



Apoptosis and Autophagy: Therapeutic Implications in Cancer

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Abstract: Despite the advances in the medical field so far, cancer remains a global health priority even now. Considering the drug resistance and the failure of cancer therapies to achieve complete eradication of cancer cells in certain populations, developing molecules that induce programmed cell death or apoptosis has been the focus of cancer research for several decades. Apoptosis evasion is one of the hallmarks of cancer cells, and efforts continue to achieve complete annihilation of cancer cells through selective killing. On the other hand, autophagy, a mode of cell degradation, is considered a double-edged sword. Recent studies show that autophagy also can be manipulated to selectively target cancer cells based on the tumor microenvironment and cellular context. Studies show that autophagy is an evolutionarily conserved process initiated during stress response and has enormous importance in maintaining physiological balance. Most importantly, the dynamic equilibrium between apoptosis and autophagy is crucial in maintaining cellular homeostasis. Although a ‘cell eating’ process, the fate of autophagic cells depends entirely on the nature of stress and the extent of crosstalk between autophagy. This understanding is of immense significance when designing therapeutic interventions targeting apoptosis and autophagy. Currently, several studies are ongoing to gain insights into the role of autophagy in cancer initiation, invasion, progression, angiogenesis, and metastasis. This review focuses on the two major cell death mechanisms, apoptosis and autophagy, in the context of cancer, their crosstalk, and the therapeutic interventions targeting both modes of cell death.

Introduction

Cell death is a natural process occurring during the lifetime of an organism to maintain growth and development along with cellular homeostasis. However, it can also happen during a pathological condition, injury, or organ dysfunction (Green and Llambi, 2015; Tong et al., 2022; Kesavan et al., 2023; Saha and Yadav, 2023). Morphologically, cell death may be categorized into three types: Apoptosis (Type I), autophagy (Type II), and necrosis (Type III). Apoptosis or programmed cell death (Type I cell death) can happen either by extrinsic pathway triggered by death receptors such as Fas or intrinsic pathway triggered by mitochondrial outer membrane permeabilization (MOMP) by the Bcl-2 family of proteins (Carneiro and El-Deiry, 2020). Caspases, the cysteine-aspartic proteases, play a fundamental role in

apoptosis (Hounsell and Fan, 2021). Apoptosis is an active process with distinct morphological changes such as cell shrinkage, membrane blebbing, pyknosis or chromatin condensation, and phosphatidyl serine flipping (D’Arcy, 2019). Autophagy (originated from the Greek for “self-eating”) is a specialized form of cell death (Type II cell death) that is characterized by engulfment of the membrane and degradation of the cellular contents orchestrated by autophagy machinery (Liu et al., 2023). It is differentiated from other forms of cell death by forming intracellular vesicles (Solvik et al., 2021; Das et al., 2021; Boga and Bisgin, 2022;). Unlike a cell death process, autophagic cell death (ACD) is sometimes considered as a failed survival attempt initiated during metabolic stress (unavailability of ATP and/or amino acids) and/or for removing damaged cellular organelles

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(Chang et al., 2022; Peker and Gozuacik, 2020; White et al., 2021). Three categories of autophagy are identified: microautophagy, macroautophagy, and chaperone-mediated autophagy. Microautophagy is the non-selective degradation of cytoplasmic components and subcellular organelles in lysosomes (Wang et al., 2023; Mehta et al., 2023; Kulkarni et al., 2023). Macroautophagy is differentiated from other forms of autophagy by the formation of double-membrane vesicles that engulf and degrade cytoplasmic contents and subcellular organelles by fusing with lysosomes to form autolysosomes (Ode and Cook, 2020). Chaperone-mediated autophagy selectively degrades certain proteins in lysosomes with the help of chaperone proteins (Tedesco et al., 2023). Necrosis or Type III cell death occurs when there is irreparable damage (D'Arcy, 2019). Necrotic cells are characterized by distinct changes in the cellular morphology such as swelling, loss of membrane integrity and rupture, and degradation of subcellular organelles. However, unlike apoptosis, necrosis is not an active process (no ATP consumption) and chromatin condensation is also absent. However, a modified form of necrosis called necroptosis is an active process and involves the activation of RIP3/receptor-interacting protein kinase 3 by Toll-like receptors (TLRs), death receptors (DRs), and T-cell receptors (TCR). Studies have shown that the presence of double-stranded viral DNA in the cytosol can activate RIP3 triggering necroptosis (Ketelut-Carneiro and Fitzgerald, 2022).

Therapeutic modalities and their effectivity largely depend on cell death mechanisms in diseases such as cancer, cardiovascular diseases, and neurodegenerative disorders (Kist and Vucic, 2021; Rami et al., 2023). The regulatory mechanisms of cell death are complex and crucial for maintaining homeostasis. This review focuses on the mechanism and interplay between apoptosis and autophagy, their role in oncogenesis, the mechanism and targets of their inhibition, and how the crosstalk can be successfully used for cancer therapy for better therapeutic outcomes.

Apoptosis and Cancer

Among the different hallmarks of cancer progression, evasion of apoptosis is one of the early identified ones (Hanahan, 2022). Studies have shown that loss of apoptotic control is implicated in almost all cancers regardless of the site of origin or stage. This enables the cells to live longer and accumulate mutations responsible for their survival, invasiveness, angiogenesis, metastasis, etc (Tong et al., 2022).

