

Cancer Metabolism

TOCRIS
a biotechne brand

Neurochemicals | Signal Transduction Agents | Peptides | Biochemicals

www.tocris.com

Adapted from Edition 3 of the Tocris Cancer Product Guide

To request a copy of the Tocris Cancer Product Guide, or to view the PDF, please visit www.tocris.com

In 1924 Otto Warburg first discovered that cancer cells generated a large proportion of their ATP by metabolizing glucose via aerobic glycolysis (as opposed to mostly through oxidative phosphorylation (OXPHOS) in normal cells). Initially it was thought that this Warburg effect was a cause of cancer, but it was later established that this shift to glycolytic metabolism was an effect of cancer cell transformation. Genetic changes and epigenetic modifications in cancer cells alter the regulation of cellular metabolic pathways. These distinct metabolic circuits could provide viable cancer therapeutic targets.

Abnormal Cancer Metabolism

Genetic and Epigenetic Alterations

- Mutations in:
 - Oncogenes
 - Tumor suppressors
 - Enzymes

↑ Biosynthesis

- ↑ Proteins
- ↑ Lipids
- ↑ Nucleic acids

Altered Redox Balance

- ↑ Buffering capacity
- ↑ Transporter expression
- ↑ pHi

Abnormal Cancer Metabolism

↑ Bioenergy

- ↑ ATP production
- Glycolysis dependence

Tumor Microenvironment

- HIF-1 dynamically modulates local signaling pathways in hypoxic regions

Main Targets in Cancer Metabolism

Glycolysis, Pentose Phosphate Pathway and Transporters

Enhanced rates of glycolysis (approximately 200-fold) produce increased levels of ATP more rapidly than OXPHOS, but this process is far less efficient, so there is an increased demand for glucose. As such, GLUT expression is frequently increased in cancer cells, as is MCT expression, which removes the increased levels of lactate from the cells. Another commonly seen adaptation is an increase in the number of glutamine transporters. The first step in glutamine catabolism is the hydrolysis of glutamine into glutamate and ammonia by GLS1, which is important in lipid biosynthesis and NADPH production.

There is also an increase in the flux through the PPP. The PPP is required to generate precursors for amino acid synthesis and NADPH (an integral component in lipid and nucleotide synthesis, as well as redox homeostasis). Depending on the requirements of the cancer cell, glucose is directed into either the PPP or glycolysis pathway (or both). For example, during high oxidative stress, cancer cells divert the flux of glucose away from glycolysis into the PPP to produce more NADPH.

Krebs Cycle

Glucose is broken down into pyruvate, which is then transported into the mitochondria. It is converted into acetyl-CoA which then enters the Krebs cycle. This produces energy in the form of ATP, precursors for amino acid synthesis and the reducing agent NADPH.

One of the major enzymes that feeds into the cycle is GDH, which converts glutamate to α-KG, an essential intermediate in the Krebs cycle. Inhibition of GDH has been shown to suppress the use of glutamine in the Krebs cycle and sensitize glioblastoma cells to glucose withdrawal. α-KG is a substrate for mutant forms of IDH, which has been linked to oncogenesis. Mutant IDH converts α-KG to D2HG resulting in high intracellular levels of D2HG. D2HG competitively blocks α-KG binding at a family of enzymes called 2-OG-dependent dioxygenases, which are regulators of important epigenetic events. Furthermore, IDH mutations impair cell redox capacity.

