neurodegenerative diseases (Hernandes and Britto 2012), ischemia–reperfusion injuries (Madamanchi and Runge 2013), and gastrointestinal tract diseases such as colitis (Kim et al. 2012), it will be interesting to investigate whether the use of antioxidants such as BHA or related compounds can protect from necroptosis in animal models of these diseases. At the same time, questions remain regarding the role of ROS and the exact mechanism of BHA action. For example, while Shindo et al. also observed inhibition of necroptosis by butylated hydroxytoluene (BHT) (Fig. 17.3b), an antioxidant highly similar to BHA, several groups have not observed this, suggesting that additional factors rather than general antioxidant properties may contribute to protection by BHA (Luschen et al. 2000; Thon et al. 2005). Furthermore, neither the ROS increase nor the protection by BHA was observed in necroptotic Jurkat cells, suggesting that the role of ROS could be cell type specific (Degterev et al. 2005; Thon et al. 2005).

17.5 Akt, JNK, and c-Jun

Recent studies by Han-Ming Shen and our groups have demonstrated an unexpected importance of Akt kinase in necroptosis in L929 cells and raised interesting new possibilities about the known role of c-Jun/JNK (McNamara et al. 2013; Wu et al. 2009). Akt, or protein kinase B, is a serine/threonine kinase that can be activated by the PI3K signaling pathway in response to growth factor stimulation of various receptor tyrosine kinases (Stephens et al. 1993). Akt is an important signaling hub that plays a role in the regulation of many cellular processes including protein synthesis, cell metabolism, cell proliferation, and cell death and survival (Chan et al. 1999; Manning and Cantley 2007). Wu et al. proposed that this pathway contributes to necroptosis through suppression of pro-survival autophagy (Wu et al. 2009). Our work showed that Akt is activated through selective RIP1 kinase-dependent phosphorylation of residue Thr308, which leads to the induction of multiple components of Akt signaling network and contributes to cell death and TNF α production through JNK/c-Jun activation. This is particularly intriguing because while Akt is typically considered a pro-survival protein, these and other recent data (Andrabi et al. 2007;

Jin et al. 2007) begin to show that Akt can act in a pro-death fashion under various circumstances. It is important to note that in several cell types other than L929, Akt mediated production of TNF α rather than cell death itself. It will be interesting to determine the activation of Akt in animal models of necroptosis and whether inhibitors of Akt reduce injury in these models. Discovery and development of Akt inhibitors is currently a very active area of research (McNamara and Degterev 2011; Welker and Kulik 2013).

Many studies have implicated JNK activation in necroptosis (Chen et al. 2011; Christofferson et al. 2012; Hitomi et al. 2008; Kim et al. 2007; Wu et al. 2011; Yu et al. 2004). Our data using small-molecule inhibitor of JNK, JNK inhibitor VIII (Fig. 17.3c), and JNK knockdown demonstrated that while JNK is indeed activated during necroptosis, it is either functionally redundant or dispensable in the production of TNF α and necroptosis in L929 cells (McNamara et al. 2013). On the other hand, it has also been shown that c-Jun acts to mediate TNF α production during necroptosis (Christofferson et al. 2012; Wu et al. 2011; Yu et al. 2004). Using c-Jun knockdown, we confirmed that c-Jun is critical for both TNF α production and death by necroptosis in L929 cells. These data are important because they indicate that c-Jun rather than JNK could be a critical molecule for inhibition and therapeutic protection from necroptosis-related injuries. Small-molecule inhibition of JNK is currently an active area of research (Bogoyevitch et al. 2010). However, to our knowledge, direct small-molecule inhibitors of c-Jun or AP-1 (Fanjul et al. 1994) are much less of a focus but may represent an important direction for future work. It is also important to note that the relative roles of JNK and c-Jun remain to be examined in other cellular and animal models of necroptosis.

Curiously, in another recent work transcription factor IRF3 has been found to act in a transcription-independent fashion to mediate *Listeria monocytogenes*-induced necrosis through a pathway, which appears to be separate from necroptosis (Di Paolo et al. 2013). These data raise a more general possibility that previously unappreciated connections may exist between transcriptional machinery and various mechanisms of necrosis.

17.6 Other Potential Targets

There are multiple additional components of the necroptosis signaling pathway that could potentially be targeted for therapeutic development, although in most cases exact details of molecular regulation remain to be fully elucidated.

Overactivation of PARP1, an enzyme that mediates the poly-ADP ribosylation of many cellular factors, has been previously linked to necrotic cell death through the acute depletion of cellular ATP and by promoting nuclear translocation of apoptosis-inducing factor (AIF) (Andrabi et al. 2008). To our knowledge, there are two specific instances where activation of PARP1 downstream from RIP1 kinase was found to contribute to necroptosis (Jouan-Lanhouet et al. 2012; Xu et al. 2010). However,

more generally, RIP1 and PARP1 appear to control distinct pathways of cell death (Degterev et al. 2005; Sosna et al. 2013).

Phorbol 12-myristate 13-acetate (PMA), a phorbol ester, activates protein kinase C (PKC). It was recently found that PMA-induced activation of PKC protected cells from TNF α -induced necroptosis by disrupting formation of the TNFR signaling complex and inhibiting the recruitment of RIP1 and TRADD (Byun et al. 2006). On the other hand, PMA was found to promote autocrine production of TNF α and necroptosis in L929 cells (Wu et al. 2011), suggesting a context- and/or cell type-specific roles for PKC. The availability of a large number of PKC inhibitors, targeting different family members, will undoubtedly facilitate investigation of the role of this kinase family in necroptosis.

Lysosomal membrane permeabilization is an important step in both oxidative stress-induced necrosis and necroptosis triggered by TNF α (Vanden Berghé et al. 2010). Dendritic cells undergo low levels of necroptosis in response to treatment with polyinosinic-polycytidylic acid (poly(I:C)), a surrogate of virus-derived dsRNA. In these cells RIG-I-like receptors (RLRs) are activated by poly(I:C) leading to destabilization of lysosomes and release of cathepsin D, a lysosomal hydrolase, into the cytosol where it promotes cleavage and inhibition of caspase-8, activates NF κ B, and induces production of cytokines (Zou et al. 2013). Knockdown of cathepsin D or treatment with the aspartyl protease inhibitor pepstatin A protects cells from necroptosis. It will be important to analyze the role of lysosomal cathepsins in animal models of necroptosis.

Cytosolic phospholipase A2 (cPLA2) and cyclooxygenases, critical mediators of arachidonic acid release and eicosanoid synthesis, have also been shown to contribute to necroptosis both in L929 cells and in mice injected with TNF α and zVAD.fmk (Cauwels et al. 2003; Hayakawa et al. 1993). Because oxidative reactions are involved, the role of cPLA2 was proposed to be connected to ROS overproduction, although it remains to be fully tested. These data may also point to an intriguing new connection between necrotic death and hyperacute inflammation *in vivo*.

Finally, accumulation of ceramide, a sphingolipid, has been implicated in necroptosis. Acid sphingomyelinase (ASM) is the member of the sphingomyelinase family responsible for converting sphingomyelin into ceramide. It is best known for its role in the lysosomal storage disorder Niemann–Pick disease. However, more recently the role of this enzyme and ceramide in multiple forms of cell death began to emerge (Smith and Schuchman 2008). Necroptosis in Jurkat, L929, and fibroblast cells was found to be associated with RIP1 kinase-dependent accumulation of ceramide (Thon et al. 2005). Furthermore, genetic deletion, knockdown, or pharmacologic inhibition of ASM using small-molecule inhibitors D609 (inhibitor of an upstream step of lysosomal ASM activation) and desipramine (Fig. 17.3d) protected cells from death. ASM was also found to act together with cyclophilin D (CypD) in mediating TNF α -dependent necroptosis in macrophages and zebra fish infected with mycobacteria (Roca and Ramakrishnan 2013). Dual administration of the CypD inhibitor alisporivir and desipramine promoted bacterial clearance by blocking macrophage cell death while preserving macrophage-mediated innate immune responses. It remains to be determined whether similar inhibition of necroptosis in higher

species may promote or hamper clearance of pathogens *in vivo*. It is also worth noting that ceramide has been shown to directly bind and activate cathepsin D as well as to serve as a precursor for sphingosine-1-phosphate, a prominent activator of pro-inflammatory gene expression (Heinrich et al. 1999; Pyne and Pyne 2000).

17.7 Conclusion

Activation of necroptotic cell death has now been demonstrated in multiple animal models, and its inhibition has been shown to protect from multiple forms of injury. In order to take full advantage of the treatment opportunity associated with necroptosis, a thorough understanding of the signaling pathways involved is required. Multiple mediators of necroptosis have been described, although the exact wiring of necroptosis execution, especially *in vivo*, remains to be uncovered. The increased availability of small-molecule inhibitors of key steps in the pathway is also critical. Multiple inhibitors of both upstream initiators of necroptosis, such as RIP1 and MLKL, as well as more downstream execution steps have been identified. These molecules represent excellent tools for furthering the understanding of the mechanisms of necroptosis. Targeting upstream necrosome components, RIP1, RIP3, and MLKL, currently seems to offer the best direction for therapeutic drug development. RIP1 kinase inhibitors, necrostatins, represent a well-characterized method to inhibit necroptosis. The use of Nec-1 in animal models has given not only a clearer understanding of the contribution that necroptosis plays in multiple pathologies but also a sound motive for the continued study of small-molecule inhibitors of RIP1 and for the development of inhibitors of other important components in the execution of necroptosis. For example, the first inhibitor of MLKL has been reported, and, although its use is currently limited to human cells, it is a promising start for finding additional tools targeting necrosome. As inhibitors of necrosome components continue to evolve, it will be important to understand whether particular disease conditions would benefit more from targeting particular complex components, *i.e.*, RIP1 vs. RIP3 vs. MLKL. Additionally, given the homology of the RIP1 and RIP3 DLG-out pockets, the development of dual-RIP1/RIP3 inhibitors may represent an intriguing opportunity. It is also worth noting that necroptosis mediators have been directly linked to not only cell death but also pro-inflammatory signaling (Christofferson et al. 2012; Kang et al. 2013; Lukens et al. 2013; McNamara et al. 2013; Vince et al. 2012; Wallach et al. 2011). Further study of the specific molecular mechanisms involved in both processes offers an opportunity to fine-tune future therapies. Other targets, described in this chapter, such as ROS, Akt, JNK, and cathepsin D, already have relatively well-developed inhibitors in the literature, and additional work needs to be done to either demonstrate or further study their effectiveness in inhibiting necroptosis *in vivo*. Overall, the outlook for the development of small-molecule inhibitors of necroptosis is extremely promising.

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Chapter 18

Methods to Study and Distinguish Necroptosis

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18.1 Introduction

Initially, it was assumed that apoptosis was the only regulated mode of cell death (Kerr et al. 1972), while necrosis according to standard textbooks was considered to be accidental following physicochemical injury and was essentially unregulated (Dave et al. 2012). Hence it was largely disregarded as a phenomenon that could be specifically targeted, until the first evidence of its molecular regulation arose (Laster et al. 1988; Schulze-Osthoff et al. 1993; Vercammen et al. 1998a, b). Later on, the discovery of receptor-interacting protein kinase-1 (RIPK1) and RIPK3 as key mediators of necrotic cell death (Holler et al. 2000; Cho et al. 2009; Zhang et al. 2009), the identification of chemical inhibitors of necrotic cell death and its targets (Degterev et al. 2005, 2008; Wang et al. 2007; You et al. 2008), and the finding of pathologies associated with regulated necrosis (Degterev et al. 2005; You et al. 2008; Takahashi et al. 2012) resulted in a general acceptance of necrosis being also the result of a molecularly regulated process (Vandenabeele et al. 2010). One of the best studied forms of regulated necrosis (RN) is initiated by the kinase activity of RIPK1 and -3 and has been coined necroptosis. However, the discovery of the role of RIPK1 and RIPK3 in necroptosis also allowed the distinction of other types of RN that could not be inhibited by the RIPK1 inhibitor necrostatin-1 (Nec-1), such as H₂O₂-induced necrosis (Vanden Berghe et al. 2010), MNNG-induced

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PARP-hyperactivation (parthanatos) (Xu et al. 2010; Sosna et al. 2013), and ferroptosis (Dixon et al. 2012). Due to the complexity of cell death signaling and the existence of many deviations, switches, and overlapping mechanisms, there is currently not a single method that at once discriminates between apoptosis and RN. To determine how cells die, we propose to follow a flow chart (Fig. 18.1), which covers three subsequent steps: (I) determining cell death rate and sensitivity, (II) observing the morphological features, and (III) analyzing the molecular signaling events involved. We discuss different approaches for each of these three main steps in further detail in this chapter. For detailed protocols on these methods, we refer to a more technical methodology paper (Vanden Berghe et al. 2013).

18.2 Three Steps to Determine Cell Death Modality

18.2.1 *Detection of Cell Death (Step I)*

The first step in analyzing cell death processes is to determine the cell death rate and sensitivity (Fig. 18.1, part I). Traditionally, cell survival, clonogenic, and membrane permeability assays are used to assess the cell death rate. Cell survival assays measure metabolic activity such as mitochondrial succinate dehydrogenase activity using a colorimetric substrate, while clonogenic assays typically stain colonies of cells that expanded from cells that are resistant to or recovered from a cell death challenge and retained the proliferation potential. Therefore, senescent cells or cells arrested in G₁ or G₂ will not score in a clonogenicity assay, although the cells did not undergo cell death. Regarding metabolic measurements, some drugs or targeted genes may affect metabolism or proliferation without inducing cell death. Also these conditions may lead to misinterpretation using metabolic readouts without really reflecting cell death induction. Therefore, membrane permeability assays are more reliable, as they measure the end stage of the cell death process itself, viz., cell membrane rupture. Generally, the available equipment, cell type, scientific question, and scale of the experiment all contribute to the final choice of cell death assay (Table 18.1).

18.2.1.1 Reduction of Tetrazolium Salts Measured by Spectrophotometry

This assay measures mitochondrial succinate dehydrogenase activity in cells, which reflects cell viability. Succinate dehydrogenase is part of the Krebs cycle and complex II at the inner mitochondrial membrane. 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) is a pale yellow substrate that is reduced by succinate dehydrogenase in living cells and reverted to a dark blue formazan product. Alternative substrates, such as (2,3-bis-(2-methoxy-4-nitro-5-sulfophenyl)-2H-tetrazolium-5-carboxanilide) (XTT), 3-(4,5-dimethylthiazol-2-yl)-5-(3-carboxymethoxyphenyl)-2-(4-sulfophenyl)-2H-tetrazolium (MTS) and water-soluble tetrazolium

salts (WSTs), are also often used. They have advantages over the non-soluble MTT in that they can be directly quantified and do not need dissolving in 10 % SDS/HCl. The major disadvantage of these viability assays, especially at the early stages of apoptotic cell death, is that dead cells often still have partially intact succinate dehydrogenase activity, which is erroneously scored as survival. Some conditions and some compounds may also modulate mitochondrial respiration or the Krebs cycle, resulting in increased or decreased succinate dehydrogenase activity, misleadingly appearing to be cell death-modulating conditions. For instance, resveratrol enhances the MTT-reducing ability of cells, although it induces growth arrest (Bernhard et al. 2003). MTT conversion is also affected by cell density and exhaustion of medium, which can result in underestimation of cell viability. Media containing phenol red also absorb light in the same wavelengths as the MTT/MTS/WST products, at ~750 nm (Pick and Keisari 1980). This can elevate background signals and hence reduce the dynamic range of the assay. The latter issue can be circumvented by using media free of phenol red or by subtracting background absorbance measured at 630–690 nm.

18.2.1.2 Dye Exclusion Methods

Trypan blue is a naphthalene sulfonate, impermeable to intact cell membranes and named after its ability to kill trypanosomes in animal models (Wainwright 2010). The negatively charged dye stains dead cells blue, which can be visualized under a light microscope and counted with a hemocytometer. Note that viable cells may stain light blue after more than 5-min exposure to the dye and may even die after 30 min of exposure to trypan blue (Awad et al. 2011). Although this method is most commonly used as a cell viability check during routine cell culture maintenance, devices for (semi)automated measurements of cell death using trypan blue are currently available (Louis and Siegel 2011). A major advantage of this method is its accessibility: a light microscope is all that is required. Unfortunately, the time-dependent toxicity of the dye may result in an overestimation of cell death.

Several types of fluorescent dyes exist that are excluded by an intact cell membrane. Such dyes can intercalate with DNA, can covalently bind to cellular proteins (amine-reactive dyes), or are trapped in viable cells after loading the dye ester and subsequent enzymatic processing (e.g., acetomethoxy-calcein). Although most DNA-intercalating dyes are non-fixable (except ethidium monoazide), they typically display an increase in intensity upon binding to DNA (up to 1,000-fold). As such, they do not require sequential washing steps and can even be added directly to the medium in multiwell-based assays. DNA-intercalating dyes include Sytox[®] probes, propidium iodide (PI), and 7-amino actinomycin D (7-AAD) and are all ±1 kDa in size. Fixation of PI-stained cells has been reported (Shen et al. 2011) but requires intensive washing before fixation. The amine-reactive dyes, such as LIVE/DEAD[®] stains, are routinely used with fixation procedures but also require washing steps before fixation and have a lower signal-to-noise ratio (50- to 80-fold increase

Fig. 18.1 Determination of cell death type following a decision tree. (I) Determine the cell death rate and sensitivity by measuring metabolic activity or by a colorimetric or a fluorometric dye exclusion method (Sect. 2). (II) Analyze the morphology of the dying cells by light or electron microscopy in function of time (Sect. 3.1), and characterize other biochemical events by multiplex methods. ^aApoptotic morphology is described in Fig. 18.2d–f. ^bNecrotic morphology is described in Fig. 18.2a–c. (III) Dependent on the activation of CASP3 two different (but partially overlapping) decision trees can be followed (Sects. 3 and 4). The decision tree for apoptosis determines which initiator caspase is involved and whether the apoptosis is dependent on RIPK1 or -3. The decision tree for necrosis analyzes first the involvement of caspase-1 or -11, which could be indicative for pyroptosis. This is followed by determining the involvement of RIPK1, RIPK3, and MLKL, which is indicative for necroptosis. If cell death occurs independent of caspase-1, caspase-11, RIPK1, RIPK3, and MLKL, other mediators of RN (mentioned in Table 18.3) should be analyzed using pharmacological and genetic approaches. [#]The observation of nuclear condensation and fragmentation during apoptosis should be extended by an approach to analyze DNA fragmentation (Sect. 3.2). ^{*}Fluorometric caspase activation assays and FRET/luciferase reporter systems should be interpreted with care, because the catalytic activity of caspases may be more influential in a cellular context than their supposed substrate preference. As such, specificity of the fluorometric activation assay or FRET/luciferase reporter systems should be validated after knockdown of the target caspase in the same cellular model and with the same stimulus

Table 18.1 Main characteristics, advantages, and disadvantages of cell death assays

	Light microscopy	Plate reader	Flow cytometer	HCI microscopy
Cell type	Suspension or adherent	Suspension or adherent	Suspension or trypsinized adherent	Adherent or suspension (coated surface)
Exp. size	Small	Medium to large	Medium to large	Small to medium
Dye	Trypan blue	Fluorescent exclusion	Fluorescent exclusion	Fluorescent exclusion
Advantage	Cheap	Fast	Multiparameter	Multiparameter/morphology
Disadvantage	Time consuming, dye toxicity	Quenching/ autofluorescence	Quenching/ autofluorescence	Data processing labor intensive
Measures	Single cell	Population only	Single cell and population	Single cell and population
Application	Viability check, quality control	Inhibitor study determination IC50	Analysis of blood cells or suspension cells	Qualitative and quantitative analysis

of signal in dead cells versus living cells) as compared to unfixed DNA-intercalating dyes (Perfetto et al. 2006).