Molecular Mechanism and Signalling Pathways

Role of caspases: Caspases are activated by death receptors (extrinsic pathway) or mitochondria (intrinsic pathway). The "c" of "caspase" indicates cysteine protease, whereas the "aspase" indicates the ability of the molecule to cleave the protein at a location after aspartic acid residues. Upstream caspases (caspases 2, 8, 9, and 10) are activated by pro-apoptotic signals that induce activation of the effector caspases (caspases 3, 6, and 7), which are in turn responsible for the subcellular degradation and subsequent morphological changes (Shalini et al., 2015).

Role of Bcl-2 family of proteins

The Bcl-2 family of proteins consists of both pro- and anti-apoptotic molecules. Bcl-2 and Bcl-XL are anti-apoptotic in nature, sequestering caspases and preventing the release of apoptosis-inducing factor/AIF and cyt c from mitochondria, whereas pro-apoptotic proteins such as Bak and Bax induce the release of caspases and apoptosis-inducing factors (Kale et al., 2018).

Extrinsic pathway of apoptosis via death receptors

Here, ligand binding activates death receptors (TNFR1, TRAIL-R1/2, or Fas). Fas/CD95 and TRAIL-Rs form a death-inducing signalling complex (DISC) upon binding by FasL and TRAIL, respectively, that recruits caspase 8 and activates it through the Fas-associated death domain (FADD). The cleavage of caspase 8 releases p10 and p18 subunits that activate caspase-3 and caspase-7, inducing type I apoptosis (Kashyap et al., 2021).

Intrinsic/mitochondrial pathway of apoptosis

During the intrinsic apoptosis pathway, cellular stress activates Bcl2 family of proteins which induces MOMP. The proapoptotic factors sequestered in the intermembrane space of mitochondria (Smac, cytochrome c, and Omi) are released to the cytosol. Cytochrome c initiates APAF1 oligomerization and activates caspase 9. Activated caspase 9 subsequently activates the executioner caspases, caspases-3 and -7 (Kashyap et al., 2021).

The common pathway of apoptosis

The intrinsic and extrinsic pathways of apoptosis merge at caspase 3. Caspase 3 cleaves the caspase-activated deoxyribonuclease inhibitor, causing apoptotic changes in the nucleus and other subcellular compartments.

The intrinsic endoplasmic reticulum pathway of apoptosis

Studies show that caspase 12 is the key player in this pathway and acts independently of mitochondria. Nutrient deprivation, the presence of free radicals, or

hypoxia induce stress on the ER, causing protein unfolding and reduction in protein synthesis. This causes the dissociation of TRAF2/ TNF receptor-associated factor 2 from procaspase 12, causing the activation of caspase 12 (Iurlaro & Muñoz-Pinedo, 2016).

Regulation of apoptosis

Bcl-2 family of proteins are crucial for the regulation of apoptosis, and the family has both pro- and anti-apoptotic molecules. They control the apoptosis machinery by controlling the mitochondrial outer membrane potential (Kale et al., 2018; Singh et al., 2019). The relative expression of anti-apoptotic and pro-apoptotic proteins decides the cell's fate. The ubiquitin-proteasome system (UPS) regulates the levels of E3 ligases via positive and negative feedback loops, thereby affecting the stability of the Bcl-2 proteins and inhibitors of apoptosis proteins, also known as IAPs (Abbas and Larisch, 2021). Epigenetics also plays a substantial role in the regulation of apoptosis. Besides the methylation or demethylation of DNA and histones, Bromodomain-containing protein 4, also known as Brd4, has emerged as a novel target since the inhibition of Brd4 can induce apoptosis (Hu et al., 2022; Ozyerli-Goknar and Bagci-Onder, 2021). Another major regulator of apoptosis is the intracellular calcium levels. Calcium (Ca^{2+}) is a second messenger and has immense roles in regulating various physiological functions (Patergnani et al., 2020). Under stress conditions, Ca^{2+} influx to mitochondria destabilizes them by altering mitochondrial membrane potential, releasing cytochrome c. This event marks the onset of apoptosis (Matuz-Mares et al., 2022).

Biochemical and Morphological Changes

Apoptosis is distinct from other modes of cell death since the process does not generate inflammation (Saraste & Pulkki, 2000). During apoptosis, cells shrink, the cytoplasm becomes dense and eosinophilic, and the subcellular organelles undergo tight packaging (Kari et al., 2022). Chromatin condensation or pyknosis is one of the characteristic features of apoptosis. Blebbing of the plasma membrane is followed by progressive condensation and fragmentation of the nuclear membrane, also known as karyorrhexis. The formation of 'apoptotic bodies' from cell fragments is visible under a microscope, called 'budding'. The nuclear membrane may be present or absent at this stage. Caspase-induced activation of DNases results in the formation of short stretches of double-stranded DNA fragments (180-200 bp) with blunt ends and single base 3' ends detectable as ladder pattern in gel electrophoresis (Di Filippo and Bernardi, 2009). Nuclear lamins A and B undergo degradation by the action of caspases and disrupt the nuclear membrane integrity (Lindenboim et al., 2020).

Cleavage of nuclear mitosis-associated protein (NuMa) disrupts the chromatin structure (Lin et al., 2007). The action of caspases also causes membrane flipping, exposing phosphatidylserine to macrophages. Parenchymal cells, macrophages, or neoplastic cells phagocytose the apoptotic bodies (Segawa and Nagata, 2015).