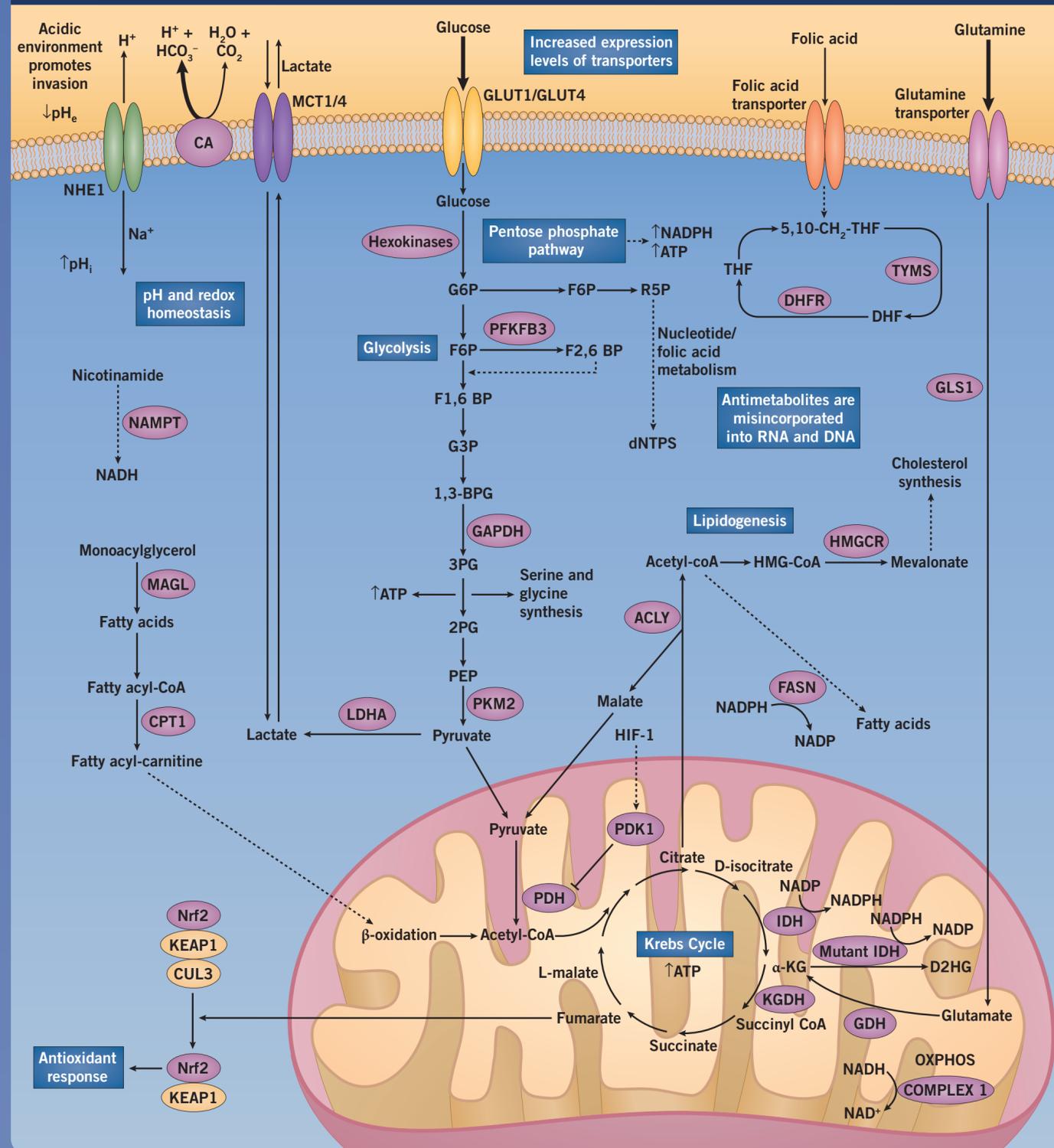
Lipidogenesis

Recent evidence suggests that in certain types of cancer such as prostate cancer, the initiation of cell proliferation relies more on lipid metabolism than glycolysis. Targeting fatty acid synthesis can cripple a cell's ability to proliferate and survive because it limits lipid membrane production, as well as blocking β-oxidation of fatty acids in mitochondria.

pH and Redox Balance

Cancer cells are able to survive in their hostile microenvironments because of increased expression of proton pumps and ion transporters. Aberrant regulation of hydrogen ions leads to a reversal of the pH gradient across tumor cell membranes, resulting in a more basic intracellular pH (pHi) and a more acidic extracellular pH (pHe). It is critical to cancer cell survival that the intracellular environment does not become acidified because this could induce apoptosis.