Fluorescent exclusion dyes can be analyzed by image- or flow-based cytometers or fluorescent plate readers. The latter approach may involve risks: certain chemical compounds may quench the fluorescent exclusion dyes or they may be autofluorescent, resulting in, respectively, under- or overestimation of the actual cell death. It is therefore advisable to visually inspect fluorescent cell death assays by light/fluorescent microscopy as well or to complement them by a cell survival assay. Image- or flow-based cytometers have the advantage that they allow to monitor other parameters simultaneously, but they are more complicated to use and to extract data. Cytometric methods will be discussed in more detail in the following sections.

18.2.1.3 Determining Cell Death In Vivo

Few studies address the direct visualization of necrotic cell death in vivo using fluorescent techniques (Cordeiro et al. 2010), because fluorescent light penetrates poorly through tissues of a living animal and because most fluorescent membrane exclusion dyes are not fixable. Therefore, most reports on direct measurement of necrotic cell death in vivo are based on radiolabeling (Table 18.2). These markers have been developed for a clinical setting, so often it is not clear whether they detect cell death in general or specifically apoptosis or necrosis. However, some probes exist that accumulate in regions that correspond with caspase activation in postmortem examination. These either bind to activated caspases (Smith et al. 2008; Cohen

Table 18.2 Methods for the detection of necrosis and cell death in general in vivo

	<u>Probe/principle</u>	<u>IV</u>	<u>PM</u>	<u>Preferred application</u>	<u>Refs.</u>
Fluorescent	<u>Propidium iodide, Annexin V</u>		<u>IV</u>	Detect cell death modality in the eye	Cordeiro et al. (2010)
	PI enters dead cells, fluorescent Annexin V binds exposed PS				
Radio-active tracers	<u>18F-ML-10, 3H-ML-9, 18F-ICMT-11, 18F-isatin sulfonamides</u>		<u>IV</u>	Detect caspase activation in living animals	Smith et al., (2008), Cohen et al., (2009), Grimberg et al. (2009), Nguyen et al. (2009)
	Radio labeled synthetic caspase substrate				Blankenberg et al. (1999)
	<u>99mTc-HYNIC Annexin V</u>		<u>IV</u>	Detects cell death in living animals	Mariani et al. (1999)
	Radio labeled Annexin V binds exposed PS				Ni et al. (2006), Li et al. (2012)
	<u>9mTc-glucarate</u>		<u>IV</u>	Identifies necrotic tissue less than 9 h after insult	Fonge et al. (2007)
	Radio labeled compound accumulates in necrotic tissue				
	<u>123I-labeled hypericin</u>		<u>IV</u>	Identifies necrotic tissue more than 9 h after insult	
Nuclear magnetic resonance	Radio labeled compound accumulates in necrotic tissue				
	<u>99mTc(CO)3-labeled 3,3'-(benzylidene)-bis-(1H-indole-2-carboxylate)</u>		<u>IV</u>	Specific detection of primary necrotic tissue	Prinsen et al. (2011)
	Compound accumulates in necrotic tissue				
	<u>Bis-hydrazide-bis-DTPA pamoic acid</u>		<u>IV</u>	Identifies necrotic tissue 4–18 h after insult	Fonge et al. (2007)
DWMR imaging	Compound accumulates in necrotic tissue				Ni et al. (1997)
	<u>Paramagnetic metalloporphyrins</u>		<u>IV</u>	Detect necrotic tissue in a nonradioactive way	Wendland et al. (2008), Chiaradia et al. (2013)
	Compound accumulates in necrotic tissue				
	<u>Diffusion-weighted MR imaging measures loss of free diffusion of water (proton spins) when moving out of extracellular matrix into the cell during cell death</u>		<u>IV</u>	Detect dying cells in a nonradioactive way	

(continued)

Table 18.2 (continued)

	IV		Preferred application	Refs.
	PM	IV		
Indirect markers			Detect DAMPs in plasma	Kuenzler et al. (2002)
	Released lactate dehydrogenase is measured in the blood flow	IV	Detect DAMPs in plasma	Kuenzler et al. (2002)
	Released hexosaminidase is measured in the blood flow	IV	Detect DAMPs in plasma	Kuenzler et al. (2002)
	Released mitochondrial DNA is measured in the blood flow by quantitative PCR	IV	Detect DAMPs in plasma	Zhang et al. (2010); Duprez et al. (2011), Krysko et al. (2011)
	Released HMGB1 is measured in the blood flow by ELISA	IV	Detect DAMPs in plasma	Scaffidi et al. (2002)
	Released IL-33, IL-1 α , or cyclophilin A is measured in the blood flow	IV	Detect DAMPs in plasma	Luthi et al. (2009), Christofferson and Yuan (2010), Cohen et al. (2010)
Biochemical markers	TUNEL labeling of nicked DNA	PM	Extra validation of apoptosis besides caspase activation	Gavrieli et al. (1992)
	IHC active CASP3 immunohistochemistry with antibody against active CASP3	PM	Demonstrates caspase activation, after demonstration of cell death	Nagata (2000)

IV in vivo, PM postmortem

et al. 2009; Grimberg et al. 2009; Nguyen et al. 2009) or exposed phosphatidyl serine (Blankenberg et al. 1999). It is important to note that caspase activation also occurs in physiological settings without involvement of cell death, such as inflammation (Lamkanfi et al. 2007; Kuranaga 2012). As such, confirmation of cell death occurring in these regions where caspases are active is required. On the other hand, probes have been described that accumulate in necrotic regions induced by various insults (De Saint-Hubert et al. 2009) but not in cell death regions induced by apoptosis-inducing stimuli (Prinsen et al. 2011). Some of these markers, such as the metalloporphyrins can also be detected with nonradioactive nuclear magnetic resonance (NMR) (Ni et al. 1997). Diffusion-weighted magnetic resonance imaging can also detect cell death without injecting contrast markers (Chiaradia et al. 2013), but no real distinction between apoptotic and necrotic cell regions can be made (Wendland et al. 2008).

Cell death can also be measured *in vivo* by indirect markers, such as the release of intracellular content in the blood flow. These can be general cell death markers such as the release of cytosolic lactate dehydrogenase, lysosomal hexosaminidase (Kuenzler et al. 2002), and mitochondrial DNA (Zhang et al. 2010; Duprez et al. 2011; Krysko et al. 2011) or biomarkers supposed to be more specific for necrosis such as HMGB1 (Scaffidi et al. 2002), IL-33 (Luthi et al. 2009), IL-1 α (Cohen et al. 2010), and cyclophilin A (Christofferson and Yuan 2010). Note that HMGB1 can also be released by macrophages in the absence of cell death (Andersson et al. 2000). Moreover, in the case of massive apoptosis with insufficient phagocytic capacity, apoptotic cells can lose their confinement and evolve to secondary necrosis, during which intracellular content is also released. However, in contrast to necrosis, cells that undergo secondary necrosis did undergo a wave of caspase-mediated proteolysis resulting in the cleavage of certain cellular proteins.

18.2.2 Discrimination of Apoptosis Versus Necrosis (Step II)

Next to the detection of cell death, we want to define the cell death modality. Typically, morphologic examination (Fig. 18.1, part II Morphology), followed by some biochemical approaches (Fig. 18.1, part III Molecular signaling events), will allow to pinpoint whether the cells die by apoptosis, necroptosis, or another form of RN. Generally, it is important to combine several methods from each of the main categories described below in order to reach a valid conclusion. In addition, we want to emphasize that cells should be analyzed at different time points, because these cell death features change over time: absence of apoptotic hallmarks should be confirmed over the entire course of the cell death process for a validation of necrotic cell death. Moreover, some inhibitors may block one cell death modality (necroptosis or apoptosis) and allow a switch to another cell death modality (e.g., the pan-caspase inhibitor zVAD-fmk blocks Fas-induced apoptosis in L929

cells, but allows a switch to necrosis) (Vanden Berghe et al. 2003, 2010). Many more examples of such cell death modality switches have been reported (Vanlangenakker et al. 2011a; Dondelinger et al. 2013; Remijsen et al. 2014). This illustrates that although the extent of cell death may have not been changed at the endpoint, the type of cell death clearly is.

18.2.2.1 Morphologic Analysis by Light Microscopy

Differences in morphology between apoptotic and necrotic cell death were the initial clues that different cellular processes were ongoing (Fig. 18.1, part II). Today, these morphological differences are still the most important telltale signal of necrotic cell death. The typical rounding and swelling of the cells, together with increased cytoplasmic granularity and intact nuclei, are easy to recognize even by light microscopy (Fig. 18.2a, b). These early events are followed by a rapid loss of plasma membrane integrity, which is visualized by the uptake of PI and clear nuclear staining (Fig. 18.2c). In contrast, apoptotic cells shrink, show membrane ruffling and nuclear condensation, form apoptotic bodies (membrane-bound vesicles that contain compacted organelles and nuclear components), and expose phosphatidyl serine (Fig. 18.2d–e) (Wyllie 1981). The morphological necrotic events until today still form the best distinctive marker of necrosis and can be considered as a quick and easy first checkpoint to discriminate apoptotic and necrotic cell death. Apoptotic cells in the absence of phagocytic cells can proceed to secondary necrosis, in which cells have lost plasma membrane integrity, but even at this stage clear morphologic markers of apoptosis can be appreciated such as nuclear fragmentation and presence of apoptotic bodies containing nuclear DNA (compare Fig. 18.2c and f).

18.2.2.2 Morphologic and Multiparametric Analysis by Multiplex Methods

Considering the dynamic behavior of dying cells, it is important to document the entire process by, e.g., live cell imaging or by high-content cytometry (HCC). This will avoid erroneous categorization of apoptotic cells as necrotic, because they also proceed to a secondary necrotic phase upon plasma membrane rupture in the absence of sufficient phagocytic activity. Notice that these live cell imaging and HCC techniques can be extended by using fluorescent probes to monitor cell death-related biochemical events such as plasma membrane rupture, lysosomal membrane rupture (using lysotracker®), loss of mitochondrial membrane potential (using tetramethylrosamine methyl ester, TMRM), generation of reactive oxygen species (ROS, using carboxy-H₂DCFDA or DHR123), phosphatidyl serine exposure (using fluorescently labeled Annexin V), or calcium fluxes (Fluo-3)—all probes are available at Life Technologies (Vanden Berghe et al. 2010). Secondary necrotic cells still retain some apoptotic features, such as condensed and

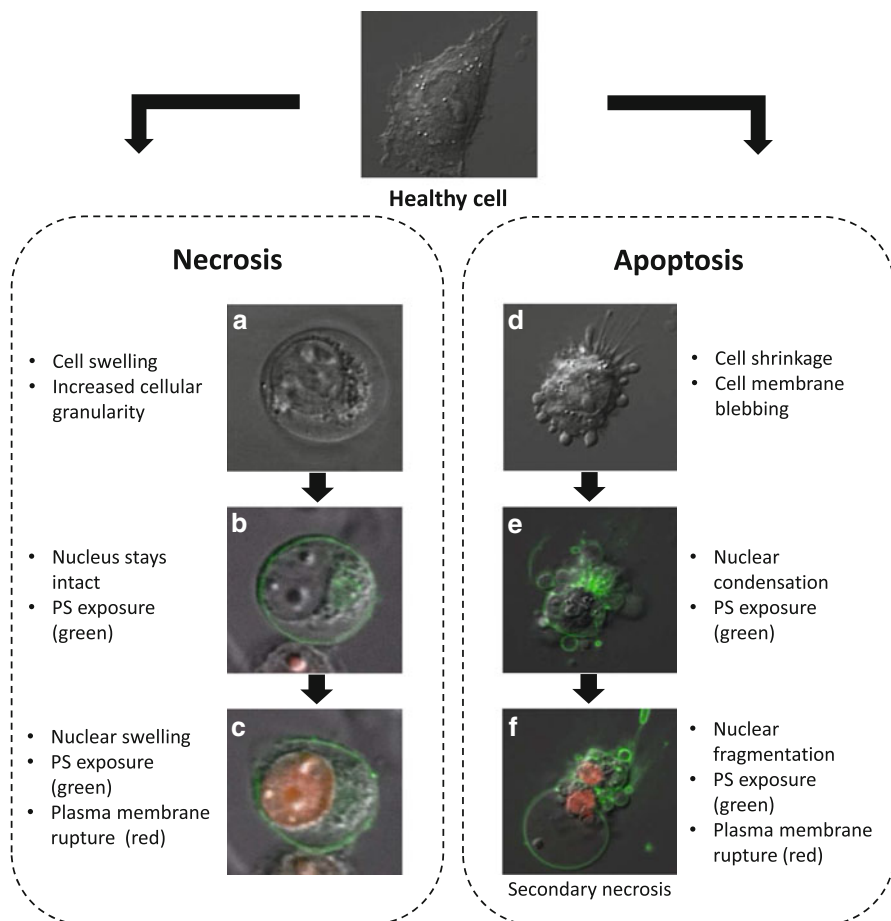


Fig. 18.2 Main morphological characteristics of necrotic and apoptotic cell death observed by (fluorescence) light microscopy, illustrated in the L929 model system. Necrosis is characterized by (a) cellular rounding, swelling, and an increased granularity; (b) minor changes to the nucleus and phosphatidyl serine (PS) exposure on the plasma membrane; and, finally, (c) nuclear swelling, continued PS exposure, and rupture of the plasma membrane. Apoptosis is recognized by (d) cellular shrinking, formation of cell membrane ruffles and blebs, (e) nuclear condensation, PS exposure, and (f) nuclear fragmentation, PS exposure, and plasma membrane rupture (secondary necrosis). Notice that secondary necrotic cells still have condensed and fragmented nuclei caused by the apoptotic process, which is in strong contrast to the normal to swollen nuclei observed during primary necrosis

fragmented nuclei (see Fig. 18.2f), loss of chromatin structure (due to caspase-mediated cleavage of lamins), and internucleosomal cleavage (due to the activity of the caspase-activated DNase). Condensation of the nuclei and loss of chromatin structure result in an intense but homogeneous staining with Hoechst or PI. In contrast,

primary necrotic cells still retain their chromatin structure and are stained less intensely by Hoechst or PI, initially featuring brightly stained nucleoli after membrane permeabilization (time-lapse movies available at <http://www.youtube.com/user/dmbrUPVA?ob=0>).

Cytometers can be either image based or flow based and can measure multiple parameters simultaneously when using fluorescent probes, and this on a cell-by-cell basis. This provides a high resolution at the level of the cell population and thus delivers meaningful insights into intrinsically heterogeneous responses, such as the response of individual cells in a population to a cell death stimulus. Flow cytometry requires the use of cells in suspension, possibly enhancing the risk of artifacts from manipulation when working with adherent cell cultures. However, fluorescence measurements using flow cytometry have a broad dynamic range and allow good separation of positive and negative cell populations. As cellular, nuclear, and organelle morphological aspects are key to get insight into an ongoing cell death modality, high-content imaging systems became extremely useful in the analysis of cell death. These instruments combine multiparameter, automated image acquisition in different cell plate formats and at selective optical resolutions, with automated image analysis algorithms that calculate morphological as well as fluorescence intensity parameters. Depending on the optical resolution and acquisition speed required, data on large cell populations can be processed and analyzed. Assays on high-content imaging systems allow combination of the cell death endpoint measurement with measurements of mitochondrial function, nuclear morphology, lysosomal rupture, PS exposure, autophagy, caspase activity reporters, or any other fluorescence-based parameter.

18.2.2.3 Morphologic Analysis by Electron Microscopy

Although morphologic analysis using light microscopy might be indicative of necrotic cell death, transmission electron microscopy (TEM) is still the most accurate but labor-intensive method for differentiating between apoptosis and necrosis in cell culture, because it allows the visualization of two-dimensional structures at the cellular and subcellular level. Necrotic cells are characterized by swollen organelles and irregular chromatin condensation, while in apoptotic cells, organelles are compacted in the apoptotic bodies and uniformly dense masses of chromatin are distributed against the nuclear envelope (karyopyknosis) (Cummings et al. 1997; Krysko et al. 2003). Recent evolutions in electron microscopy such as focused ion beam/scanning electron microscopy (FIB/SEM) have even rendered 3-dimensional images of tissues at the ultrastructural level (Knott et al. 2011), and the creation of electron-dense protein tags allows direct visualization of proteins of interest in both fluorescent light and EM (Shu et al. 2011). Dying cells that detach during the cell death process may represent a technical challenge for EM: centrifugation of these cells may change their ultrastructural appearance. Fortunately, a method has been developed to trap detached cells by adherent macrophages, thus tethering them to a solid substrate, suitable for fixation (Vanden Berghe et al. 2013). Although TEM presents

the most detailed view of morphological changes during cell death, it is a complex and time-consuming method, requiring expert knowledge to recognize subcellular structures, and not suitable for routine examination of cell death processes.

18.2.2.4 DNA Fragmentation Analysis by Electrophoresis, Flow Cytometry, or TUNEL Assay

DNA fragmentation is considered a hallmark of apoptotic cell death and results in fragments of more than 5 kbp and nucleosomal sized fragments of multiples of 200 bp responsible for the typical DNA ladder pattern (Nagata 2000, 2002), which normally does not occur during necrotic cell death. These DNA ladders can be detected by agarose gel electrophoresis (Walker et al. 1999), but this method does not allow a quantitative analysis on the single-cell level, a disadvantage that can be overcome by flow cytometry or terminal deoxynucleotidyl transferase-mediated deoxyuridine triphosphate nick-end labeling (TUNEL) assay.