Apoptosis in Oncogenesis

Deregulation of apoptosis is observed during several pathological conditions, especially cancer (Ucker & Levine, 2018). Some of the recent studies shed light on the pro-apoptotic and pro-survival regulation of apoptosis in tumor cells. The general mechanism of apoptotic evasion is outlined in Figure 1.

Pro-apoptotic Regulation in Tumor Cells

Cancer cells are generally 'primed' for apoptosis. Since both pro- and anti-apoptotic molecules are upregulated in the cancer cells. Hence, selective inhibition of anti-apoptotic signals can make them susceptible to apoptosis (Pfeffer & Singh, 2018). Moreover, tumor cells are under significant stress because of the diminished accessibility of nutrients and are hence susceptible to the extrinsic pathway of apoptosis (Wang et al., 2022).

Pro-survival Regulation in Tumor Cells

The prolonged survival of cancer cells causes accumulation of mutations, which happens by (i) loss of activity of caspases, (ii) loss of BAX and/or BAK (iii) upregulation or enhanced activity of antiapoptotic proteins (Ashe and Berry, 2003; Campbell and Tait, 2018; Cetraro et al., 2022; Pfeffer and Singh, 2018; Wong, 2011). Since the apoptosis pathways influence the immune system's overall function, deregulation of apoptosis leads to poor anti-tumor immune response (Liu et al., 2022). Furthermore, cancer cells find ways to prevent mitochondrial outer membrane permeability (MOMP) (Bao et al., 2020). Apoptosis in cancer stem cells is prevented by 'Blebbishield formation' characterized by shield-like formation by apoptotic blebs. Some of the key signalling pathways during blebbi shield formation are activated by caspases, BAD, K-ras, etc (Jinesh and Kamat, 2017).

Autophagy and Cancer

Autophagy is complexly associated with the pathobiology of several diseases and understanding the pathways involved in autophagy is critical in designing therapeutic interventions for targeting the same (Bustos et al., 2020; Zhang et al., 2023). The molecular mechanism regulating the autophagy signalling is discussed below.

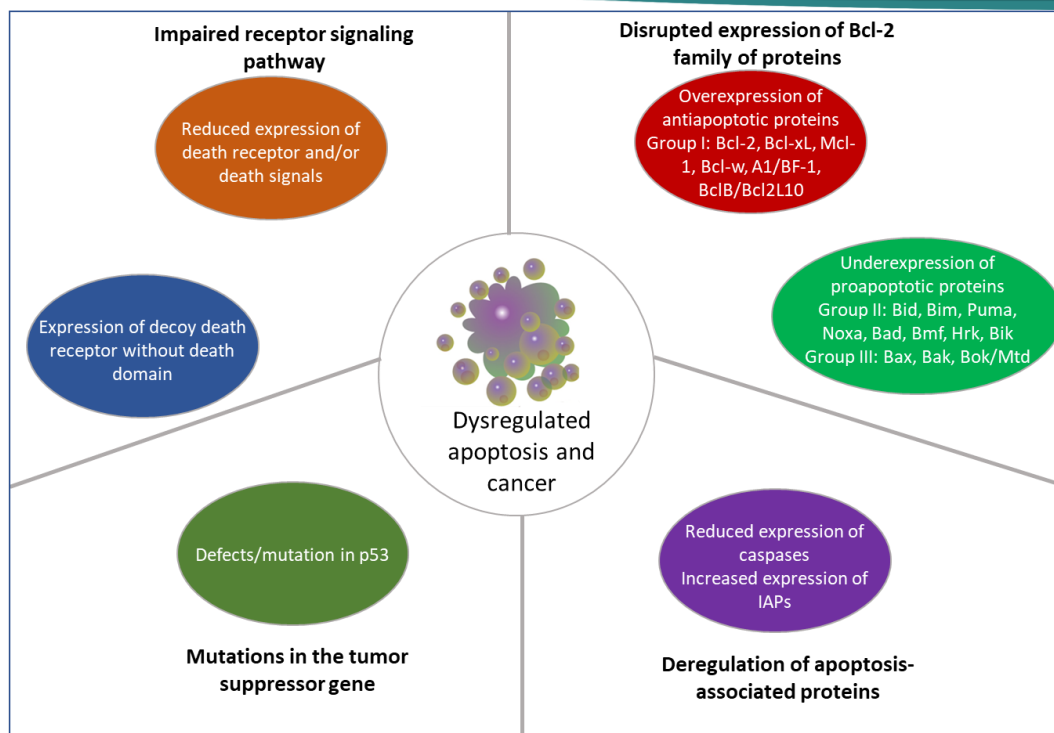


Figure 1. Mechanisms contributing to evasion of apoptosis.

Molecular Mechanism and Signalling Pathways

Autophagy has five stages: (1) initiation, (2) nucleation, (3) expansion and elongation, (4) closure and fusion, and (5) cargo degradation (Mulcahy Levy & Thorburn, 2020). AMP-activated protein kinase/AMPK is the cellular energy sensor, and under nutrient deprivation AMPK triggers autophagy (Filomeni et al., 2015; Rashid et al., 2015; Verfaillie et al., 2010). Cellular stress activates autophagy-related genes (ATGs). ATG/ULK complex inhibits mTORC1 and interacts with FIP200 to form a complex that involves Class III PI3K also known as Vps34, along with Atg6 and Beclin1. Further events leading to the complex formation by different partner proteins cause the autophagosome's membrane expansion (Lee & Lee, 2016). Autophagosome expansion is enabled by enzymes that activate ubiquitin (e.g., E1 and E2) (Chen et al., 2019). The autophagosome expansion involves Atg7 (E1 like), which activates Atg12 and is transferred to ATg5 via Atg10 (E2 like), which later binds to Atg6. Atg4 causes the conversion of LC3 precursor to LC3-I, which undergoes covalent bonding to PE by E1-like enzyme Atg7 and E3-like enzyme Atg3. to form LC3-II-PE responsible for forming autophagolysosome (Li et al., 2022). The fusion of autophagosome and lysosome is facilitated by the endosomal-sorting complex ESCRT and RabS, a monomeric GTPase (Lőrincz and Juhász, 2020). P62/SQSTM1 (an autophagy receptor protein) binds to the ubiquitin-associated (UBA) region via LIR, also

known as LC3/Atg8 interaction region, and degrades the cellular components (Pankiv et al., 2007).