Altered Regulation of Metabolic Pathways in Cancer Cells



ACLY, ATP citrate lyase; ATP, Adenosine triphosphate; 1,3-BPG 1,3-Bisphosphoglyceric acid; CA, carbonic anhydrase; CPT1, carnitine palmitoyltransferase; CUL3, Cullin 3; D2HG, D-2-hydroxyglutarate; DHF, dihydrofolate; DHFR, DHF reductase; FASN, fatty acid synthase; F1,6BP, fructose-1,6-bisphosphate; F2,6BP, fructose-2,6-bisphosphate; F6P, fructose 6-phosphate; GAPDH, glyceraldehyde-3-phosphate dehydrogenase; GDH, glutamate dehydrogenase; GLUT, glucose transporter; GLS1, glutaminase; G3P, Glyceraldehyde-3-phosphate; G6P, glucose-6-phosphate; HIF-1, Hypoxia-inducible factor 1; HMGCR, HMG-CoA reductase; IDH, isocitrate dehydrogenase; α-KG, α-ketoglutarate; KGDH, α-ketoglutarate dehydrogenase; LDHA, lactate dehydrogenase A; MAGL, monoacylglycerol lipase; MCT, monocarboxylate transporter; NAD+/NADH, Nicotinamide adenine dinucleotide (oxidised/reduced forms respectively); NADPH, Nicotinamide adenine dinucleotide phosphate; NAMPT, nicotinamide phosphoribosyltransferase; Nrf2, Nuclear factor (erythroid-derived 2)-like 2; OXPHOS, oxidative phosphorylation; PDH, pyruvate dehydrogenase; PDK, pyruvate dehydrogenase kinase; PEP, phosphoenolpyruvate; PFKFB3, 6-phosphofructo-2-kinase/fructose-2,6-bisphosphatase; 2PG, 2-phosphoglycerate; 3PG, 3-phosphoglycerate; PKM2, pyruvate kinase M2 isoform; PPP, Pentose Phosphate Pathway; ROS, reactive oxygen species; R5P, ribose-5-phosphate; 5,10-CH₂-THF, 5,10-methylene tetrahydrofolate; THF, tetrahydrofolate; TYMS, thymidylate synthase.

Products available from Tocris

ATP-citrate Lyase (ACLY) BMS 303141, SB 204990
Carbonic Anhydrases (CA) Topiramate, U 104
Carnitine Palmitoyltransferase (CPT) (R)-(+)-Etomoxir
Dihydrofolate Reductase CI 898, Methotrexate
Fatty Acid Synthase (FASN) C 75, Orlistat
GAPDH CGP 3466B
Glucose Transporters (GLUT) STF 31
Glutaminase (GLS1) 968
Glutathione S-transferase CRID3 sodium salt
Hexokinase GKA 50, Lonidamine
HMG-CoA Reductase (HMG-CoA) Atorvastatin, Pitavastatin calcium
Lactate Dehydrogenase A (LDHA) GSK 2837808A
Monoacylglycerol Lipase (MAGL) JJKK 048, JW 642, JZL 184, JZL 195, KML 29
Monocarboxylate Transporters (MCTs) AR-C155858, CHC, UK 5099
MutT homolog-1 (MTH1) SCH 51344
NAMPT FK 866, GPP 78, STF 118804
Na⁺/H⁺ Exchanger (NHE) Cariporide, EIPA, Zoniporide
Nrf2 CDDO Im, NK 252, TAT 14
Oxidative Phosphorylation (OXPHOS) Rotenone
PFKFB3 3PO, PFK 15, YZ9
Pyruvate Dehydrogenase (PDH) CPI 613
Pyruvate Dehydrogenase Kinase (PDK) DCA
Pyruvate Kinase M2 (PKM2) ML 202
Ribonucleotide Reductase Gemcitabine hydrochloride
Thymidylate Synthetase Flouxuridine, 5-Fluorouracil, Trifluorothymidine

References:
Butler *et al* (2013) Stalling the engine of resistance: targeting cancer metabolism to overcome therapeutic resistance. *Cancer Res.* 73 2709.
Chartoumpakis *et al* (2015) Keap1/Nrf2 pathway in the frontiers of cancer and non-cancer cell metabolism. *Biochem. Soc. Trans.* 43 639.
Doherty *et al* (2014) Blocking lactate export by inhibiting the Myc target MCT1 disables glycolysis and glutathione synthesis. *Cancer Res.* 74 908.
Feng *et al* (2012) Dysregulated lipid metabolism in cancer. *World J. Biol. Chem.* 3 167.
Galluzzi *et al* (2013) Metabolic targets for cancer therapy. *Nat. Rev. Drug Discov.* 12 829.
Pavlova and Thompson (2016) The emerging hallmarks of cancer metabolism. *Cell Metab.* 23 27.

This poster is part of a series which complements the Cancer Research Product Guide. For a copy of this poster or the Product Guide, please visit www.tocris.com
© 2016 Tocris Cookson, Ltd.
Tocris is a Bio-Techne brand