The flow cytometry method visualizes the DNA fragmentation that occurs during apoptosis but not during necrosis. DNA degradation in apoptotic cells causes generation of small DNA fragments (Nicoletti et al. 1991). The mean intensity of PI seems to drop due to DNA and nuclear fragmentation (referred to as “hypoploid population”). This method will only work properly after permeabilization of all cells, such as achieved by a freeze–thaw cycle, since apoptotic cells maintain membrane integrity after DNA fragmentation. Due to its increase in intensity after binding to DNA, there is no need to remove the PI after staining (Vanden Berghe et al. 2013).

The TUNEL assay is a frequently used histochemical method to demonstrate apoptosis in *in vivo*-derived samples. In this assay, terminal deoxynucleotidyl transferase recognizes nicks in the DNA and adds dUTPs, modified with bromine, biotin, or fluorophores, which are then directly visualized or indirectly using fluorescent or peroxidase-coupled streptavidin or antibodies (Gavrieli et al. 1992). It is noteworthy that extracellular DNase activity (Napirei et al. 2004), active gene transcription (Kockx et al. 1998), or even inappropriate processing of samples may also result in a positive TUNEL signal. The same holds true for caspase-independent release of EndoG by ischemic cardiomyocytes (Zhang et al. 2011) and AIF-mediated DNA processing in a caspase-independent manner during hippocampal neuronal cell death (Thal et al. 2011). As such, the TUNEL assay is not sufficient as the only biochemical proof of apoptosis.

18.2.2.5 Analysis of Caspase Activation

Caspases are cysteine-containing aspartate-specific proteases that drive multiple cellular processes such as apoptosis, pyroptosis, proliferation, and differentiation depending on the caspase involved and cellular context (Lamkanfi et al. 2007; Crawford and Wells 2011). Caspases consist of a p20 and a p10 subunit that contain the residues essential for substrate recognition and catalytic activity and a

prodomain of variable length. Proteolytic activation results in the physical separation of the p10, p20, and prodomain subunits, forming active heterotrimers in an antiparallel orientation (Kersse et al. 2011). Although all caspases require an aspartate at the P1 site of their substrates, the preference for other upstream amino acid residues (P4–P2) in their substrates varies between different caspases, thus defining different substrate specificities for different caspases. Activation of the two major executioner caspases (caspase-3 and -7) in dying cells is a hallmark of apoptosis and therefore a strong argument in favor. The activity of caspases is transient, and thus analysis in function of time, covering the entire course of the cell death process, is required. Caspase activation can be monitored by fluorometry (fluorescently labeled substrates), antibody-based methods, or reporter assays.

A fluorometric caspase activation assay uses the preferred tetrapeptide substrate for the caspase of interest, where the aspartic residue at P1 is coupled to 7-amino-4-methylcoumarin (AMC) or 7-amino-4-trifluoromethylcoumarin (AFC) by a peptide bond. If the caspase under investigation is active, it hydrolyzes this peptide bond after the P1 aspartic acid, thus releasing free AMC or AFC. Free AMC or AFC can be excited to fluorescence, which can be measured in plate-based fluorometers. Notice that some caspases (such as caspase-3) have higher absolute k_{cat}/K_m values in general, presumably due to a higher intrinsic catalytic efficiency (Stennicke et al. 2000), which overrules the supposed specificity of tetrapeptide substrates for the different caspases (Pop et al. 2008; Pop and Salvesen 2009). Therefore researchers should be aware that the limited specificity of these small peptide substrates does not allow conclusion on the identity of caspases involved.

Fortunately, antibody-based techniques for caspase activation became available and allow the direct detection of activated caspases or the products of their proteolytic activity. Western blot is a commonly used technique requiring antibodies raised against epitopes created after proteolytic caspase activation, including both cleaved caspases and their processed substrates. ELISA-based methods require antibodies that recognize epitopes specific for proteolytic cleavage by caspases but are faster and more quantitative than western blots. Activated caspases can also be detected via histochemistry on fixed cells or tissue samples (Nagata 2000). Monitoring activation of the apoptotic executioner caspase-3 and processing of its prototype substrate PARP-1 (116 kDa), generating the characteristic 89 kDa cleavage fragment, is the most reliable approach to confirm or to rule out apoptosis.

A special and very useful case of an antibody-based assay for epithelial cell death involves cytokeratin 18 (CK18), which is cleaved during apoptosis (neo-epitope detectable with M30-Apoptosense® assay) but released in its non-cleaved form during necrosis (detectable by M65® ELISA). Both M30 and M65 are commercialized by Peviva AB (Bromma, Sweden), which also provides standard calibration material to normalize both assays. A high M30:M65 ratio corresponds to induction of apoptosis in cultured cells, while a low M30:M65 ratio is representative for necrosis induction. In vivo detection of caspase-cleaved CK18 is also possible in plasma and by immunohistochemistry (Cummings et al. 2008).

18.2.2.6 Caspase Activity Measurement Using Fluorescence- and Luminescence-Based Reporter Assays

Caspase activity can be monitored by genetically encoded reporter constructs, usually based on Förster resonance energy transfer (FRET) (Rehm et al. 2003; Laussmann et al. 2011). These reporters contain a caspase-cleavage site between both fluorescent proteins that make up the FRET pair; after caspase activation, the fluorescent proteins are physically separated and diffuse apart, thus reducing the signal of the FRET acceptor when exciting with light of the donor-excitation wavelength. Importantly, both fluorescent proteins can be excited by light of their own excitation wavelength, which allows distinguishing proteasomal degradation of the acceptor from *bona fide* caspase activation. FRET can be measured on live or fixed cells both by fluorescent (confocal) microscopy and flow cytometry. The Casper3-BG vector (FP970; Evrogen) was successfully used to demonstrate cell death switches between apoptosis and necrosis in the L929 model system (Vanlangenakker et al. 2011a). Casper3-BG consists of a blue fluorescent protein connected by a DEVD sequence with a green fluorescent protein. During apoptosis, caspase-3 processes DEVD, eliminates FRET, and increases the blue/green ratio (Fig. 18.3a). However, PI-positive cells should be excluded from the FRET analysis (Fig. 18.3b). Other similar FRET-based probes monitoring caspase-1 (Mahajan et al. 1999), caspase-6/8 (He et al. 2004), or caspase-9 (Figueroa et al. 2011; Wu et al. 2011) activity are also available. Simultaneous monitoring of caspase-8 and caspase-3 activity in single cells is also possible using a dual-FRET system (Kominami et al. 2012). Once a stable cell line has been generated, the FRET technology allows easy, fast, and reliable discrimination between apoptosis and necrosis. A disadvantage is that FRET signals can be quite weak and difficult to detect, requiring stable high expression levels. Fluorescent reporter probes based on a quenching peptide that is removed after activation of caspases have been developed for caspase-6 and -7, but these appear to have a very low signal-to-noise ratio (Wu et al. 2013).

Recently, other reporter constructs for caspase-1 and caspase-3/7 based on luciferase activity have been published, GloSensor and iGLuc (Bartok et al. 2013; Galban et al. 2013). The GloSensor system was created by inserting the caspase-3/7 recognition sequence in the middle of the *Photuris pennsylvanica* luciferase, which inactivates the luciferase. After processing by caspase-3/7, both parts of the luciferase can reconstitute the active luciferase and a 50- to 100-fold induction of luciferase activity was observed (Bartok et al. 2013). This system was successfully used in a compound screening and to monitor caspase-3/7 activation in an *in vivo* mouse model of pancreatitis (Galban et al. 2013). The second system, iGLuc, is a fusion between pro-IL-1 β and Gaussia luciferase, which forms nonluminescent aggregates. After overexpression of caspase-1 or activation of the inflammasome, pro-IL-1 β is processed, releasing the mature IL-1 β fused to luciferase from the aggregates and resulting in a 571-fold increase in luminescence (Bartok et al. 2013). iGLuc was successfully used to monitor inflammasome activation *in vivo* in a mouse infection model with *Listeria* (Bartok et al. 2013). The system can be

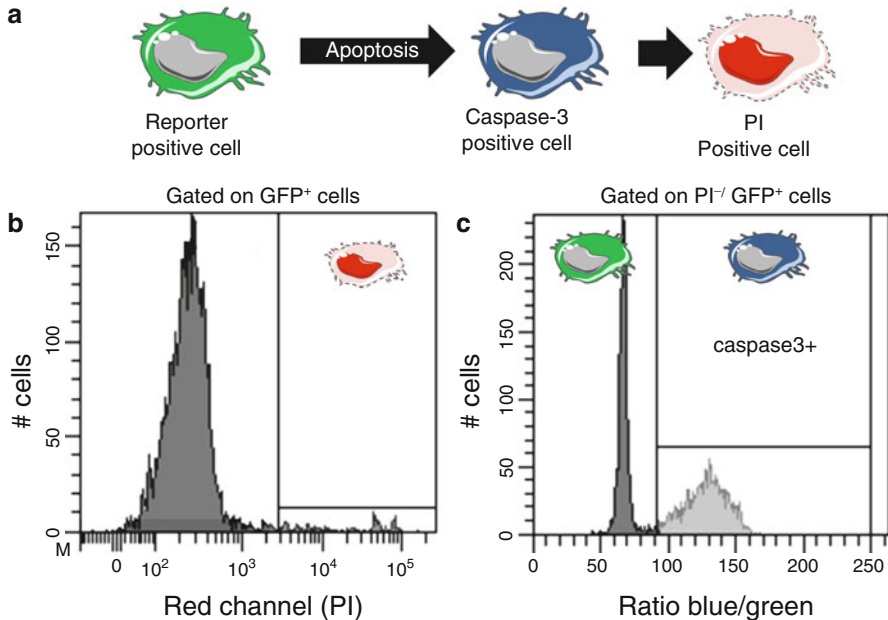


Fig. 18.3 FRET-based reporter system for the detection of caspase activation: a blue fluorescent protein is connected to a green fluorescent protein by a caspase-3 target sequence (DEVD). (a) During apoptosis, activated caspase-3 physically separates both fluorophores of the FRET pair, resulting in an increased blue/green ratio, and, finally, propidium iodide (PI) positivity. After a freeze–thaw cycle, PI intensity also indicates the hypodiploidy status of the cell population (not shown). (b) Flow cytometry allows quantification of the blue/green intensity ratio on PI-negative cells

modified to report on the activity of other caspases, such as caspase-3, by replacing the caspase-1 substrate recognition site with another one, i.e., DEVDG for caspase-3 (Bartok et al. 2013). Of note, the iGLuc system has a higher signal-to-noise ratio than the GloSensor system, which is probably related to the formation of nonluminescent aggregates in the iGLuc system, effectively reducing the background signal.

The specificity of the genetically encoded reporter probes for the intended target protease versus other off-target protease remains to be evaluated for most reporters. As they are based on the short peptide substrates, the specificity might be an issue especially in conditions of massive caspase-3 activation which has a high catalytic turnover (Pop et al. 2008; Pop and Salvesen 2009). Indeed, a FRET reporter construct with the preferred *in vitro* substrate recognition sequence of caspase-2 (VDVAD) appears to be cleaved mainly by effector caspases and caspase-8 when transfected in cells (Delgado et al. 2013).

18.2.2.7 Potential New Markers of Necrosis

In contrast to the proteolytic caspase cascade in apoptosis, the necroptotic signaling cascade is a kinase cascade. This kinase cascade is initiated by RIPK1 kinase activity (Degterev et al. 2005, 2008), involves the formation of an RIPK1–RIPK3 containing necrosis complex (“necrosome”) in an RIPK1 activity-dependent manner (Cho et al. 2009), and proceeds with the phosphorylation and activation of MLKL at Thr357 and Ser358 (Sun et al. 2012). Phosphorylation of RIPK1 and RIPK3 is visualized on western blot by the appearance of a second band running slightly above the steady-state band (Cho et al. 2009; He et al. 2009; Zhang et al. 2009). Another as yet to be validated approach of detection of necroptosis-specific phosphorylation events will be the use of phospho-specific antibodies directed against necroptosis-specific phosphorylation events such as the RIPK3 phosphorylation site on MLKL (Thr357 and Ser358) (Sun et al. 2012), the autophosphorylation sites of RIPK1 (Ser14/15, Ser20, Ser161, and Ser166) (Degterev et al. 2008), or RIPK3 (Ser227) (Sun et al. 2012) to probe for RIPK1, RIPK3, or MLKL phosphorylation in multiple applications, such as immunohistochemistry, flow cytometry, or total cell extracts by ELISA, multiplex bead arrays, or western blot. These phospho-specific markers of necroptosis may form the longed-for parameter of necroptosis. However, in view of the role of RIPK3 and MLKL in regulating inflammasome activation in particular conditions of IAP inhibition or absence of caspase-8, rigorous controls may be required again (Vince et al. *Immunity* 2012; Kang et al. *Immunity* 2013). Similar to the FRET-based protease reporters, kinase activity reporters (KARs) for RIPK1- or RIPK3-mediated phosphorylation events could be developed (Morris 2013). These KARs are based on a FRET pair flanking a phosphorylation target sequence and a phosphoamino acid-binding domain (PAABD). When kinases phosphorylate the target sequence, the PAABD binding brings the FRET pair in each other’s neighborhood and increased fluorescence is detected (Sipieter et al 2013, Sipieter et al 2014). Similar KARs based on split luciferase have been described as well. These luciferase-based KARs have the advantage that they can be used for in vivo reporting as well (Herbst et al. 2011; Williams et al. 2013).

18.2.2.8 In Vivo Markers of Necrosis

Massive apoptosis saturates the phagocytic system, and secondary necrosis will result in the release of the same marker molecules; confirming the absence of apoptosis by immunohistochemistry of particular tissues or cells is thus necessary to confirm necrotic plasma markers. *Postmortem* analyses for necrotic cell death is possible by pathologists using hematoxylin- and eosin-stained sections (Kaiser et al. 1995; Gukovskaya et al. 1996). A low M30:M65 ratio of CK18 in plasma (as discussed above), but also in sections of tissue (www.peviva.se and Duan et al. 2003), may also be indicative of necrotic cell death. Although in vivo injection of PI has been applied (You et al. 2008), this is not yet a standardized easily applicable

technique. Recently, a fusion of Hoechst with the infrared dye IR-786 (Hoechst-IR) was shown to be cell membrane impermeable and specifically bind to released extracellular DNA (Dasari et al. 2010). Unfortunately, this dye probably also recognizes secondary necrotic tissues in an LPS-GalN-induced hepatitis model (Dasari et al. 2010), underscoring the need for confirming absence of active caspases by immunohistochemistry. The most conclusive postmortem evidence for necrosis can still be obtained by TEM, since organelle swelling, patch-like irregular chromatin condensation, and ruptured plasma membranes can directly be observed. Moreover, *in vivo* necroptosis is often associated with accumulation of necrotic nuclei in the affected tissue or organs (Gunther et al. 2011).

Real-time and direct *in vivo* imaging of necrotic cell death is perhaps the most interesting application in a clinical setting. Contrast agents which accumulate in necrotic tissue (necrosis-avid contrast agents) may offer a unique combination of identifying specifically primary necrotic tissue and this in real time (Prinsen et al. 2011). The main disadvantage for this technique is that the equipment and technical staff required for these methods are usually not accessible for small animals in an academic setting.

18.2.3 Identifying Signaling Components of Regulated Necrosis (Step III)

The molecular unraveling of RN has revealed that, similar to apoptosis, it can be activated by many different triggers, which activate partly overlapping pathways, involving RIPK1/RIPK3, PARP-1, ROS, and intracellular Ca²⁺ release (Table 18.3). Finally, these processes converge on a similar cellular disintegration process, characterized by cellular swelling, lysosomal membrane permeabilization, and cell rupture (Vanden Berghe et al. 2010; Vandenabeele et al. 2010; Vanlangenakker et al. 2012).

18.2.3.1 Pharmacological Inhibition

Currently, the best characterized type of RN is necroptosis. According to its most recent definition (Galluzzi et al. 2012), any cell death that can be inhibited by genetic ablation or knockdown of either RIPK1 or RIPK3 or by chemical inhibition by necrostatin-1 (Nec-1 or 5-(1H-indol-3-ylmethyl)-3-methyl-2-thioxo-4-imidazolidinone) is defined as necroptosis; however, this is not exclusive. Recently, RIPK3-dependent (Dondelinger et al. 2013) and RIPK1 kinase activity-dependent (Wang et al. 2008; Duprez et al. 2012) apoptosis have also been reported in certain cellular settings. This illustrates again the need of using several independent methods, most importantly by checking morphological appearance and confirming absence of caspase activity, *cf.* the decision tree in Fig. 18.1. More recently, necro-sulfonamide (NSA) was identified as a new inhibitor of necroptosis in human cells,

Table 18.3 Potential alternative forms of regulated necrosis

Genetic depletion	Pharmacological depletion	Necrotic model	Refs.
RPL8	Ferrostatin-1	Ferroptosis	Dixon et al. (2012)
IREB2	(Fer-1)		
ATP5G3			
ACSF2			
CS			
TTC35			
GPX4		Excitotoxicity	Seiler et al. (2008)
Nox1	Diphenyleneiodonium (DPI)	NADPH oxidase-induced necrosis	Yamashima (2000), Kim et al. (2007), Yazdanpanah et al. (2009), Kim et al. (2010)
P22phox	GKT137831	Netosis	
NDUFB8	Rotenone	Mito CI-induced ROS	Goossens et al. (1999), Vanlangenakker et al. (2011b)
PLA ₂	Bromo-enol lactone (BEL)	Phospholipase-induced necrosis	Suffys et al. (1991), De Valck et al. (1993), Shinzawa and Tsujimoto (2003), Festjens et al. (2006)
PLD	Methyl-arachidonyl fluorophosphonate (MAFP)		
CypD	Cyclosporine A	MPT-induced necrosis	Baines et al. (2005), Nakagawa et al. (2005), Linkermann (2013)
PARP1	Sanglifehrin		
	3-Aminobenzamide	Parthanatos	Jouan-Lanhouet et al. (2012), Sosna et al. (2013)
No protein target	Desferrioxamine (DFO)	Fenton-type-mediated necrosis	Smith (1987), Vanden Berghe et al. (2010)
No protein target	Butylated hydroxyanisole (BHA)	ROS-induced necrosis	Goossens et al. (1995), Festjens et al. (2006)
	<i>N</i> -Acetyl-cysteine (NAC)		
No protein target	Calcium chelators	Calcium-induced necrosis	Yoshioka et al. (2000), Kourtis et al. (2012)
	Dantrolene		

RPL8 ribosomal protein 8, *IREB2* iron response element binding 2, *ATP5G3* ATP synthase complex subunit C3, *ACSF2* acyl-CoA synthetase family member 2, *CS* citrate synthase, *TTC35* tetra-rapeptide repeat domain 35, *GPX4* glutathione peroxidase 4, *NDUFB8* NADH dehydrogenase (ubiquinone) 1 beta subcomplex 8, *NOX1* NADPH oxidase 1, *PLA₂* phospholipase A₂, *CypD* cyclophilin D, *PARP-1* poly [ADP-ribose] polymerase 1

which could also be used to confirm the necroptosis typing. This compound covalently binds to Cys86 of MLKL, a crucial substrate of RIPK3 (Sun et al. 2012). In vivo, injection of Nec-1 has been used a lot to prevent cell death in several disease models (Degterev et al. 2005; Smith et al. 2007; You et al. 2008; Duprez et al. 2011). Recently, a more stable and specific variant of Nec-1 was discovered (no off-target effect on immunomodulatory enzyme indoleamine 2,3-dioxygenase), i.e., Nec-1s (Takahashi et al. 2012; Degterev et al. 2013), which is recommended to use in vivo instead of Nec-1 (Vandenabeele et al. 2013).