Regulation of Autophagy

Autophagy is regulated at different molecular levels during transcription, translation, post-translation, and epigenetic levels (Ma et al., 2022; Shu et al., 2023). The transcriptional regulation of autophagy is mainly controlled by Forkhead box transcription factor class O (FoxO), which regulates the transcription of Beclin1, LC3B, ATGs, etc (Di Malta et al., 2019). At the translational level, eIF4GI negatively affects autophagy, whereas eIF2 α kinase signalling pathway and eukaryotic elongation factor-2 (eEF-2) positively affect autophagy (Sanchez et al., 2019). At the epigenetic level, HDACs regulate autophagy by affecting the transcription of LC3B, ATG, etc (Mrakovcic et al., 2018). At the post-translational level, ubiquitination of Atg8/LC3, Atg12 and phosphorylation of the Atg1/ULK kinase complex regulates autophagy (Chen et al., 2019; Wang et al., 2018). Ke et al. showed that hyperphosphorylation of JNK1 causes its dissociation from Beclin 1, which further kickstarts the autophagy process in osteoclasts (Ke et al., 2022). Similarly, phosphorylation of DAPK also triggers autophagy (Zalckvar et al., 2009). The acetylated and deacetylated status of ATG proteins also can regulate autophagy. ATG proteins are acetylated by p300 acetyltransferase when there are ample nutrients and undergo deacetylation during nutrient deprivation by Sirt, an NAD-dependent deacetylase (Xu and Wan, 2023). In addition to the transcriptional, translational, epigenetic,

and post-translational regulation, autophagy is also regulated by various stresses which in turn act via signalling mechanisms such as Ras-cAMP-PKA and mTOR pathways (Grisan et al., 2021).

The Autophagy paradox: Oncogenic or anti-oncogenic?

The process of autophagy has been mentioned in several literature as a double-edged sword, and the cellular fate depends on the cell category, microenvironment, and stage of cancer (Ahmadi-Dehlaghi et al., 2023). The dual role of autophagy or 'autophagy paradox' is indicated in Fig. 2.

Role of autophagy in tumor suppression

Autophagy protects the cells against DNA damage and metabolic stress during the early phases of tumorigenesis. Autophagy can be induced by p53, DAPK, PTEN and TSC1/2, whereas Ras and Akt suppress autophagy (Aquila et al., 2020; Di Nardo et al., 2014; Mrakovcic and Fröhlich, 2018; Schmukler et al., 2014; Singh et al., 2016; Wang et al., 2012). Similarly, the down regulation of ATG or mutations that cause loss of function of ATG in certain cancers has tumor suppressive roles (Ariosa et al., 2021; Takamura et al., 2011). Autophagy reduces necrosis and subsequent inflammation, especially in cells with defective apoptotic pathways.

Contribution of autophagy in the progression of tumor

Autophagy helps the tumor cells to survive under severe metabolic stress and DNA damage. Tumor promoters such as Ras and Raf can enhance autophagy (Schmukler et al., 2014). Despite suppressing MAPK, prostate cancer cells survive by activating AMPK-dependent autophagy via STK11 protein (Grossi et al., 2015). In the later stages of cancer, metastasis can enhance the rate of autophagy for the uninterrupted supply of recycled cellular components and remove damaged organelles. Hypoxia-inducible factor-1 (HIF-1) increases the expression of BNIP3 which can trigger autophagy by interrupting interactions of Beclin-1 with Bcl2 or Bcl-XL (Guo et al., 2001). Similarly, canonical and non-canonical TGF β signalling has been found to activate autophagy (Ding and Choi, 2014).

Autophagy and Apoptosis Crosstalk

The nature of crosstalk between apoptosis and autophagy varies depending on the cell type and the stage of maturation (El-Khattouti et al., 2013; Fairlie et al., 2020). The crosstalk between autophagy and apoptosis is indicated in Fig. 3, and the specific roles of each protein are discussed below.

Role of anti-apoptotic protein Bcl-2

Bcl-2 has a significant role in regulating the crosstalk

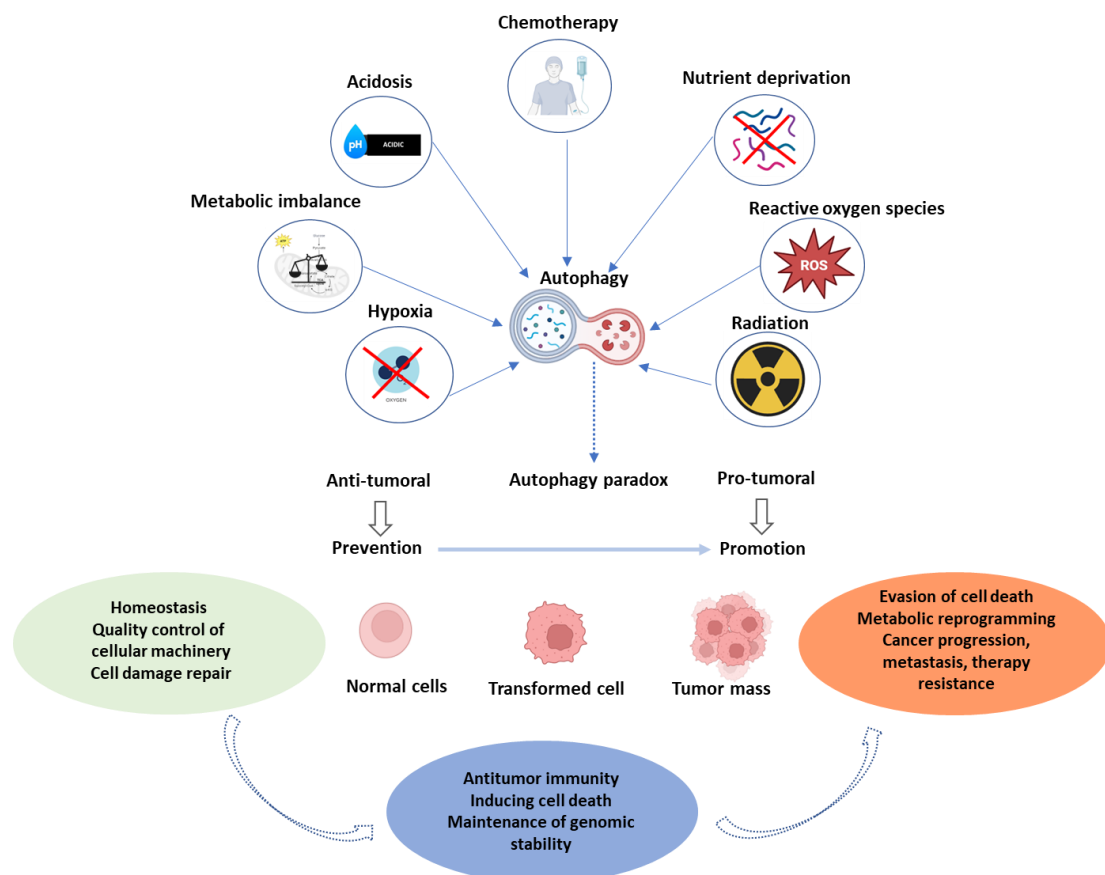


Figure 2. Factors inducing autophagy and its dual role in an organism.

between apoptosis and autophagy. Bcl-2 mediates the binding of Beclin1 with the pro-apoptotic Bax, initiating apoptosis via mitochondria destabilization (Marquez and Xu, 2012). The extent of nutrient deprivation is a critical factor that determines the fate of the cell. The exhaustion of the nutrients initially releases Beclin1, which in turn activates PI3K, which marks autophagy (Menon and Dhamija, 2018). However, a high rate or extent of nutrient deficit can lead to the release of pro-apoptotic Bax from Bcl-2 and initiate apoptosis (Sa-nongdej et al., 2021).

Another important factor that regulates the autophagy-apoptosis switch is the subcellular localization of Bcl-2. Studies show that Bcl-2 localization to the ER regulates autophagy, whereas Bcl-2 in the mitochondria regulates apoptosis. Proteins such as ATG4D and PI3K are cleaved in addition to Beclin1 by caspases, promoting apoptosis (Marquez and Xu, 2012).

Role of ATG5: ATGs are autophagy regulating proteins and ATG5 is a key player in regulating apoptosis/autophagy crosstalk. During the onset of autophagy, ATG5 initiates the formation of autophagosomes. However, during cellular stress, ATG5 cleaved by calcium-activated protease calpain is translocated to the mitochondria and, undergoes binding with Bcl-XL and initiates apoptosis (Eisenberg-Lerner et al., 2009; Yousefi et al., 2006).

Role of Beclin1

Beclin1 is the mammalian orthologue of yeast Atg6 and is crucial in regulating autophagy. It interacts with several proteins such as VMP1, Ambra1, SLAM, PINK, HMGB1, Rubicon, UVRAG, Atg14L, surviving, IP3R, Bif-1, and nPIST during autophagy. Bcl-XL or Bcl-2 can inhibit BH3 domain of Beclin 1 by phosphorylation of Beclin 1 and Bcl-2 or Beclin1 ubiquitination. The complex formation between Beclin 1 and Bcl-2 is crucial in autophagy induction (Tran et al., 2021). Moreover, Beclin 1 can initiate autophagy by interacting with PI3K (McKnight & Zhenyu, 2013).

Role of NAF-1

Nutrient-deprivation autophagy factor-1/NAF-1 belongs to the iron-sulfur (FeS) protein family. Both ER and mitochondria have been identified as locations of NAF-1. It is crucial in stabilizing the Beclin-Bcl-2 complex to promote apoptosis (Chang et al., 2012).

Role of caspases and other apoptosis-mediating proteins

Caspase-mediated cleavage of autophagy-associated proteins and their translocation to mitochondria can prevent the onset of autophagy and initiate apoptosis by disrupting the mitochondrial membrane potential

(Tsapras and Nezis, 2017). This is observed in the case of the pro-apoptotic role of N-terminal Atg5. Deficiency or inhibition of caspase 8 or mutations of FADD can enhance the formation of autophagosomes and thus switch to autophagy in myeloid cells (Wu et al., 2022). AMBRA1, the autophagy protein, undergoes irreversible degradation by the combination of caspases and calpains, preventing autophagy (Xi et al., 2022).