In addition to Nec-1 and NSA that both block necroptosis (for NSA only in human cells), several pharmacological inhibitors having other targets than RIPK1, RIPK3, or MLKL (Table 18.3) are described to interfere with some form of RN. Often, these pathways occur independent of RIPK1/RIPK3 or the link with RIPK1/RIPK3 is not known yet. In order to study which molecular pathways contribute to the studied form of RN, an approach using pharmacological inhibitors (Table 18.3) can give a first hint. One may also consider to combine inhibitors, as often redundant mechanism turns up upon interference, e.g., depletion or inhibition of both RIPK3 and CypD is required to block ischemia/reperfusion-induced kidney injury (Linkermann et al. 2013).

18.2.3.2 Transgenic Approaches

Ripk1^{-/-} mice are embryonic lethal (Kelliher et al. 1998), and genetic ablation in vitro causes a shift to apoptosis (Vanlangenakker et al. 2011a), rendering this model unsuitable to demonstrate the involvement of necroptosis. The availability of RIPK1 kinase-dead knock-in mice will probably circumvent these issues. *Ripk3*^{-/-} mice develop normally and do not show any obvious spontaneous phenotypes, which allowed phenotyping in a variety of pathological models involving necroptosis (Cho et al. 2009; He et al. 2009; Zhang et al. 2009; Duprez et al. 2011). In addition to RIPK1, RIPK3, and MLKL, several other genes (Table 18.3) contribute to some forms of RN, either independent of necrosome formation or with an as yet unknown link to necroptosis. Typically, a genetic depletion strategy following a pharmacological approach is used to confirm which mechanisms are involved in the studied form of RN. Although this combined pharmacological/genetic approach is an easy and quick method to indicate potential involved mechanisms, one has to be cautious because cell death modality may shift upon interference. For example, blocking apoptosis can shift to necroptosis (Vercammen et al. 1998b), or vice versa (Vanden Berghe et al. 2003; Vanlangenakker et al. 2011a). To detect these possible cell death modality shifts, it is recommended to perform consistently a kinetic analysis to monitor potential transient caspase activation, as mentioned previously. Generally, three major genetic depletion strategies are followed: (1) RNA interference-mediated knockdown, (2) deficient cells derived from transgenic mice, and (3) deficient cells generated by genome editing technologies such as zinc finger nuclease technology (Sigma-Aldrich), TALENs (Transposagen Biopharmaceuticals, Collectis, and others), or CRISPR (Hsu et al. 2013).

18.3 Conclusions

Research on RN, and in particular of necroptosis, is hampered by a lack of positive markers. Although some markers based on phospho-specific antibodies could have been developed years ago, none have been reported in the literature. Hence, the

detection of RN still depends on the combination of morphological observations, biochemical exclusion of caspase activation, and determination of the involved sub-routines (Table 18.3). One should examine these elements over the entire course of the cell death process. It is important to combine several independent techniques to identify RN, since several genes (including RIPK1 and RIPK3) are involved in both apoptosis and necrosis. As a consequence, inhibition, knockdown, or genetic ablation of these genes may create a shift in cell death type rather than cell death inhibition. By following the decision tree (Fig. 18.1), using the approaches and pharmacological/genetic targets (Table 18.3) described, researchers should be able to pinpoint more easily the cell death modalities and the major mechanistic pathways involved.

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Appendix

Physiology and Function of the Ripoptosome: An Intracellular Signalling Platform Regulating Apoptosis and Necroptosis

Peter Geserick, Maria Feoktistova, and Martin Leverkus

1.1 Introduction

1.1.1 *The Ripoptosome, a Signalling Platform That Regulates Qualitative and Quantitative Cell Death Responses*

The balance between cellular proliferation and cell death is of paramount importance for cellular homeostasis and therefore for the survival of the mammalian organism. Cancer or pathogen-induced diseases can lead to deregulation of this cellular balance, which leads to disorder of organs' function and can finally promote decease of the individuals. Durable communication of a cell with its microenvironment stimulates intracellular signalling cascades, which allow cells either to survey the conditions for proliferative expansion and survival or to trigger their own cell death. Intracellular signalling protein complexes play an indispensable role for cellular homeostasis. Many signalling platforms have been identified and named in relation to their function, e.g., apoptosome for apoptosis, necrosome for necrosis (for review *see* Dickens et al. 2012). The recently described Ripoptosome operates as a regulator of many signalling processes including different cell death types. We understand and describe the Ripoptosome as a “docking station,” a central protein complex formed upon cellular stress that can participate in different proliferative, inflammatory, or cell death signalling pathways. This chapter refers to the molecular requirements for Ripoptosome formation, describes its regulation and downstream signalling, and points to physiological and pathophysiological implications.

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1.1.1.1 Competing Programs of Death: Apoptosis Versus Necroptosis

Apoptosis is distinguished from necrosis by the ordered activation of cysteine proteases (Caspases). Caspases can be activated by extrinsic stimuli like death receptors (DR) or by cell-intrinsic activation of mitochondria. Upon cytokine-mediated (TRAIL or CD95L) activation of the respective DRs (TRAIL-R1, CD95) the DISC (death-inducing signalling complex) containing procaspase-8, Receptor interacting protein 1 (RIP1), FLICE-like inhibitory protein (cFLIP), and Fas-associated death domain (FADD) is formed. DISC formation finally results in activation and subsequent cleavage of caspase-8. Then caspase-8 processes its substrate Bid to truncated Bid (tBid), a member of the BH3-only subgroup of the Bcl-2 family that promotes mitochondrial outer membrane permeabilization (MOMP). In turn MOMP leads to the release of a number of proapoptotic molecules including cytochrome c from the mitochondrial outer membrane space (Ashida et al. 2011). Alternatively caspase-8 directly activates caspase-3, which then leads to apoptosis execution.

In contrast to necrosis, necroptosis is another form of programmed cell death that shares features of apoptosis and necrosis (Vanlangenakker et al. 2012). Necroptosis is in general considered to be mediated by the kinase activity of RIP1 and its interacting family member RIP3. RIP1 kinase phosphorylates RIP3 (Cho et al. 2009) that promotes necroptosis presumably by activation of a number of metabolic enzymes that are involved in ROS (reactive oxygen species) production (Zhang et al. 2009). Suppression of RIP1 kinase activity by the inhibitor necrostatin-1 inhibits necroptotic responses (Degterev et al. 2008). Intriguing new evidence about the molecular interplay of apoptosis and necroptosis came from elegant *in vivo* experiments which showed that caspase-8 is a critical negative regulator of necroptosis (Kaiser et al. 2011; Oberst et al. 2011; Zhang et al. 2011). These data argue that RIP1 and caspase-8 may directly interact in a signalling platform required for both processes; apoptosis and necroptosis. In this context the concept of the Ripoptosome unifies both cell biological responses. The composition of the complex as well as the stoichiometric ratio of complex-associated proteins defines the cell death quality, while the kinase RIP1 being the most important constituent (Feoktistova et al. 2011; Tenev et al. 2011).

1.1.1.2 RIP1-Containing Complexes: What Distinguishes the Ripoptosome from Others?

It has been noted over the past years that diverse complexes involved in different death signalling pathways contain the same molecules and may finally promote similar pathophysiological consequences. RIP1 is found in numerous membrane-associated complexes (e.g., TNF Complex I, TRAIL or CD95 DISC) or intracellular complexes either associated with organelles (TLR3, RIG-I, mitochondria complex) or cytoplasmic (necrosome, TNF complex II, TRAIL complex II, CD95 complex II). Importantly, the components of the Ripoptosome complex include caspase-8, FADD, RIP1, and cFLIP isoforms that are known to participate in some of the various signalling platforms (compare Fig. A.1). The localization or translocation of RIP1 to the

different signalling platforms outlined below is determined by the recruitment of such other proteins to the specific protein complex.

RIP1, the core molecule of the Ripoptosome, potently interacts with adaptor molecules FADD, TRADD (Tumor necrosis factor receptor type 1-associated death domain), and FAF (Fas-associated factor) as well as with death receptors (TRAIL-R's, CD95, TNF-R1) via the death domain (DD). RIP1 can also interact via its RIP homotypic interacting motif (RHIM) with TLR3 (Toll-like receptor 3), TRIF, RIP3, or DNA-dependent activator of interferon regulatory factors (DAI). In addition RIP1 binds to the cytomegalovirus (CMV) viral protein M45 via its RHIM. This multitude of possible RIP1 interaction partners with functions for cell death regulation potentially allows for formation of diverse RIP1-containing complexes involved in various intracellular processes (Fig. A.1 for review *see* Han et al. 2011).

Based upon biochemical interaction studies, assembly of different RIP1-containing platforms was shown after diverse stimuli. Thus extracellular stimuli, stress responses as well as interaction with pathogen-activated pathways are likely to determine formation and subcellular localization of these protein complexes. The assembly of the signalling platforms depends on diverse posttranslational modifications including phosphorylation and ubiquitination of its components. These modifications regulate intracellular localization, translocation, and potentially disassembly of the RIP1-containing complexes, likely by proteasome-dependent degradation. For example, Ripoptosome formation requires the availability (e.g., an excess) of non-ubiquitinated RIP1 (Feoktistova et al. 2011). One important function of the ubiquitin ligase activity of cIAPs is the inhibition of platform formation. In the remainder of this subchapter we will describe the different RIP1 complexes, whose formation is initiated by quite diverse triggers.

TLR3 Complex

RIP1 is critically involved in the receptor complex of TLR3, a pattern-recognition receptor known to initiate an innate immune response when stimulated by double-stranded RNA (dsRNA). Upon stimulation TLR3 is recruiting TIR-domain-containing adapter-inducing interferon- β (TRIF), which is recruiting RIP1 via its RHIM. RIP1 then recruits FADD via its DD, and FADD, in turn, recruits pro-caspase-8 via its death effector domain (DED) (Estornes et al. 2012). This complex induces apoptosis in the presence of predominantly active caspase-8 (Estornes et al. 2012; Feoktistova et al. 2011), but with the necroptotic activity of the Ripoptosome when RIP1 is active and caspase activity is blocked.

RIG-I Complex

The RIG-I complex participates in the detection of specific RNA viruses, including Newcastle disease virus, Sendai virus (SeV), vesicular stomatitis virus, influenza virus, and Japanese encephalitis virus (Roth and Ruland 2011). The retinoic acid inducible gene I (RIG-I) is a receptor which possesses a central DExD/H-box RNA

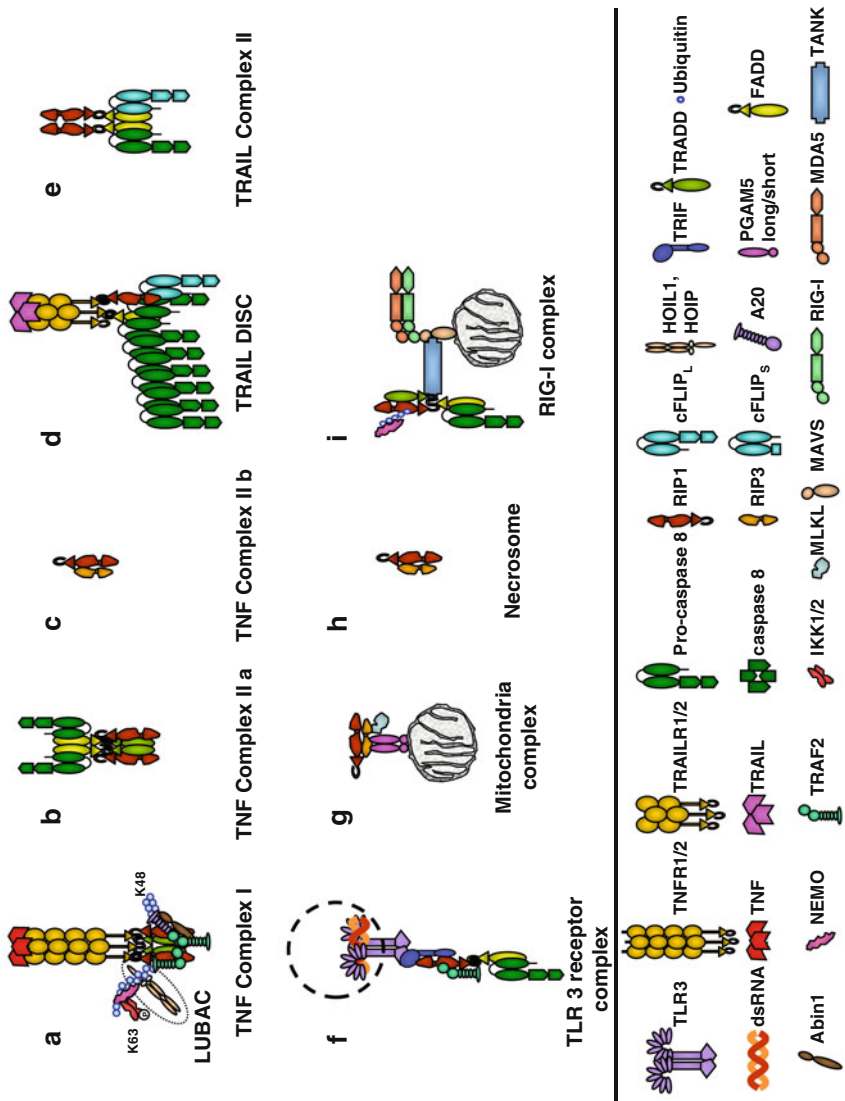


Fig. A.1 RIP1 is a constituent of cytoplasmic, membrane-, and organelle-associated complexes. RIP1 containing complexes are either membrane associated (**a, d**), like TNF and TRAIL DISC or cytoplasmic, such as TNF complex IIa and IIb (**b, c**), TRAIL complex I (**e**), or the Necrosome (**h**). Within membrane-associated complexes (TNFR1 complex I and TRAIL DISC) RIP1 is modified. RIP1 within TNF complex I is targeted by ubiquitin-editing proteins such as cIAPs, A20, Abin1, TRAF2, or CYLD. The form of ubiquitin chains defines further association with NEMO and/or IKK1/2 that leads to NF- κ B activation. A20-mediated deubiquitination followed by K48 ubiquitin-linking of RIP1 is required for proteasomal degradation (**a**). Translocation of RIP1 from complex I allows complex IIa formation where caspase-8, FADD, and cFLIP isoforms are recruited (**b**) that triggers apoptotic responses. Alternatively they form TNF complex IIb that promotes necrotic responses (**c**). In contrast, caspase-8 chain assembly directly occurs during activation of TRAIL-R by cytokine TRAIL and this DISC formation is FADD dependent (**d**). Translocation of the receptor-mediated signal to TRAIL complex II occurs, but is poorly understood to date (**e**). Assembly of RIP1-containing complexes also occur within organelles such as mitochondria (**g, i**; RIG-I complex) or endosomes (**f**; TLR3 complex). Stimulation of TLR3 receptor with respective agonists (Poly (I:C), double strand RNA) allows TRIF recruitment to the receptor and further association of RIP1, FADD, and caspase-8 (**f**). The apoptotic or necroptotic response of this complex depends on either caspase or RIP1/RIP3 activities. RIP1/RIP3 assembly is either mediated by death receptor stimulation or by self-assembly upon cellular stress. This complex promotes necrosis or necroptosis and was named necrosome (**h**). Mitochondria-associated RIP1 containing complex either depends on the direct interaction of different PGAM5 isoforms (**g**) or within the RIG-I complex from MAVS (**i**).

helicase domain and a C-terminal repressor domain for ligand binding together with two caspase recruitment domains (CARDs) for signal propagation. Upon RNA sensing RIG-I induces an intramolecular conformational change, leading to association with the mitochondrial antiviral signalling adaptor (MAVS) (Yoneyama and Fujita 2009). These events enable the formation of a large mitochondria-associated complex that contains several conserved signalling proteins, including RIP1, TRADD, FADD, and caspase-8 (Yoneyama and Fujita 2009). RIP1 and caspase-8 serve antagonistic regulatory roles: conjugation of ubiquitin chains to Lysine 377 of RIP1 facilitates assembly of the RIG-I complex, whereas caspase-8 cleaves RIP1 at D324, which inhibits further signalling (Rajput et al. 2011). Furthermore, NEMO is recruited to the activated RIG-I complex, which is essential for downstream signalling to interferon regulatory factors (IRFs) and NF- κ B via IKK-related kinases (Roth and Ruland 2011). Although the RIG-I complex contains crucial molecules for cell death execution such as RIP1 and caspase-8, the function of the RIG-I complex for cell death signalling has not been elucidated thus far. However, overexpression of MDA5 was shown to induce cell death, pointing to a potential role of the RIG-I complex as a death promoter under certain conditions (Kang et al. 2004).

TNF-Induced Signalling Complexes

The most widely studied pro-necrotic RIP1-containing signalling platform is complex I initiated by the TNF signalling cascade in which RIP1 interacts with RIP3 (reviewed in Yuan and Kroemer 2010). Binding of TNF to TNF-R1 leads to the rapid formation of a plasma membrane-associated complex (called complex I) that contains RIP1, cIAP1 (Inhibitor of apoptosis protein 1), TRADD, TRAF2 (TNF receptor-associated factor 2), NEMO (NF-Kappa-B Essential Modulator), and A20 together with LUBAC (linear ubiquitin chain assembly complex) (Walczak et al. 2012). However, during transition from complex I only RIP1 forms-together with FADD, Caspase-8, and cFLIP-the complex IIa that triggers apoptosis whenever cFLIP proteins are absent. Alternatively, whenever the complex lacks cIAPs, RIP1 promotes necroptosis in the presence of RIP3 under conditions of limited caspase-8 activity, and this complex was referred to as complex II b or necrosome (Vanlangenakker et al. 2012). In summary, numerous reports point to the fact that TNF Complex IIa is structurally mostly related to the Ripoptosome, because its components are (thus far) highly similar.