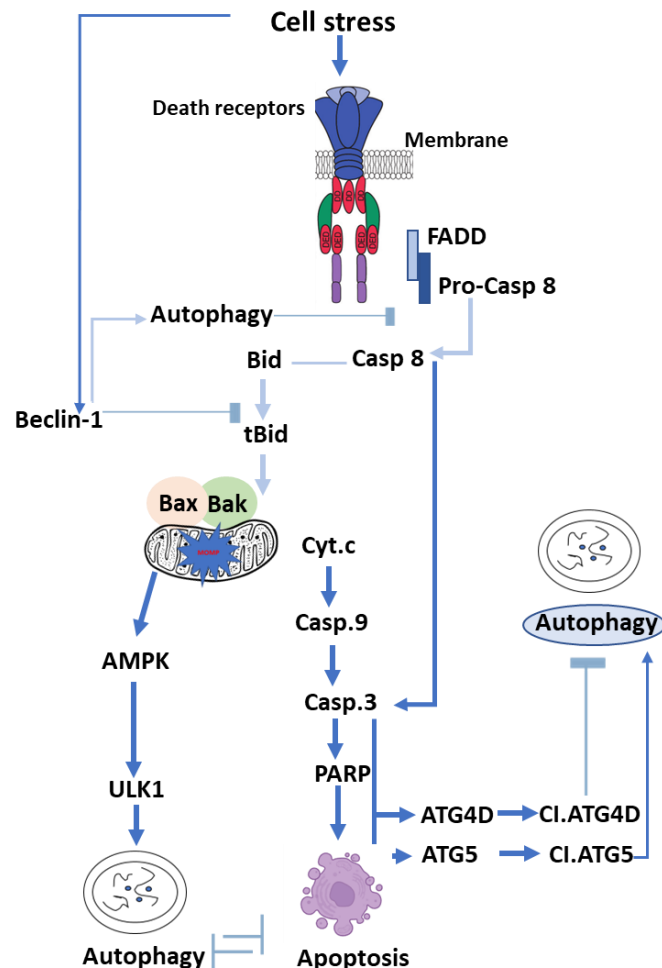


Figure 3. Schematic representation of the signalling pathways involved in crosstalk between autophagy and apoptosis.

Drugs targeting Apoptotic pathways

Several drugs have been investigated that selectively target specific molecules involved in the apoptosis pathway are listed in Table 1 and are as follows:

Targeting Caspases

Apoptin is a small molecule that activates caspases and selectively induces programmed cell death in cancer cells (Rohn and Noteborn, 2004). There are also peptide-based activators of caspases containing arginine-glycine-aspartate motifs that enhance the activity of caspases and induce apoptosis (Tamm et al., 2003). Caspase gene therapy and recombinant adenovirus carrying caspase 3 have also shown success in several experimental models (Pathak et al., 2023; Shinoura et al., 2000).

Targeting Bcl family of proteins

BH3 mimetics are actively investigated for enhancing apoptosis in tumor cells of different origin. ABT-737 binds to the hydrophobic pocket of Bcl-XL, Bcl-w, and Bcl-2 and inhibits them (Song et al., 2008). ABT-263/venetoclax synergizes with MEK or tyrosine kinase inhibitors (Airiau et al., 2015). Carneiro et al. (2022) have shown efficacy of BCL-XL-based vaccine, and antibody–drug conjugate ABBV-155 inhibiting BCL-XL alone or in combination with taxanes (Carneiro et al., 2023). Stapled peptides (e.g., stabilized alpha-helix of BCL-2 domains/ SAHBA) are experimental molecules for targeting protein-protein interactions in the cell (Walensky & Bird, 2014). A small molecule named SMBA1-3 targets the regulatory site of Bax at S184 and prevents its phosphorylation, promoting the release of cytochrome c. BAM-7 and BTSA1 are Bax-activating molecules that have shown therapeutic efficacy in glioblastoma (Xin et al., 2014). Oblimersen sodium is an antisense oblimer against Bcl-2 that can sensitize cancer cells to conventional chemo drugs (Herbst and Frankel, 2004). NOXA, ATF3, and ATF4 are BH3 mimetics that bind to and inhibit Mcl-1. Some other BH3 mimetics are ABT-263, HA14-1, and GX15-070 (Townsend et al., 2021). Other drugs that alter the expression of Bcl-2 family of proteins include depsipetide, sodium butyrate, flavopiridol, and fenretinide (Kang and Reynolds, 2009; Nelson et al., 2011).

Targeting IAPs and other pathways

LCL161 is an IAP antagonist that has shown therapeutic efficacy alone and is administered along with chemodrugs in several solid tumor models (Chesi et al., 2016). TL32711/ birinapant is an IAP inhibitor that has shown efficacy when used along with radiotherapy and anti-PD1 molecules such as pembrolizumab (Amaravadi et al., 2015; Medivir, 2020; National Cancer Institute (NCI), 2024; Noonan et al., 2016). Moreover, small molecules based on peptides and non-peptides (e.g., cyclopeptidic Smac mimetics) can serve as IAP antagonists by binding to XIAP and cIAP-1/2 and restoring the caspase functions. SM-164 is a non-peptidic IAP inhibitor that increases the activity of TRAIL by simultaneously targeting XIAP and cIAP1 (Sun et al., 2010). In addition to this, several antisense strategies targeting IAPs are also under investigation (Schimmer and Dalili, 2005).

Recent studies have shown the success of epigenetic approaches targeting apoptosis in therapeutic interventions for cancer. ABBV-075 is a BET inhibitor that has shown efficacy when administered along with venetoclax in cutaneous T cell lymphoma (Sarnik et al.,

2021). Panobinostat is an HDAC inhibitor that stimulates NOXA and suppresses Mcl-1 activity (C. Choi et al., 2021). Azacytidine is a hypomethylating agent that has shown significant activity in combination with venetoclax (Saliba et al., 2021). Among the chaperone-targeting apoptotic agents, Ganatespib, geldanamycin, XL888, onalespib, and TAS116 are hsp90 inhibitors that have exhibited enhanced apoptosis in cancer cells (Z.-N. Li & Luo, 2022). Small molecule inhibitors and antisense strategies are being investigated for inhibiting Survivin (Albadari & Li, 2023). AM-8621 is a Mcl-1 inhibitor, binds to its pocket with subsequent removal of BIM and induces apoptosis. AZD5991 and AMG 176 are Mcl-1 inhibitors that have shown synergistic toxicity effects with chemo drugs and venetoclax. S63845 and VU661013 are Mcl-1 inhibitors that can overcome resistance to venetoclax (Wei et al., 2020). Death receptor agonists have shown significant success in anticancer therapy. Recombinant Apo2L/TRAIL (e.g., Dulanermin) and agonist monoclonal antibodies (e.g., mapatumumab and lexatumumab) have been shown to stimulate death receptors DR4 and DR5. AMG655/conatumumab, LBY135/tigatuzumab, and PRO95780/droxitumab are DR5 agonists. ONC201 is a TRAIL-inducing small molecule that binds to CIP/ mitochondrial caseinolytic protease P and dopamine receptors DRD2 and DRD3 and activates the stress response protein ATF4 and upregulates DR5 (Di Cristofano et al., 2023; Montinaro and Walczak, 2023, 2023; Soria et al., 2010).

Targeting p53

Retroviral vectors carrying wild-type p-53 injected into tumor cells have shown efficacy in solid tumors alone or in combination with other anticancer strategies. ONYX-015 is an oncolytic adenovirus, genetically engineered, that can eliminate p53 deficient tumor cells (Ries & Korn, 2002). Phikan083 is a carbazole derivative that can restore p53 activity in p53 mutant cells (Raghavan et al., 2019). CP-31398 also works similarly by intercalating with DNA and restoring p53 activity by destabilizing the core domain complex of DNA and p53 (Tanner & Barberis, 2004). Nutlins prevent the interactions between MDM2 and p53, being an analogue of cis-imidazole, while MI-219 disrupts MDM2-p53 interaction, and tenovins are small molecules that activate p53 (Shen and Maki, 2011). Several viral vector-based vaccines and dendritic-cell-based vaccines carrying wild-type p53 are also under investigation. In addition to the above, other molecules target the tumor suppressor pathways. There are several MDM2 inhibitors under study, such as RG7388/idasanutlin, a nutlin-3a

derivative, HDM201, DS-3032b, AMG-232, BI 907828, APG-115, ALRN-6924, HDM201, etc that work alone or in combination with other chemo drugs or inhibitors against BCL-2/BCL-XL, MEK 1/2, PI3K, BCL-2/BCL-XL, BRAF, etc (Alaseem, 2023). APR-246 restores p53 activity in tumors bearing p53 mutants(Xie et al., 2023). Palbociclib is a CDK4/6 inhibitor that sensitizes cancer cells to mediated apoptosis mediated by TRAIL(J. Zhang et al., 2017).

Drugs targeting Autophagy

As mentioned earlier, autophagy is a double-edged sword, and the consequences of using autophagy activators or inhibitors in treating cancer are purely contextual. Cell death can be induced either by inhibition or activation of autophagy and this is further regulated by crosstalk of autophagy pathways and other important signalling cascades. Recent evidence also shows that selective targeting of these pathways has cytotoxic effects on cancer stem cells (See Table 2).

Table 1. Treatment strategies that explore the mechanism of apoptosis.

Treatment strategy	Mechanism/agents	Reference
Targeting the Bcl-2 family of proteins		
Targeting Bcl-2 family proteins by different compounds	(i) Oblimersen sodium	(Herbst and Frankel, 2004)
	(ii) Small molecule inhibitors: ABT-737, sodium butyrate, ABT-263, depsipetide, HA14-1, fenretinide and flavipirodo, gossypol, and GX15-070	(Park et al., 2013)
	(iii) BH3 analogues: ABT-737 suppressing the functions of several anti-apoptotic proteins such as Bcl-2/xL/W, ATF3/4 etc	(Townsend et al., 2021)
Selective BCL-2 inhibitors	S55746 (BCL201) APG-2575 ABBV-155	(Ploumaki et al., 2023)
BCL-XL inhibitors	AMG 176	(Kargbo, 2023a)
Dual BCL-2 and BCL-XL inhibitors	Venetoclax	(Kargbo, 2023b)
MCL-1 inhibitors	MIK665 (S64315) AZD5991 S63845 UMI-77 A-1210477 VU661013 LCL161	(Bolomsky et al., 2020)
Bcl family proteins/gene silencing	(i) Bcl-2 siRNA and antisense nucleotides	(Gagliardi and Ashizawa, 2022; Meng et al., 2015)
	(ii) Bim-1 siRNA	(Schwulst et al., 2008; Wakabayashi et al., 2021)
Targeting p53		
p53-based gene therapy	(i) retroviral vector with wild type p53 gene	(Lane et al., 2010)
	(ii) ONYX-015	(Ries and Korn, 2002)