Necrosome

Another important complex containing RIP1 is the necrosome first described for TNF signalling (for review *see* Vanlangenakker et al. 2012). The necrosome is a protein complex of RIP1 and RIP3 and was also shown to be formed during vaccinia virus infection (Cho et al. 2009). The phosphorylation of RIP1 and RIP3 stabilizes their association within the pronecrotic complex, activates the pronecrotic kinase activity, and triggers downstream production of ROS (Cho et al. 2009).

Mitochondria-Associated Complex

Recently RIP1 was also shown to form a complex with RIP3, mixed linkage kinase-like (MLKL) protein, and phosphoglycerate mutase 5 (PGAM5) (both short and long splice variants) (Wang et al. 2012). This complex is forming on the surface of mitochondria in response to TNF stimulation whenever cIAPs are absent or whenever caspase activity is blocked. The formation and function of this complex is required for necroptosis execution.

Ripoptosome

The Ripoptosome was first identified in studies investigating the role of IAP proteins for CD95-induced cell death (Geserick et al. 2009). Since RIP1 was indispensable for complex formation the term “Ripoptosome” was later proposed, to indicate a central scaffold function of RIP1, or its oligomers (Feoktistova et al. 2011; Tenev et al. 2011). The other known components of the Ripoptosome are FADD, caspase-8, and different cFLIP isoforms (Geserick et al. 2009).

At first glance there are no obvious differences in the composition of the Ripoptosome and TNF complex II a, which argues that both complexes are identical. However, the formation of both complexes is substantially different. In contrast to TNF-induced complex II, Ripoptosome formation can be triggered in the absence of TNF signalling (Feoktistova et al. 2011; Tenev et al. 2011). RIP1 in complex I is modified by CYLD and presumably promotes complex II a formation (Wang et al. 2008). In contrast cIAPs block Ripoptosome formation by ubiquitination of RIP1 by the E3 ubiquitin ligase activity of cIAPs (Vince et al. 2007). It is tempting to speculate that these differences may discriminate the Ripoptosome from TNF complex II a. Furthermore, Ripoptosome formation was detected not only upon death receptor signalling, but in other cellular signalling pathways, most prominently upon chemotherapeutic drug treatment (e.g., etoposide) (Tenev et al. 2011), or TLR3 signalling (Feoktistova et al. 2011). More recent studies demonstrate that IAP antagonists induce a conformational change in cIAP1 structure that promotes autoubiquitination and proteasomal degradation (Feltham et al. 2010; Dueber et al. 2011). In addition, spontaneous Ripoptosome formation was shown by inducible overexpression of RIP1 (Feoktistova et al. 2012). Overexpression of low levels of RIP1 solely induces spontaneous apoptotic, or in the absence of caspase activity, necroptotic cell death. This suggests that shifting the balance towards the presence of unmodified RIP1 is sufficient to promote Ripoptosome formation and cell death induction. When the size of the native Ripoptosome was investigated, it was found to be a rather large protein complex (around 2 MDa) (Feoktistova et al. 2011; Tenev et al. 2011). In line with these findings recent studies of RIP1/RIP3 interactions revealed that the RHIMs of RIP1 and RIP3 mediate the assembly of heterodimeric filamentous (amyloid) structures in necrotic cells (Li et al. 2012). These amyloid structures might be the core of the Ripoptosome. Because the formation of these amyloids requires RHIM-RHIM interaction, the death domains of RIP1 as well as the kinase domains of RIP1 and RIP3 are potentially freely available for

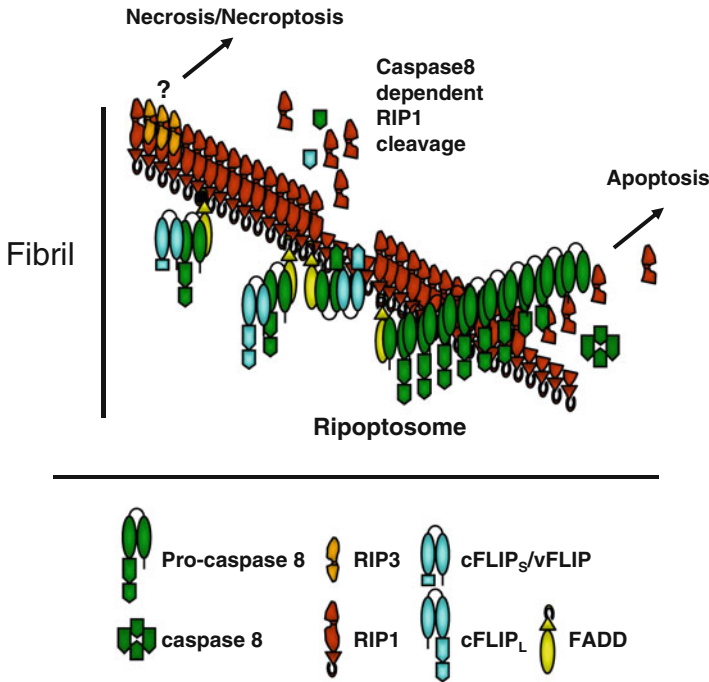


Fig. A.2 Current concept of Ripoptosome assembly and the role of caspase-8 or RIP1 activation for cell death. Fibril formation of RIP1 is proposed to represent the backbone of the Ripoptosome that is regulated by multimeric caspase-8 chains that are potentially regulated by cFLIP_s or vFLIP. Active caspase-8 promotes RIP1 cleavage and finally leads to apoptotic responses. In contrast, cFLIP_s or vFLIP fully suppresses caspase-8 activation and therefore RIP1 cleavage. Under those conditions necroptotic responses are promoted in the presence of RIP3

interactions and signalling (Fig. A.2). RIP1 can interact with caspase-8, which is critical for the execution of apoptotic signalling in the Ripoptosome via the adaptor molecule FADD. Recent studies of the TRAIL DISC have shown that caspase-8 is capable of forming multimeric chains by direct interaction of the DEDs (Dickens et al. 2012). Taking these studies together, it is intriguing to speculate that RIP1/RIP3 fibrillar complex and caspase-8 chains might explain the size of the Ripoptosome. To date, it is not yet clear if the necrosome is a part of Ripoptosome, or vice versa signals as an independent protein complex.

There are at least three hypotheses that derive from the concept of the Ripoptosome. First, the Ripoptosome is nothing else, but TNF complex II, which is induced by autocrine TNF, induced by various stimuli as suggested (Petersen et al. 2007; Ikner and Ashkenazi 2011). However formation of the Ripoptosome was induced by chemotherapeutic drugs or IAP antagonists independent of TNF signalling as shown by TNF-R1 knockdown or inhibition of autocrine TNF signalling (Geserick et al. 2009; Feoktistova et al. 2011; Tenev et al. 2011). During embryonic

development RIP1 needs to be controlled by cIAP1, otherwise TNF-R1-dependent cell death leads to embryonic lethality. While these embryonic data are in favor of the hypothesis, they nonetheless show (TNF-R1 deficiency does not restore viability/fertility of cIAP1/cIAP2 double knockout animals) that additional pathways are controlled by cIAPs in a RIP1-dependent manner (Moulin et al. 2012). Our data about the Ripoptosome contrast a number of other studies that figured that the loss of IAPs mainly results in autocrine TNF signalling (Biton and Ashkenazi 2011; Vince et al. 2007; Varfolomeev et al. 2007; Gaither et al. 2007; Wang et al. 2008). Taken together these data indicate cell type-specific signalling properties in response to IAP antagonists that could be employed, for example, in cancer therapy.

Second, a shift in the balance of cIAPs/RIP1 protein in the cytoplasm to lower cIAP levels may facilitate formation of RIP1 oligomers. This in turn may stimulate Ripoptosome formation, insufficient per se to kill due to caspase-8-mediated cleavage/disassembly of the Ripoptosome. Loss of complex-intrinsic caspase activity (e.g., by cFLIP_s, viral FLIP (vFLIP), or caspase inhibitors) then allows for complex accumulation and subsequent necroptosis while apoptosis is prevented by the different caspase inhibitors. These series of checkpoints all influence the cellular outcome of the diverse triggers. If Ripoptosome assembly overcomes a critical threshold, cell death proceeds. Alternatively caspase activity promotes disassembly of the complex and this activity promotes survival. The presence of cytoplasmic Ripoptosome may in turn facilitate membrane-bound complex formation. It is perceivable that the cytoplasmic Ripoptosome is stabilizing the membrane-bound complex by direct recruitment of the Ripoptosome to the various receptors after stimulation as indicated by our studies for CD95 signalling (Cullen et al. 2013; Geserick et al. 2009).

Third, a cytoplasmic Ripoptosome does not have cell death-inducing capabilities per se. Rather, complex I of various receptors either directly contributes activated components via internalization to the Ripoptosome or initiates signalling, leading to activation of the Ripoptosome, and inducing its cell death-promoting activity. These hypotheses await to be tested by experimental approaches in the future.

A current question of debate is if cIAPs are components of the Ripoptosome. On the one hand, loss of cIAPs was a prerequisite of Ripoptosome formation (Geserick et al. 2009; Feoktistova et al. 2011; Tenev et al. 2011). On the other hand, when the Ripoptosome was induced by modest acute RIP1 overexpression, cIAP1 was readily detected in the complex (Feoktistova et al. 2012). Thus the loss of cIAPs is not an absolute requirement, but it rather promotes Ripoptosome assembly. The cIAPs detected upon RIP1 overexpression could be considered the “last soldiers,” trying to prevent Ripoptosome formation and therefore death of the cell.

1.1.1.3 What Are the Regulators of the Ripoptosome?

Understanding the formation of the Ripoptosome implies understanding cellular regulators of RIP1 function. Ubiquitination-mediated degradation of unwanted, damaged, or misfolded proteins, regulation of protein turnover, protein

translocation, stability, and changes in protein–protein interaction are the central mechanisms that can control the enzymatic activity. Mono- and polyubiquitination are mediated by ubiquitin ligases that covalently link ubiquitin by different lysine residues (K6, K11, K27, K29, K33, K48, K63). Linear or heterotypic chains to different substrates have broad significance in immune disorders and cancer (Fulda et al. 2012). Until recently, Ubiquitin linked by lysine residue 48 (K48) was thought to promote proteasomal degradation whereby K63-linked ubiquitin was responsible for NF- κ B activation and therefore for cellular survival and inflammation (Vucic et al. 2011). RIP1 is one target for many E3 ubiquitin ligases such as cIAP1/2 (cellular inhibitor of apoptosis proteins) (Park et al. 2004), TNF receptor-associated factor 2 (TRAF2) (Wajant and Scheurich 2011), as well as a target of deubiquitinase CYLD (Cylindromatosis) (Brummelkamp et al. 2003) and other ubiquitin-editing enzymes, e.g., A20, that support both K63-deubiquitination and K48-ubiquitination of RIP1 (Wertz et al. 2004).

More recently LUBAC has been described. LUBAC contains the ubiquitin ligase HOIP (HOIL-1-interacting protein), the interacting protein HOIL1 (heme-oxidized IRP2 ubiquitin ligase 1) and SHARPIN (SHANK-associated RH domain interacting protein). The activity of LUBAC triggers linear M1-linkage of ubiquitin as highly important for NF- κ B-mediated inflammatory responses (Gerlach et al. 2011) and regulation of TNF-induced cell death (Walczak et al. 2012). TRAF2 is an ubiquitin ligase with central function for TNF signalling that principally mediates K63-ubiquitination of RIP1 and promotes survival during TNF-mediated NF- κ B induction (O'Donnell et al. 2007). However, TRAF2 is also a target for K48- and K63-ubiquitination (Habelhah et al. 2004). Further complicating the molecular interplay, the de-ubiquitinating proteases USP2a and USP2c stabilize RIP1 by deubiquitination of TRAF2 and RIP1 itself (Mahul-Mellier et al. 2012). This study highlights the critical role of TRAF2 within complex II for RIP1 regulation for TNF-induced apoptosis. Since Ripoptosome formation is independent of TNF signalling, TRAF2-mediated RIP1 ubiquitination is not obviously critical for the formation of the Ripoptosome and its necroptotic activity, but merits further studies.

The ubiquitin ligases cIAPs have been reported as critical regulators of RIP1 (Moulin et al. 2012). cIAPs promote K11-ubiquitination of RIP1 and subsequently cIAP degradation (Bertrand et al. 2008; Dynek et al. 2010) suggesting that cIAPs control the turnover of RIP1 within cells to avoid spontaneous necroptotic cell death induced by high levels of RIP1 (Feoktistova et al. 2012). The critical role of cIAPs for Ripoptosome formation has been demonstrated using IAP antagonists (Geserick et al. 2009). Such compounds, identified by several groups, trigger autoubiquitination and rapid degradation of cIAPs (Bertrand et al. 2008; Gaither et al. 2007; Petersen et al. 2007; Vince et al. 2007; Varfolomeev et al. 2007) with the consequence of a strong formation of the RIP1-FADD-Caspase-8 complex (Geserick et al. 2009; Feoktistova et al. 2011). Ripoptosome assembly correlates with increased DL- or TLR3-induced cell death even in the absence of active caspase-8. Under those conditions Ripoptosome assembly promoted necroptosis in a RIP3-dependent manner (Feoktistova et al. 2011). This suggests that formation of the Ripoptosome dictates the quantity of cell death, whereas the stoichiometry directly influences the quality of cell death (Fig. A.3).

Of note, activation of caspase-8 within the Ripoptosome is required for the apoptotic response. The biochemical evidence available to date suggests that the necroptotic activity of the Ripoptosome is directly blocked by caspase-8-mediated RIP1 cleavage in the complex. However, caspase-8 activity also destabilizes/degrades the complex altogether, whereas necroptosis is unmasked whenever caspase-8 function is suppressed (Feoktistova et al. 2011; Geserick et al. 2009). cFLIP, which is homologous to caspase-8 but lacks the critical cysteine residue and therefore its active site, is not only another component of the Ripoptosome but also a strong regulator of the cell death activity within the complex. cFLIP has many different isoforms expressed in different cell types (Ozturk et al. 2012). At the protein level, cells dominantly express the long (cFLIP_L) and/or short (cFLIP_S) isoforms. Both isoforms can form heterodimers with caspase-8. Whereas cFLIP_L/caspase-8 heterodimers have enzymatic activity and allow for partial cleavage of caspase-8, this activity is insufficient to kill the cell. This apparent paradox is most likely caused by the ability of cFLIP_L to prevent cleavage of the large subunit from the prodomain of caspase-8. This cleavage step is necessary for the release of fully active heterotetrameric caspase-8 from the different signalling platforms (Wachter et al. 2004; Scaffidi et al. 1999). Thus, a shift of the stoichiometry of caspase-8 and cFLIP in favor of cFLIP keeps the enzymatic activity within the signalling platform in which both-caspase-8 and cFLIP-are heterodimerized. This partial enzymatic activity is capable of cleaving RIP1 within the complex, leading to its dissociation and degradation (Feoktistova et al. 2011, Fig. A.3).

In contrast, the caspase-8/cFLIP_S heterodimer completely lacks enzymatic activity within the DISC (Kavuri et al. 2011) or the Ripoptosome (Feoktistova et al. 2011). This may be the result of the heterodimer ability to cleave caspase-8 substrates that are closely associated within the different signalling platforms outlined above. In particular, cleavage-mediated inactivation of RIP1 may represent a critical cleavage reaction, although other substrates of localized caspase-8 activity can easily be envisioned, such as CYLD (O'Donnell et al. 2011) or others.

1.1.1.4 What Are the Functions of the Ripoptosome?

The known functions of Ripoptosome examined thus far are important to control cell death pathways. All groups that described the complex were dealing with either apoptosis which was converted to necroptosis upon caspase inhibition or with situation in which both types of cell death occurred in parallel.

Extrinsic Apoptosis

Formation of the Ripoptosome can augment extrinsic apoptotic signals, induced by stimulation of DLs or TLRs (Estornes et al. 2012). There are currently two hypotheses about the role of the Ripoptosome for apoptotic signalling. First, the Ripoptosome can be recruited to stimulated receptors, as a preformed complex, and

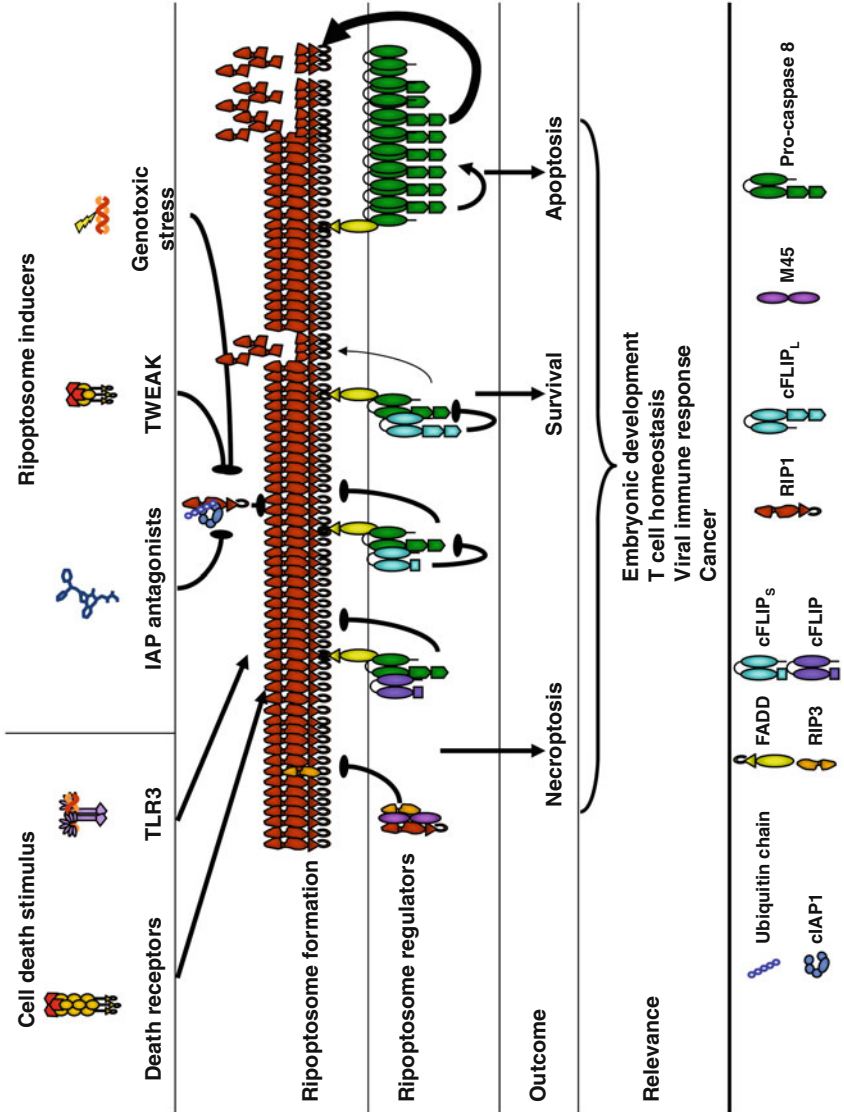


Fig. A.3 Ripoptosome regulation: from the formation and execution to physiological or pathophysiological relevance. Ripoptosome formation is blocked by IAPs. Extracellular stimuli (IAP antagonists, TWEAK or genotoxic stress) can prevent this blockade, allowing for Ripoptosome formation. Necroptotic or apoptotic signalling via death receptors or TLR3 is enhanced by the Ripoptosome. Within the Ripoptosome, active RIP1 kinase promotes phosphorylation and activation of RIP3, whose enzymatic activity is indispensable for necroptosis. Virus-derived M45 interferes with the necroptotic response of the RIP1–RIP3 complex. In contrast, full inhibition of caspase-8 activity by viral FLIP (vFLIP) or cFLIP_s supports necroptotic activity of the RIP1–RIP3 complexes. Dominant caspase-8 activity promotes RIP1 cleavage and suppresses necroptosis. The cFLIP proteins heterogeneously control the cell death response of the Ripoptosome. The long form of cFLIP (cFLIP_L) inhibits both necroptosis and apoptosis and promotes cellular survival, whereby cFLIP_s fully blocks caspase-8 activity of the Ripoptosome and thereby unmasks necroptosis. Partial suppression of caspase-8 activity by cFLIP_L still allows RIP1 cleavage within the complex, therefore inducing Ripoptosome disassembly and suppression of both apoptotic and necroptotic cell death. The composition of the Ripoptosome and the regulators of the Ripoptosome activity play an important role for a number of physiological and pathophysiological conditions. These include embryonic development, immune responses against viral infection, T cell homeostasis, and cancer

therefore rapidly promote the further downstream signalling (Feoktistova et al. 2011; Geserick et al. 2009). Secondly, the Ripoptosome may serve as a cytosolic stress platform required to augment caspase-8 activation, therefore multiplying and enhancing the downstream signalling and increasing the cell death response.

Intrinsic Apoptosis

The formation of Ripoptosome was shown to be independent of the mitochondrial pathway (Tenev et al. 2011), although Ripoptosome-induced apoptosis may ultimately depend on a contribution of the intrinsic pathway. Of note, in various cells caspase-8-induced cell death requires amplification of the caspase cascade by the mitochondrial pathway (Jost et al. 2009). However, other RIP1-containing complexes are associated with the mitochondria such as the RIG-I complex (Rajput et al. 2011). However, this predominantly mitochondrial complex does not have a proapoptotic activity per se identified to date.

Necroptosis

In the past years, studies about necroptosis control are revealing more and more fascinating features of this process. Mostly this cell death occurs when extrinsic (Geserick et al. 2009) and/or intrinsic (Dunai et al. 2012) apoptotic cell death is blocked for any molecular reason. One such reason is expression of cFLIP isoforms, which can totally (cFLIP_S) or partially (cFLIP_L) block caspase-8 activity, therefore diminishing the apoptotic activity of the given protein platform.

A central regulator of necroptosis is RIP3, which is known to participate in the necrosome (Cho et al. 2009) and the pro-necrotic mitochondrial protein complexes (Lu et al. 2011a). RIP1 is phosphorylating and activating RIP3, which in turn is phosphorylating MLKL.

The Ripoptosome promotes necroptosis in caspase-compromised conditions upon death receptor (Geserick et al. 2009) and TLR3 (Feoktistova et al. 2011) triggering as well as upon genotoxic stress induced by etoposide (Tenev et al. 2011). Furthermore when cFLIP_S or vFLIP (MC159) were overexpressed and cIAPs were downregulated, the Ripoptosome assembled and induced necroptosis without the need for other extrinsic stimuli (Feoktistova et al. 2011; Feoktistova et al. 2012). RIP3 was shown to be indispensable for Ripoptosome-induced/-mediated necroptosis execution (Feoktistova et al. 2011), although RIP3 was not found within the complex. It is currently an open question if this is biologically relevant or a matter of the experimental setting used. Another interesting topic is the role of MLKL in the Ripoptosome-induced signalling cascade. For instance it will be interesting to know if MLKL is found in the Ripoptosome, or activated downstream of the complex, and interrogate the precise role of the downstream targets of MLKL.

1.1.1.5 Physiological and Pathophysiological Relevance of the Ripoptosome

Role of Ripoptosome-Associated Proteins in Embryonic Development

Previously established knockout mice models and *in vitro* cell studies investigated the physiological relevance of Ripoptosome components and associated molecules during embryonic development, cancer, and immunological and inflammatory responses (Han et al. 2011). The lethality of FADD or Caspase 8 knockout mice (Varfolomeev et al. 1998; Yeh et al. 1998; Zhang et al. 1998), core molecules of the Ripoptosome, highlighted the critical role of this signalling platform for embryonic development. The early observation that mice lacking RIP1 died prenatally (Kelliher et al. 1998) was interpreted in the context of proinflammatory signalling, namely the ability of RIP1 to induce NF- κ B. More recently deficiency of RIP1 protected FADD deficient mice from embryonic death. These data argue for a potential direct interaction of RIP1 and FADD (Zhang et al. 2011). Further mechanistic insight for the role of necroptosis was demonstrated in mouse studies using RIP3-deficient animals. Loss of RIP3 rescues the lethality of Caspase-8 deficiency (Oberst et al. 2011; Kaiser et al. 2011) or protects from skin (Bonnet et al. 2011) or gut inflammatory diseases (Welz et al. 2011; Gunther et al. 2011).

As demonstrated, the apoptotic and necroptotic activity of the Ripoptosome is strongly negative, but differentially regulated by cFLIP isoforms (Feoktistova et al. 2011; Geserick et al. 2009). Mice lacking cFLIP also died during embryogenesis at E10.5 presumably by a yolk sack defect (Yeh et al. 2000), which supports an important role of cFLIP for cell death at early stages of mouse development. As demonstrated for FADD and caspase-8, a RIP3-dependent mechanism of embryonic development failure in cFLIP deficient mice was proposed. Interestingly and in contrast to the ablation of RIP3 in caspase-8-deficient animals, loss of RIP3 in cFLIP knockout mice failed to rescue survival (Dillon et al. 2012). Presumably this suggests a parallel activation of both pathways; apoptosis and necroptosis. Moreover the caspase activity controls the execution of necroptosis, whereas it is unclear if and how necroptosis controls the extent of apoptosis. Taken together, the components of the Ripoptosome as well their potent negative regulator cFLIP are central molecules that control mouse development by regulation of both, an apoptotic and a necroptotic cell death response during embryogenesis.

Role of Ripoptosome in T-Cell Development and Antiviral Immune Responses

It has been long known that the process of necrosis also controls lymphocyte contraction and may operate as an alert signal of the immune system during pathogen invasion (Walsh et al. 1998). Also an alternative RIP1-dependent cell death in caspase-8 negative T cells was described (Ch'en et al. 2008), indicative of the crucial role of RIP1/Caspase-8 complexes for cell death regulation during T cell expansion. The adaptor molecule FADD within the RIP1/Caspase-8 complex play a pivotal role for necroptosis-dependent T-cell homeostasis, antiviral responses and T-cell

receptor-mediated necroptosis (Osborn et al. 2010; Lu et al. 2011a). Mature T cells were absent in FADD knockout mice or animals with expression of a dominant negative form of FADD consisting of the DD (FADDdd). As well their proliferative defect in early T-cell stages is either RIP3 kinase dependent (Lu et al. 2011b) or is compensated by inhibition of RIP1 kinase activity (Osborn et al. 2010). Another study describes that Caspase-8/RIP3-dependent necroptosis is required for the homeostasis and maintenance of T cell population size (Ch'en et al. 2011). In this study the lethality of caspase-8-deficient T cells was rescued by RIP3 depletion. Taken together, different studies highlight the role of RIP1, RIP3, Caspase-8, and FADD for necroptosis regulation within the T-cell compartment. Therefore the Ripoptosome could be a crucial signalling platform that controls T-cell activation and regulation of pathogen-mediated immune responses.

Disturbing the apoptotic signalling machinery of the host ensures successful virus replication and evasion. Many viral proteins potently inhibit the host-specific apoptotic machinery by inhibition of caspases (Benedict et al. 2002). Prominent examples are CrmA from poxvirus (Dobo et al. 2006), vFLIP from Karposi's sarcoma-associated herpes virus (Punj et al. 2009) and MC159 from molluscum contagiosum (Shisler and Moss 2001). Other viral proteins rather mimic anti-apoptotic Bcl-2 proteins as demonstrated for E1B-55K from adeno-virus (Querido et al. 2001) and E6 from human papilloma virus (Scheffner et al. 1990). One potential circumvention of apoptosis protection by viral proteins could be necroptosis induction (Challa and Chan 2010). More recently it was found that viruses such as cytomegalovirus (CMV) have additionally established strategies to circumvent RIP3-dependent necroptosis. M45 from the murine CMV (MCMV) inhibits necroptosis by binding to RIP1 and RIP3 via its RHIM-like motif (Mack et al. 2008; Upton et al. 2008) and thereby blocks necroptosis of the virus-infected cell. Another example is vFLIP proteins, highly resembling cFLIP_s (Punj et al. 2009). In this context vFLIPs are of particular importance for cell death regulation. A study in MC159-transgenic animals showed an increased innate immune response to viral challenge (Challa and Chan 2010). Our studies demonstrated spontaneous necroptosis in cells expressing vFLIP (M159) from molluscum contagiosum in the absence of cIAPs (Feoktistova et al. 2012) and thereby demonstrated the pivotal function of cIAPs for negative regulation of the necroptotic activity. Therefore, cIAPs may prove critical to block this antiviral response by counteracting RIP1-mediated necroptosis. Suppression of IAP function by IAP antagonists could thus promote necroptotic activity of the Ripoptosome during virus infection and effectively alert innate or adaptive protective immune response. Taken together, viruses are able to block programmed cell death at different levels and protect their own "survival" by controlling both the apoptotic and necroptotic signalling machinery including Ripoptosome assembly.

The Role of the Ripoptosome in Cancer

One hallmark of cancer is a deregulation of cell death pathways. The Ripoptosome forms predominantly in cancer cells but not in primary cells (Feoktistova et al. 2011)

arguing for an indispensable role of Ripoptosome signalling in cancer. Many studies have shown a FADD-Caspase-8-RIP1 complex formation and increased sensitivity to chemotherapeutics, death ligands (DLs), TLR3 agonists in the presence of IAP antagonist or in response to genotoxic stress in, e.g., glioblastoma cells (Wagner et al. 2013), SCC cells (Geserick et al. 2009), HeLa cells (Feoktistova et al. 2011), and colorectal carcinoma cells (Tenev et al. 2011). In addition, breast and prostate cancer cells that normally resist TRAIL-induced apoptosis are sensitized in the presence of IAP antagonists (Lu et al. 2011a). All these studies provide correlative evidence of IAP antagonist-induced Ripoptosome/Necrosome formation and increased cell death responses when treatment with chemotherapeutics or DL is initiated in cancer cells. These findings highlight the potential impact of Ripoptosome in cancer and envision novel cancer therapeutics that hitchhike Ripoptosome-induced cell death. However, caspase-8 activity within the Ripoptosome is required for apoptosis and inhibits necroptosis by cleavage of RIP1 (Cho et al. 2009; Feoktistova et al. 2011). Both processes, apoptosis and necroptosis, are regulated by cFLIP proteins whereby cFLIP_S and not cFLIP_L promotes necroptotic Ripoptosome activity in response to IAP antagonists (Feoktistova et al. 2011). Virus-mediated carcinogenesis is associated with the upregulation of cell death regulators from virus. Of particular interest for the Ripoptosome will be viruses that utilize vFLIP proteins. They have been mainly interpreted as potent inhibitors of caspase-8 activation (Thome et al. 1997). Alternatively virus proteins may modulate the necroptotic RIP1 activity as demonstrated for M45 (Upton et al. 2008). Taken together, modulation of apoptotic and necroptotic activity of the Ripoptosome by cellular or viral FLIP isoforms is envisioned to represent a critical step during virus-mediated carcinogenesis.

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Index

- A**
- Acute lymphoblastic leukemia (ALL), 30, 35, 310
 - Adaptive immunity
 - B cell responses, 187
 - T cell tolerance (*see* T cell receptor (TCR))
 - AIF. *See* Apoptosis-inducing factor (AIF)
 - 5-ALA. *See* 5-Aminolevulinic acid (5-ALA)
 - ALL. *See* Acute lymphoblastic leukemia (ALL)
 - 5-Aminolevulinic acid (5-ALA), 35
 - AMP-activated protein kinase (AMPK), 170, 240, 241
 - AMPK. *See* AMP-activated protein kinase (AMPK)
 - AMR. *See* Antibody-mediated rejection (AMR)
 - Antibody-mediated rejection (AMR), 12
 - Anti-necrosis function
 - cancer, 243–244
 - inflammation, 245
 - ischemia-reperfusion injury, 244–245
 - Apoptosis
 - anticancer therapy, 36
 - Atg3 and Atg5, 218
 - and autophagy, 216
 - BECLIN 1* knockout, 220
 - blocking, 219
 - caspase-8 (*see* Caspase-8)
 - cell profile, 275
 - class C VPS genes, 257
 - description, 99, 212–213
 - Dictyostelium*, protein existence, 255
 - DNA damage, 31–32
 - DR, 29–31
 - dysfunctional, 13
 - extrinsic, 99–100
 - HMGB1, 261
 - H₂O₂ and acetic acid, 257
 - Hsc82, 258
 - inflammation, 117, 118, 130
 - intrinsic, 99
 - JNK activation, 35
 - leucine, 260
 - linker cell, 277–278
 - MnSOD, 262
 - vs.* necrosis
 - caspases (*see* Caspases)
 - cytometers, 346
 - DNA fragmentation, 347
 - electron microscopy, 346–347
 - HCC techniques, 344
 - in vivo* markers, 351–352
 - light microscopy, 344, 345
 - RIPK1 and RIPK3 phosphorylation, 351
 - necrotic debris, 5
 - NF- κ B activation, 26
 - NUC1* deletion, 262
 - PCD, 276
 - peptidase APAF-1, 255
 - stressed tumor cells, 13
 - α -synuclein, 264
 - TLR3-and TLR4, 32
 - Type I cell death, 212–213
 - uterine-vulval (uv1) cells, 278–279
 - zVAD treatment, 224

- Apoptosis-inducing factor (AIF)
 cell death, 167
 mechanisms, PARP enzymes, 167–168
 mitochondrial dysfunction, 168
 mitochondrial flavoprotein, 166
- Autophagic cell death (ACD)
 ATG genes, 218
 Atg proteins, 211
 autophagic flux, 215, 216
 autophagosomes, 211
 biochemical assays, 215
 classification, 213
 definition
 and apoptosis, 216
 Parkinson Disease, 216
 programmed cell death, 215–216
 zVAD, 216
Dictyostelium discoideum, 218–219
Drosophila melanogaster, 219–220
 health and disease
 cancer, 222–224
 neurodegenerative diseases, 224–226
 issues and discrepancies, 214
 mammals, 220–221
 mTOR protein, 217
 Nomenclature Committee on Cell Death, 215
 non-apoptotic PCD, 213
 nutrient deprivation, 212
 PCD, 212, 215
 pharmacological inhibitors, 217, 218
 PI3K-Akt-mTOR pathway, 212
 pro-cell death function, 226
 pro-death and pro-survival mechanism,
 213, 214
 pro-death function, autophagy, 236–237
- Autophagy
 ACD (*see* Autophagic cell death (ACD))
C. elegans, 285, 286, 288
 necrosis
 anti-necrosis function, 243–245
 description, 233
 dynamic process, 234
 functions and processes, 234
 molecular mechanisms, 246
 pro-death function, 235–237
 pro-survival function (*see* Pro-survival
 function, autophagy)
 programmed necrosis (*see* Programmed
 necrosis)
 RIP1, 35
- B**
 Baines, C., 353
 Bao, L., 309
 Basit, F., 308
 B cell proliferation, 187
 Bell, B.D., 308
 Berghe, T., 1–16
 BHA. *See* Butylated hydroxyanisole (BHA)
 Blankenberg, F.G., 341
 Bogdanov, K., 117–130
 Bonapace, L., 308
 Brain
 ischemic stroke, 205–206
 p53 promotes necrosis, 199
 Butylated hydroxyanisole (BHA), 325–326
- C**
Caenorhabditis elegans
 apoptosis, 275
 caspase-related genes, 277
 development
 linker cell, 277–278
 uterine-vulval (uv1) cells, 278–279
 EGL-1 level, 276–277
 human diseases
 hypoxia, 286–287
 nematode genes and signaling
 pathways, 285
 Parkinson's disease, 287–288
 tau toxicity, 288
 morphology, 275, 276
 necrosis execution
 clathrin-mediated endocytosis, 285
 cytoplasmic acidification, 284
 endoplasmic reticulum (ER), 284
 lysosomes, 284–285
 mechanisms, 285, 286
 non-apoptotic cell death, 279–283
 triggers and paradigms, 288, 289
 visualization and tracking, single cells, 276
 Calpain, 284, 286
 Cancer
 ACD, 222–224
 anti-necrosis function, autophagy, 243–244
 p53, 195, 204
 PARP, 241–242
 Caspase-8
 antigen receptor activation, 102
 anti-inflammatory effects
 epidermis, 126, 127
 extrinsic cell-death pathway, 123, 124
 in situ hybridization, 126, 128
 keratinocytes, 126
 skin, 129
 apoptotic cell death induction, 118–119
 CMV infection, 110
 damaged cells, 101

- FLIP (*see* Flice-like inhibitory protein (FLIP))
- inflammation (*see* Inflammation)
- L929 murine fibroblasts, 100
- molecular mechanism, 104–105
- necroptotic pathway
- complex I, 101
 - necrostatin-1, 100
 - RHIM, 101
 - TNF and zVAD, 100–101
- physiological conditions, 110–111
- suppression, necroptosis
- chemical inhibitor, RIPK1, 103
 - DKO animals, 103
 - NF- κ B activation, 103
 - T cells, 102
- TNF and TLR signaling, 111
- Caspases
- antibody-based techniques, 348
 - cellular processes, 347–348
 - cytokeratin 18 (CK18), 348
 - EndoG, 347
 - FRET, 349
 - GloSensor and iGLuc, 349
 - inflammation, 343
 - tetrapeptide substrates, 348
- Cathepsin, 284, 286, 288
- Cauwels, A., 11
- CDAMPs. *See* Cell death-associated molecular patterns (CDAMPs)
- Cell death
- caspase-8 activation, 121
 - C. elegans* (*see* *Caenorhabditis elegans*)
 - epidermis, 126
 - inflammasome, 130
 - inflammatory cytokine, 123
 - leukocyte mobilization, 117
 - TNF family, 118
- Cell death-associated molecular patterns (CDAMPs)
- necroptosis triggers, 11
 - plasma membrane, 14
 - proinflammatory cytokine expression, 9
- Cell death modality
- apoptosis *vs.* necrosis
 - caspases (*see* Caspases)
 - cytometers, 346
 - DNA fragmentation, 347
 - electron microscopy, 346–347
 - HCC techniques, 344
 - in vivo* markers, 351–352
 - light microscopy, morphologic analysis, 344, 345 - characteristics, advantages and disadvantages, 336, 340
 - dye exclusion methods, 337, 340
 - in vivo*, 340–343
 - RN (*see* Regulated necrosis (RN))
 - tetrazolium salts, 336–337
- Cell death program
- pro-death function, 233–237
 - pro-survival function (*see* Pro-survival function, autophagy)
- Cell death signaling, RIP1
- autophagic cell death, 35
 - death receptor (DR)-mediated apoptosis
 - ALL, 30
 - CD40, 30
 - cycloheximide, 30
 - MEF, 29
 - shRNA, 29
 - TMZ, 30–31
 - TNF α -induced signaling, 29
 - TNFR1, 29–30 - DNA damage-induced apoptosis, 31–32
 - programmed necrosis (*see* Programmed necrosis)
 - TLR3-and TLR4, 32
 - transcriptional/translational inhibition, 29
- Cell survival signaling, RIP1 and death pathways, 35–36
- EGFR, 28–29
- genotoxic stress-mediated NF- κ B activation
- DNA damage, 27
 - DNA topoisomerase inhibitors, 26
 - PIDD, 26–27
 - RIP1/NEMO and RAIDD/caspase-2 pathways, 27
 - Ser536 phosphorylation and acetylation, 27
 - JNK activation, 28
 - MAP kinase activation, 26
- NF- κ B activation
- anti-apoptosis, 25
 - caspase-8, 25–26
 - Hsp90, 26
 - Lys63 polyubiquitin chain, 25
 - TNF α -induced, 24–25
 - TLR3-and TLR4, 27–28
- Cerulein-induced pancreatitis (CIP), 3, 8
- c-flice-like inhibitory protein (cFLIP), 47, 60, 67–68, 143, 370
- cFLIP. *See* c-flice-like inhibitory protein (cFLIP)
- Chance, B., 136
- Chan, F.K.-M., 177–187
- Chavez-Valdez, R., 307
- Ch'en, I.L., 102, 308
- Chen, W., 45–52
- Chiaradia, M., 341

Cho, Y.S., 308
 Christofferson, D.E., 295–311, 342
 CIP. *See* Cerulein-induced pancreatitis (CIP)
 Clarke, P.G., 221
 Codogno, P., 233–246
 Cohen, A., 341
 Cohen, I., 342
 Cordeiro, M.F., 341
 CsA. *See* Cyclosporine A (CsA)
 Currie, A.R., 275
 Cyclophilin D (CypD)
 ischemic stroke-induced brain tissue
 necrosis, 205–206
 oxidative stress-induced tissue necrosis,
 200–201, 204
 and p53 interaction, 202–203
 triggered mPTP opening and mPT, 200
 Cyclosporine A (CsA)
 and CypD binding, 201
 MCAO, 206
 p53-CypD interaction, 202
 pretreated WT cells, 203
 CYLD. *See* Cyldromatosis (CYLD)
 Cyldromatosis (CYLD), 65, 67, 86, 92
 CypD. *See* Cyclophilin D (CypD)

D

Damage-associated molecular patterns
 (DAMPs), 118, 130
 Danger-associated molecular patterns
 (DAMPs), 177, 185
 Darding, M., 79–92
 Davis, C.W., 307
 DD. *See* Death domain (DD)
 Death domain (DD), 59, 61, 65
 Death-inducing signalling complex (DISC),
 59, 65, 82, 84
 Death receptors (DRs)
 cell death, 66
 cycloheximide, 87
 cytoplasmic complex, 86
 DISC, 82
 double-stranded RNA, 66
 FADD, 82
 FLIP, 82
 gene activation, 84
 glioma, neuroblastoma and melanoma
 cells, 62
 linear ubiquitin chains, 86
 MAP kinases and transcription factors, 59
 primary signalling output, 82, 83
 signalling complexes, 61
 ubiquitin linkages, 86

Degterev, A., 4, 81, 307, 319–329
 De Valck, D., 353
 Dillon, C.P., 107, 108
 DISC. *See* Death-inducing signalling
 complex (DISC)
 Dittrich-Breiholz, O., 117–130
 Dixit, V.M., 15
 Dixon, S.J., 353
 DKO animals. *See* Double-knockout (DKO)
 animals
 Double-knockout (DKO) animals, 103
 Downstream signaling, RIP3
 and apoptosis, 50
 energy metabolism
 enzymatic activity, PYGL, 48
 GLUL, 49
 glycogen accumulation, 48
 membrane-associated NADPH
 oxidase, 49
 TNF-induced necrosis, 48
 MLKL-PGAM5 pathway, 49–50
 DRs. *See* Death receptors (DRs)
 Du, C., 61
 Duprez, L., 309, 342

E

EGFR. *See* Epidermal growth factor receptor
 (EGFR)
 Endocytosis, 285, 286
 Epidermal growth factor receptor (EGFR),
 28–29
 Excitotoxicity, *C. elegans*, 280–281, 289

F

FADD. *See* Fas-associated death domain
 (FADD)
 Fan, Y., 163–171
 Fas-associated death domain (FADD)
 aberrant necroptosis, 90
 adaptor protein, 82
 cross-linking, 82
 cytosol, 86
 deficient mice, 88
 pro-domain, 84
 Feoktistova, M., 66, 363–379
 Festjens, N., 353
 FLICE-like inhibitory protein (FLIP)
 caspase-8 homodimer, 105, 106
 catalytic activity, 109
 CYLD, 108
 and FADD, 106–107
 IAPs, 109

isoforms, 84
 knockout, RIPK3, 107–108
 lethal phenotype, 88
 NF- κ B activation, 106, 107
 non-cleavable RIPK1 mutants, 108
 ripoptosome, 90
 TNF stimulation, 87
 viral protein, 84
 yolk sac vascularisation, 88
 FLIP. *See* FLICE-like inhibitory protein (FLIP)
 Fonge, H., 341
 Förster resonance energy transfer (FRET)
 caspase-3 target sequence (DEVD), 349
 KARs, 351
 FRET. *See* Förster resonance energy transfer (FRET)

G

GAPDH. *See* Glyceraldehyde-3-phosphate dehydrogenase (GAPDH)
 Gastrointestinal system
 caspase-8-deficient hepatocytes, 9
 chronic alcohol abuse, 9
 CIP, 8
 IBD, 8, 9
 IECs, 9
 Nec-1 data and RIPK3-ko mice, 8
 Gavrieli, Y., 342
 Geserick, P., 65, 363–379
 Gibson, W., 58
 GLUL. *See* Glutamate–ammonia ligase (GLUL)
 Glutamate–ammonia ligase (GLUL), 48, 49
 Glutathione *S*-transferase Pi (GSTP), 151
 Glyceraldehyde-3-phosphate dehydrogenase (GAPDH), 242, 256
 Goossens, V., 335–355
 Goussetis, D.J., 223
 Green, D.R., 103
 Grimberg, H., 341
 Grootjans, S., 335–355
 GSTP. *See* Glutathione *S*-transferase Pi (GSTP)

H

Han, J., 11, 45–52
 Han, W., 308
 HCC techniques. *See* High-content cytometry (HCC) techniques
 HCN stem cells. *See* Hippocampal neural (HCN) stem cells

Heat shock, 283
 Heat stroke
 climate change, 281
 mammalian PMR1, 283
 stress, hormesis, 281–282
 High-content cytometry (HCC)
 techniques, 344
 High-mobility group box 1 protein (HMGB1), 168, 261, 262
 Hippocampal neural (HCN) stem cells, 225
 HMGB1. *See* High-mobility group box 1 protein (HMGB1)
 Holler, N., 319
 Horita, H., 308
 Hsu, T.-S., 309
 Hypoosmotic shock, 283
 Hypoxia, 286–287

I

IAPs. *See* Inhibitors of apoptosis proteins (IAPs)
 IBD. *See* Inflammatory bowel disease (IBD)
 IECs. *See* Intestinal epithelial cells (IECs)
 IL-1 β . *See* Interleukin (IL)-1 β
 Inflammasome
 IAPs
 components, 69, 70
 embryonic stem cells, 71
 mutant mice, 70
 ubiquitylation, 71
 NLRP3, 124, 130
 Inflammation
 apoptosis, 117–118
 cell death, 117
 danger signals, 118
 DKO animals, 103
 in vivo
 acute spontaneous skin, 119, 120
 partial hepatectomy, 119
 wild-type allele, 121
 non-apoptotic cell death, 118
 restriction
 anti-inflammatory effects, 122
 extrinsic cell-death signaling pathway, 122
 IRF3, 123, 125
 NLRP3, 123, 124
 stress, 121
 signaling protein
 cell culture studies, 129
 DAMPs, 130
 pleiotropic signaling pathways, 130
 TLR signaling, 111

Inflammatory bowel disease (IBD), 8, 9
 Inhibitors of apoptosis proteins (IAPs)
 cell death regulators, 71–72
 cIAPs, 64–65
 and death receptor (DR)
 baculoviruses, 61
 cIAP-deficient cells, 63–64
 DD, 59
 molecular components, 59, 60
 plasma membrane, 59
 RIPK1 ubiquitylation, 64
 smac-mimetics, 61–62
 TNFR1, 61
 XIAP, 61
 necroptosis (*see* Necroptosis)
 pyroptosis and inflammasome, 69–71
 ripiptosome, 65–66
 smac-mimetics, 57
 Interferon regulatory factors (IRF3), 123, 125, 126
 Interleukin (IL)-1 β , 123, 124, 126
 Intestinal epithelial cells (IECs), 9
 IRF3. *See* Interferon regulatory factors (IRF3)
 IRI. *See* Ischemia-reperfusion injury (IRI)
 Ischemia-reperfusion injury (IRI)
 cardioprotective effect, Nec-1, 7
 kinase activity, RIPK1, 7–8
 necrotic debris, 5
 RIPK1-inhibitor, 4, 5
 stroke/myocardial infarction, 7
 Iwamaru, A., 223

J
 Ji, D., 308
 JNKs. *See* Jun-N-terminal kinases (JNKs)
 Joann-Lanhouet, S., 309, 353
 Jun-N-terminal kinases (JNKs)
 activation
 Bcl-2, 152
 BNIP3, 152
 ischemic brain injury, 152
 insulin-like growth factor 1 receptor
 (IGF-1R), 28
 MAP kinases, 26
 regulation
 cysteines, 150
 diallyl trisulfide treatment, 151
 ferritin, 151
 GSTP, 151
 receptor-mediated transient
 activation, 149
 thioredoxin, 150
 TNF-induced necrosis, 33

K
 Kaiser, W.J., 103
 Kang, T.-B., 117–130
 Kanzawa, T., 223
 KARs. *See* Kinase activity reporters (KARs)
 Kenneth, N.S., 71
 Kerr, J.F., 138, 275
 Kim, H.J., 353
 Kim, J.-C., 117–130
 Kim, S., 307
 Kim, Y.-S., 135–153, 353
 Kinase activity reporters (KARs), 351
 Kourtis, N., 353
 Kovalenko, A., 117–130
 Kracht, M., 117–130
 Krautwald, S., 1–16
 Krumschnabel, G., 309
 Krysko, D.V., 342
 Kuenzler, K.A., 342
 Kunzendorf, U., 1–16

L
 Laane, E., 223
 LDLR. *See* Low-density lipoprotein receptor (LDLR)
 Leverkus, M., 363–379
 Li, J., 341
 Lim, S.Y., 307
 Li, N., 308
 Lin, C.I., 223
 Linkermann, A., 1–16, 307, 353
 Lin, Y., 23–37
 Lipnik-Stangelj, M., 309
 Lipopolysaccharides (LPS), 183, 185
 Liu, J., 307
 Liu, Y.L., 223
 Li, Y., 295–311
 Lockshin, R., 138
 Löder, S., 308
 Low-density lipoprotein receptor (LDLR), 11
 LPS. *See* Lipopolysaccharides (LPS)
 Ludovico, P., 253–266
 Luthi, A.U., 342

M
 Macroautophagy, 233
 Mariani, G., 342
 Matzinger, P., 118
 Ma, Y.-H., 309
 MCMV. *See* Murine cytomegalovirus (MCMV)
 McNamara, C.R., 319–329
 MEF. *See* Mouse embryonic fibroblasts (MEF)

- Menkin, V., 118
- Methods
- cell death in vivo, 340–343
 - cytometers, 346
 - DNA fragmentation, 347
 - dye exclusion, 337, 340
 - electron microscopy, 346–347
 - HCC techniques, 344
 - light microscopy, 344, 345
- Mitochondrial permeability transition (MPT)
- CsA (*see* Cyclosporine A (CsA))
 - CypD (*see* Cyclophilin D (CypD))
 - IMM, 199
 - and mPTP, 204–205
 - p53 (*see* p53)
- Mitochondrial permeability transition pore (MPTP)
- calcium, 152
 - JNK, 152
 - liver transplant, 152
 - mitochondrial membranes, 144
- Mixed lineage kinase domain-like protein (MLKL)
- amyloid-like structures, 88
 - Nec-1s and drugs, 8
 - phosphorylation, 88
 - pseudokinase, 14, 87
 - and RIPK3, 2
- MLKL. *See* Mixed lineage kinase domain-like protein (MLKL)
- Moll, U.M., 195–207
- Morgan, M.J., 135–153
- Moriwaki, K., 177–187
- Moshe, B.T., 119
- Mouse embryonic fibroblasts (MEF), 26, 29, 33, 34
- MPT. *See* Mitochondrial permeability transition (MPT)
- MPTP. *See* Mitochondrial permeability transition pore (MPTP)
- Murine cytomegalovirus (MCMV), 46, 51, 181, 182, 306
- N**
- NAD. *See* Nicotinamide adenine dinucleotide (NAD)
- Nadeau, P.J., 150
- NADPH oxidases 1 (NOX1)
- mitochondrial damage, 148
 - oxidase complexes, 137
 - plasma membrane and mitochondria, 148
 - programmed necrosis, 148
 - ROS induction, 145
 - superoxide generation and cell death, 145
- Nagata, S., 342
- Nakagawa, T., 353
- Nec-1. *See* Necrostatin-1 (Nec-1)
- Necroptosis
- Akt, JNK and c-Jun, 326–327
 - anti-viral immunity, 90
 - vs. apoptosis, 15–16
 - ASM, 328–329
 - bioenergetic processes, 320
 - caseating necrosis, 3–4
 - caspase-8 (*see* Caspase-8)
 - caspase-dependent cell death, 58
 - cell death modality (*see* Cell death modality)
 - coagulative and colliquative necrosis, 2–3
 - cpdm* cells, 91
 - cPLA2 and cyclooxygenases, 328
 - CYLD, 92
 - cytochrome, 58
 - cytosol, 88, 89
 - definition, 1
 - dendritic cells, 328
 - determination, 336, 338–339
 - drosophila melanogaster*, 90
 - embryonic lethality, 88
 - fibrinoid necrosis, 3
 - gastrointestinal system (*see* Gastrointestinal system)
 - gene activation and apoptosis, 87
 - hyperacute inflammation and organ failure, 320
 - in vivo*
 - embryonic lethality, 68
 - evidence, 4, 6–7
 - knockout mice relevant, 68
 - utero, 69
 - inflammation, 117–118
 - IRI (*see* Ischemia-reperfusion injury (IRI))
 - metazoans, 57
 - MLKL and NSA, 88, 323–324
 - necrosis, 58
 - necrosome, 87
 - necrotic tissue, 1–2
 - neurological systems, 9–10
 - ophthalmology, 10
 - organs, 4, 5
 - PARP1, 327–328
 - PCD, 253, 319
 - pharmacological inhibition, 14–15
 - PMA, 328
 - RIP3 (*see* Receptor-interacting protein 3 (RIP3))
 - RIPK3-dependent necroptosis, 4
 - RIP1 kinase and necrostatins, 321–323
 - riposome, 90
 - ROS and BHA, 324–326

- Necroptosis (*cont.*)
- signaling protein, 129–130
 - signal transduction pathways, 321
 - skin, 10
 - solid organ transplantation
 - AMR, 12
 - CDAMPs, 12
 - initiation, clinical trials, 13
 - systemic disorders
 - LDLR, 11
 - necroptosome, 11–12
 - vaccinia virus, 11
 - TNF α activation, 320
 - tumorigenesis, immune surveillance and immunotherapy, 13–14
- Necrosis
- autophagy (*see* Autophagy, necrosis)
 - C. elegans* (*see* *Caenorhabditis elegans*)
 - cell death, 213
 - external cell factors, 139
 - inflammation, 138
 - injury-mediated process, 141
 - ischemia/reperfusion injury, 199
 - ischemic stroke-induced brain tissue, 198, 205–206
 - lysosomal proteases, 145
 - mitochondrial dysfunction, 136
 - molecular mechanisms, 213
 - murine fibrosarcoma cell, 139
 - oxidative stress-induced, 200–201, 204
 - RIP3 (*see* Receptor-interacting protein 3 (RIP3))
- Necrostatin-1 (Nec-1)
- acute brain injury, 3
 - animal models, 3
 - cardioprotective effect, 7
 - cell types, 299
 - hypothesis, 298–299
 - necroptosis
 - acute pathologies, 310
 - autophagy, 304
 - cIAP1/2, 300–301
 - CypD, 302–303
 - disease models, 306–309
 - FADD and caspase-8, 302
 - MCMV infection, 306
 - N. fowleri* infection, 306
 - RIP3 kinase activation, 301
 - ROS, 303–304
 - tumor cells, 310–311
 - vaccinia virus infection, 306
 - zVAD.fmk treatment, 305
 - and NSA, 352, 353
 - and RIPK1, 14, 183–184
 - Ser161, autophosphorylation, 299–300
 - T cell proliferation, 186
- Necrostatins
- 7-Cl-O-Nec-1, 321, 322
 - DLG-out binding pocket, 323
 - MCMV, 323
 - Nec-1, cell-based screen, 321, 322
 - Nec-3, Nec-4 and Nec-5, 322
- Necrosulfonamide (NSA), 323–324
- Necrotic cell death
- angiotensin II, 148
 - cellular source, 148, 149
 - CypD, 144
 - isoforms, 143
 - kinase domains, 142
 - lysosomal cathepsin proteases, 145
 - mitochondrial involvement
 - complex I, II and III, 147
 - glycolytic pathways, 146
 - hydroxyl radical, 147
 - mitochondrial aconitase, 147
 - necrotic death stimuli, 146
 - signaling pathways and cellular damage, 146
 - MPTP, 144
 - necrostatin-1, 142
 - PARP-1, 144
 - RIP1 protein, 141
 - superoxide formation, 145
 - tumor suppressor gene, 143
- Nehs, M.A., 308
- Neurodegeneration
- cAMP signaling, 280
 - disorders, 279, 285
 - glutamate transporters, 281
 - lysosomal cathepsin proteases, 284
 - tau* protein, 288
- Neurodegenerative diseases
- ACD, 224–226
 - programmed necrosis, 243
- Newton, K., 15
- NF- κ B. *See* Nuclear factor-kappa B (NF- κ B)
- Nguyen, Q.D., 341
- Nicotinamide adenine dinucleotide (NAD)
- cytosolic and mitochondrial pool, 165
 - essential cofactor, 164
 - glycolysis, 165
 - liposome-encapsulated, 167
 - nutrient substrates, 165
- Nikoletopoulou, V., 275–289
- Ni, Y., 341
- NLRP3, 124, 130, 1213
- Non-apoptotic cell death
- autophagy suppresses
 - necroptosis, 238–239
 - PARP-mediated necrosis, 239–242

- bacterial infection, 283
- description, 279
- GAPDH, 242
- heatstroke, 281–283
- hyposmotic shock, 283
- ionic imbalance
 - deg-1* and *mec-4* encode proteins, 279–280
 - excitotoxicity, 280–281
 - expression patterns, 280
 - malfunction, glutamate transporters, 281
 - vacuolar degeneration, *deg-3*, 280
 - mitotic catastrophe, 242
- Northington, F.J., 307
- NOX1. *See* NADPH oxidases 1 (NOX1)
- NSA. *See* Necrosulfonamide (NSA)
- Nuclear factor-kappa B (NF-κB)
 - cell death inhibitory proteins, 63
 - DKO animals, 103
 - IAPs, 109
 - inflammatory signaling, 110, 111
 - low-dose cycloheximide, 65
 - nucleus, 63
 - T cells, 102
 - TNF, 63
 - TNFR1 and TLR signaling, 64, 65, 106
- Nutrient signaling, 260

- O**
- Oberst, A., 99–112
- O'Donnell, M.A., 108
- Oerlemans, M.I.F.J., 7, 307
- Opipari, A.W. Jr., 223
- Osborn, S.L., 308
- Ouyang, Z., 309
- Oxidative stress
 - induced necrosis, 200–201, 204
 - mPTP (*see* Mitochondrial permeability transition (MPT))
 - p53 triggers mPTP opening, 201–202

- P**
- p53
 - biophysical and enzymatic characterization, 207
 - CsA-type inhibitors, 207
 - electrochemical gradient, 206
 - necrotic cell death
 - BclxL/Bcl2 interaction, 202–203
 - clinical relevance, 205–206
 - co-immunoprecipitation, 202
 - CypD, 200–201
 - mitochondrial permeability transition, 199–200
 - oxidative stress (*see* Oxidative stress)
 - submitochondrial fractionation, 203
 - transcription independent, 204–205
 - trigger mPTP, 201–202
 - stress-induced transcriptional regulator, 196–197
 - stress sensor, 195–196
 - transcription-independent function, 197–198
- Parkinson's disease, 287–288
- Park, S., 308
- PARP. *See* Poly(ADP-ribose) polymerase (PARP)
- PARP-1. *See* Poly(ADP-ribose) polymerase-1 (PARP-1)
- PARylation. *See* PolyADP-ribosylation (PARylation)
- PCD. *See* Programmed cell death (PCD)
- PGAM-5. *See* Phosphoglycerate mutase family member 5 (PGAM-5)
- Phosphoglycerate mutase family member 5 (PGAM-5), 122, 123, 130, 180
- PIDD. *See* p53-induced protein with a death domain (PIDD)
- p53-induced protein with a death domain (PIDD), 26–27
- PKA
 - aspirin, 263
 - mRNAs encode proteins, 266
 - Pep4, 262
 - polyamine levels, 261
- Poly-ADP ribose polymerase (PARP)
 - AMPK, 240–241
 - necrotic cell death, 240
- PolyADP-ribosylation (PARylation)
 - cytoprotective kinase signaling pathway, 166
 - HMGB1, 169
 - Hsp70 gene, 167
 - necrotic cell death, 168
 - proteins, 163
- Poly(ADP-ribose) polymerase-1 (PARP-1), 144, 320, 327–328
- Poly(ADP-ribose) polymerase (PARP)
 - AIF, 166–168
 - autophagy, 169
 - cell death, 170–171
 - cell survival/death-related molecular events
 - chemotherapy, 169
 - HMGB1, 169
 - monocyte, 169
 - nuclear-cytosolic relocalization, 169
 - pro-necrotic factors, 168

- Poly(ADP-ribose) polymerase (PARP) (*cont.*)
 chromatin-binding and transcription-related proteins, 163
 cytosolic pool, 165
 hyperactivation, 165
 NAD, 164
 PARylation, 164
 phosphorylation, 165–166
 Prinsen, K., 341
- Programmed cell death (PCD)
 description, 212–213
 non-apoptosis, 213
 programmed necrosis, 213
- Programmed necrosis
 adaptive immunity, 185–187
 altruistic behavior, 254
 apoptotic bodies, 177
 apoptotic regulators, 255–256
 autophagic processes, 266
 bacterial infections, 183–184
 caspase-8 activity, RIP1, 253–254
 DAMPs, 177
 definition, 256
 description, 32–33
 diagnostic features, 254–255
Dictyostelium, protein existence, 255
 embryogenesis, 187
Escherichia coli, 255
 GAPDH, 256
 molecular regulation
 caspase activity, 178
 MLKL, 179–180
 PGAM5, 180
 protein ubiquitination, phosphorylation and proteolytic cleavage, 178, 179
 RHIM, 179
 TNFR-1 signaling, 178
 trans-phosphorylation, 178
 necroptosis, 253
 physiological conditions, 254
 plasma membrane-associated death receptors, 177
 RIPK1 and RIPK3, 185
 sparkling wines, production, 265–266
 sterile inflammation, 184
 TNF α -induced necrosis
 5-ALA, 35
 cancer's chemoresistance, 34
 hemolysis/myonecrosis, 35
 MLKL, 33
 NF- κ B activation, 33
 PGAM5, 33–34
 phosphorylation, 33
 ROS-and PARP, 34
 TLR4 ligation, 34
 viral infections
 MCMV, 181–182
 organelle and cell swelling, 180
 RIP kinase-dependent necrosis, 181
 T cell responses, 181
 vaccinia virus infection, 180
 viral necrosis inhibitors, 183
 yeast necrosis (*see* Yeast necrosis)
- Pro-survival function, autophagy
 blockage of apoptosis, 237
 GAPDH, 242
 mitotic catastrophe, 242
 non-apoptotic cell death, 238–242
- Puissant, A., 223
 Puyal, J., 221
- R**
- Rajput, A., 117–130
- Reactive oxygen species (ROS)
 and BHA, 324–326
 hemolysis/myonecrosis, 35
 intracellular sources
 cytosolic enzymes, 137
 mitochondrial respiratory chain, 136
 L929 and MEF cells, 303–304
 metabolic pathways, 33
 mitochondria, 33
 necrotic cell death (*see* Necrotic cell death)
 N. fowleri infection, 306
 nonenzymatic antioxidants, 135
 NOXs, 137
 oxygen-containing compounds, 135
 and PARP, 34
 PCD, apoptosis, autophagy and necrosis, 138–141
 superoxide, 136
 TNF α -induced necroptosis, 303
 zVAD.fmk treatment, 305
- Receptor-interacting protein 1 (RIP1)
 apoptosis and necrosis, 23, 24
 autophosphorylation, 47–48
 cell death signaling (*see* Cell death signaling, RIP1)
 cell survival signaling (*see* Cell survival signaling, RIP 1)
 cellular functions, 36
 and cFLIP, 47
 complex IIb/necrosome, 47
 FasL signaling, 296
 identification, 295
 K63-polyubiquitination, 47
 Nec-1 (*see* Necrostatin-1 (Nec-1))

- necroptosis
 - Jurkat cells, 298
 - pan-caspase inhibitors, 298
 - programmed necrotic cell death, 142
 - relay signals, DNA damage, 24
 - and RHIM domain, 23, 24, 47, 48
 - TNF α signaling, 296–297
 - and TNFR1, 23, 47
 - ubiquitination, 143
 - Receptor-interacting protein 3 (RIP3)
 - antiviral mechanism, 51
 - caspase-8 knockout mice, 51
 - cell death, characteristics, 45
 - cellular inhibitor of apoptosis protein (cIAP), 46
 - development and tissue homeostasis, 50
 - downstream signaling (*see* Downstream signaling, RIP3)
 - hepatocytes, 51
 - infection, 46
 - inflammatory cytokine production, 51
 - MCMV, 51
 - mitochondria, 52
 - PARP, 45–46
 - phosphorylation, 52
 - RIP1, 47–48
 - Shigella flexneri*, 46
 - Receptor-interacting protein kinase-1 (RIPK1)
 - cardiomyocytes, 7
 - and cIAPs, 101
 - CYLD, 108
 - cytoplasmic tail, 64
 - deubiquitylating enzyme, 67
 - embryonic development, 8
 - FADD, 106–107
 - IAPs, 109
 - inflammatory cytokines, 68
 - kinase-dead knock-in mice, 354
 - mitochondria and peroxisomes, 123
 - and MLKL, 339, 351
 - Nec-1, 66–67, 183–184
 - necrotic cell death, 123
 - NF- κ B activation, 178
 - NSA and Nec-1, 352–354
 - phosphorylation, 66, 180
 - protein kinases, 118
 - regulators
 - deubiquitylation model, 65
 - DISC, 65
 - ubiquitylate RIP kinases, 64
 - rhabdomyosarcoma cells, 13
 - RHIMs, 101, 179
 - riposome, 66
 - TNF and zVAD, 100–101
 - trans*-phosphorylation, 178
 - tumor suppressor, 119
 - ubiquitylation, 63
 - Receptor-interacting protein kinase-3 (RIPK3)
 - brain damage, 9
 - caspase 8, 126, 178
 - CMV infection, 110
 - coagulative necrosis, 2
 - CYLD, 108
 - DKO animals, 103
 - and FADD, 106–107
 - IAPs, 109
 - LPS, 183
 - and MLKL, 8
 - Nec-1 and NSA, 352–354
 - necroptotic pathway, 122
 - phosphorylation, 180, 351
 - protein kinases, 118
 - RHIM, 101
 - vaccinia-virus infections, 11
 - western blot, 351
 - Regulated necrosis (RN)
 - pharmacological inhibition, 352–354
 - potential alternative forms, 352, 353
 - transgenic approaches, 354
 - Retinoic acid-inducible gene 1 (RIG-I), 123
 - RHIM. *See* RIP homotypic interaction motif (RHIM)
 - RIG-I. *See* Retinoic acid-inducible gene 1 (RIG-I)
 - RIP1. *See* Receptor-interacting protein 1 (RIP1)
 - RIP3. *See* Receptor-interacting protein 3 (RIP3)
 - RIP homotypic interaction motif (RHIM)
 - innate immune and cell death signaling, 179
 - protein–protein interaction, 179
 - recombinant virus, 182
 - RIPK1 and RIPK3, 178
 - RIPK1. *See* Receptor-interacting protein kinase-1 (RIPK1)
 - RIPK3. *See* Receptor-interacting protein kinase-3 (RIPK3)
 - Ripoptosome, inhibitors of apoptosis proteins (IAPs), 65–66
 - RN. *See* Regulated necrosis (RN)
 - ROS. *See* Reactive oxygen species (ROS)
 - Rosenbaum, D.M., 307
- S**
- Saccharomyces cerevisiae*, 255, 264, 265
 - Scaffidi, P., 342
 - Sch9, 260, 261

- Seiler, A., 353
 Shao, Y., 223
 Shen, H.-M., 211–226, 233–246
 Shindo, R., 326
 Shinzawa, K., 353
 shRNA. *See* Stable short-hairpin RNA (shRNA)
 Silke, J., 57–72
 Simenc, J., 309
 Smith, C.C.T., 307
 Smith, C.V., 353
 Smith, G., 341
 Song, K.-J., 309
 Sosna, J., 353
 Stable short-hairpin RNA (shRNA), 29, 33
 Stress
 daf-2 mutations, 287
 heatstroke, 281–282
 mitochondrial, LRRK2, 287
 thermal and oxidative, 283
 Stroke
 induced brain tissue necrosis, 205–206
 myocardial infarction, 199
 oxidative stress-mediated p53
 induction, 206
 p53-CypD complex, 206
 Suffys, P., 353
 Sun, L., 323, 324
 Survival, autophagy. *See* Pro-survival function, autophagy
- T**
 Takahashi, N., 1–16
 Tamura, Y., 307
 Tan, S.-H., 211–226
 Target of rapamycin (TOR), 261, 263
 Tavernarakis, N., 275–289
 T cell receptor (TCR)
 antigen receptors, 185–186
 death receptors, 186
 FADD/caspase 8 and RIPK3, 187
 Fas–FasL-induced lymphocyte
 cell death, 186
 NF- κ B activation, 186
 “peripheral tolerance”, 186
 TCR. *See* T cell receptor (TCR)
 Temozolomide (TMZ), 30–31
 Tenev, T., 66
 TLR3. *See* Toll-like receptor 3 (TLR3)
 TLR4. *See* Toll-like receptor4 (TLR4)
 TMZ. *See* Temozolomide (TMZ)
 TNF. *See* Tumor necrosis factor (TNF)
 TNFR1. *See* Tumor necrosis factor receptor 1 (TNFR1)
 TNF receptor 1 (TNFR1), 47
 TNF receptor-associated factor 2 (TRAF2)
 ROS, 34
 TLR3/RIP1/caspase-8 complex, 32
 Toll-like receptor3 (TLR3)
 Bruton’s tyrosine kinase (BTK), 28
 lung cancer cells, 32
 pathogen-associated molecular pattern (PAMP), 27–28
 ribonucleotide reductase R1, 32
 Toll-like receptor4 (TLR4)
 hemolysis/myonecrosis, 35
 phosphatidylinositol 3 kinase (PI3K), 28
 TOR. *See* Target of rapamycin (TOR)
 Toth, B., 117–130
 TRAF2. *See* TNF receptor-associated factor 2 (TRAF2)
 TRAIL. *See* Tumor necrosis factor-related apoptosis-inducing ligand (TRAIL)
 Trichonas, G., 307
 Tristão, V.R., 308
 Tsujimoto, Y., 353
 Tumor necrosis factor (TNF)
 apoptotic cell death, 118
 caspase-8, 67, 118
 CYLD, 108
 glioblastoma cell line, 63
 L929 murine fibroblasts, 100
 necrotic cell death, 118
 signaling complex, 122
 smac-mimetic-treated cells, 64
 and TLR signaling, 110–111
 TNFR1 ligation, NF- κ B activation, 106–107
 transcriptional signalling pathway, 61
 ubiquitylation, 63
 wild-type cells, 63
 and zVAD, 100–101
 Tumor necrosis factor receptor 1 (TNFR1)
 cytoplasmic tail, 64
 double-knockout embryonic lethality, 68
 transcriptional response, 61
 ubiquitin chains, 64
 Tumor necrosis factor-related
 apoptosis-inducing ligand (TRAIL)
 autophagy, 35
 and JNK, 26
 NF- κ B activation, 26
 Tumour necrosis factor (TNF)
 apoptotic cell death, 80
 gene products, 88
 inflammation and cell survival, 84

- lethal effects, 91
 - pleiotropic cytokine, 79
 - signalling complex, 84
- U**
- Ubiquitination
 - death receptor signalling, 82–87
 - intracellular signalling pathways, 80
 - membrane-spanning receptors, 80
 - necroptosis (*see* Necroptosis)
 - post-translation modification, 81
 - TNF, 79
 - ubiquitin system, 81–82
 - Ubiquitin system
 - enzymatic cascade, 81
 - RING domain, 82
 - target protein, 82
 - Uterine-vulval (uv1) cells, 278–279
- V**
- Vandenabeele, P., 1–16, 335–355
 - Vanden Berghe, T., 335–355
 - Vanlangenakker, N., 353
 - Vaux, D., 57–72
 - Verhagen, A.M., 61
 - Vince, J.E., 69, 71, 185
 - Vogt, C., 138
- W**
- Walczak, H., 79–92
 - Wallach, D., 117–130
 - Wang, X., 323
 - Wang, Y.-Q., 308
 - Weigert, C., 2
 - Wendland, M.F., 341
 - Williams, C., 138
 - Winderickx, J., 253–266
 - Wu, T., 45–52
 - Wu, Y.T., 326
 - Wyllie, A.H., 275
- X**
- Xu, X., 307
- Y**
- Yamanaka, K., 308
 - Yamashima, T., 353
 - Yang, S.-H., 117–130
 - Yazdanpanah, B., 353
 - Yeast necrosis
 - acetic acid concentrations, 258–259
 - aspirin, 262–263
 - autophagy, 260–261
 - Bax, 264
 - calmodulin and calcineurin, 263
 - cells lacking, 262
 - class C VPS mutants, 257–258
 - ER stress agents, 263
 - HMGB1, 261
 - H₂O₂ and acetic acid, 257
 - HSP90 isoforms, 258, 263
 - leucine, 260
 - mitochondrial EndoG homolog
 - Nuc1, 262
 - MnSOD, 262
 - Pep4, 261–262
 - Pex6, 258
 - S. cerevisiae* and *S. pombe*, 264
 - α-synuclein, 264–265
 - Yca1-encoding gene, 257
 - Yoshioka, A., 353
 - You, Z., 308
 - Yuan, J., 295–311, 342
- Z**
- Zhang, D.W., 142
 - Zhang, Q.L., 307, 342
 - Zhao, J., 324
 - Zhao, Y., 223
 - Zhu, S., 308
 - Zirngibl, K., 195–207
 - Zong, W.-X., 163–171