p53-based drug therapy	(i) Phikan083 binds to mutant p53 (ii) CP-31398 intercalates with DNA (iii) Nutlins inhibiting MDM2-p53 interaction (iv) MI-219 disrupting MDM2-p53 interaction (v) Tenovins	(Alaseem, 2023; Levine, 2022; Tanner and Barberis, 2004; Xie et al., 2023)
p53-based immunotherapy	(i) human wildtype p53 carrying recombinant replication-defective adenoviral vector	(Hu et al., 2021)
	(ii) p53 peptide-pulsed dendritic cells	(Gu et al., 2020)
Targeting IAPS		
Targeting XIAP	(i) Antisense oligonucleotides	(Carter et al., 2011)
	(ii) siRNAs	(Gholizadeh et al., 2020)
Targeting Survivin	(i) siRNAs	(Eljack et al., 2022)
	(ii) antisense oligonucleotides	(Carrasco et al., 2011)
SMAC mimetic antagonists	Birinapant (TL32711)	(Sun et al., 2010)
Other IAP targeting agents	(i) Inhibitors of Cyclin-dependent kinase (ii) Inhibitors of Cyclin-dependent kinase (iii) Hsp90 inhibitors (iv) Gene therapy	(Chesi et al., 2016; Z.-N. Li & Luo, 2022; Schimmer and Dalili, 2005; Sun et al., 2010)
Targeting caspases		
Caspase-based therapy with different compounds	(i) Apoptin	(Rohn and Noteborn, 2004)
	(ii) Small molecules caspase activators	(Morgan et al., 2014)
Gene therapy	(i) Human caspase-3 gene (ii) Constitutively active caspase-3 gene transfer (iii) Recombinant adenovirus carrying caspase 3	(Pathak et al., 2023)
Targeting extrinsic pathway		
Death Receptor Agonists (DR4/5)	GEN1029 ABBV-621 MM-201 TLY012	(Di Cristofano et al., 2023)
Epigenetic modulators for inducing apoptosis		
Stimulating intrinsic pathway of apoptosis	Fimepinostat +venetoclax	(Thus et al., 2022)
	Azacytidine or decitabine + venetoclax	

Targeting cancer stem cell (CSC)

Autophagy is important in CSCs for recycling intracellular components, maintaining the infinite survival of tumors, and hence selective targeting of relevant pathways can induce cell death either by their inhibition or activation in these cells (Wang et al., 2022). Chloroquine causes cell killing in breast CSCs and pancreatic CSCs by inhibiting autophagy via JAK2 and Hedgehog (Hh) signalling pathways, respectively. It is also found to inhibit metastasis of breast CSCs. (Balic et al., 2014; Choi et al., 2014; Liang et al., 2016). Salinomycin exerts inhibitory or proliferative effects in CSCs by increasing cellular ROS and inhibiting phagolysosome fusion (H. Wang et al., 2021). The dual PI3K and mTOR inhibitor NVP-BEZ235 has been shown to induce both types of cell deaths in glioma stem cells and sensitize the cells to ionizing radiation (W. Wang et al., 2013). Rottlerin, a small-molecule inhibitor of a protein kinase C- δ activates autophagy by regulating PI3k/Akt/mTOR pathway and promotes cell death in pancreatic CSCs and prostate CSCs (Kumar et al., 2014; Singh et al., 2012). Suberoylanilide hydroxamic acid (SAHA), the inhibitor of HDAC, has shown autophagic cell death in glioma stem cells (Chiao et al., 2013). Baicalein is a small molecule when bound to GTPase SAR1B protein, guanosine triphosphate inhibits autophagy and enhances the sensitivity of liver cancer stem-like cells to inhibitors of mTORC1 (R. Wu et al., 2018). Quinacrine is an inhibitor of autophagy that can cross the blood-brain barrier and sensitizes the glioblastoma stem-like cells (GSCs) to temozolomide (Buccarelli et al., 2018; H. Kang et al., 2022). Moreover, phytochemicals (resveratrol and curcumin) have also shown inhibition on CSCs by inhibiting or activating autophagy pathways (Fu et al., 2014; Mao et al., 2021).

Targeting tumor cell

In myeloma and rat liver carcinoma, metformin induces autophagic cell death by regulating AMPK pathway (Park, 2015; Y. Wang et al., 2018). Cannabinoids induce autophagic cell death in pancreatic cancer cells (Dando et al., 2013). In colon cancer cells, safinolol induces autophagy via PI3K/Akt/mTOR signalling (Coward et al., 2009). Similarly, HDAC inhibitors Panobinostat and SAHA induce autophagic cell death in colon cancer cells (Foggetti et al., 2019; Gandesiri et al., 2012). Lung cancer cells exhibit autophagy when treated with compound-6 and cabazitaxel via PI3K/Akt/mTOR pathway (Huo et al., 2016; Wang et al., 2018). *Ophiopogon japonicus* extract triggers autophagic cell death by regulating the same pathway (Chen et al., 2017). B-cell chronic lymphocytic

leukemia cells undergo autophagic cell death when treated with MGCD0103, an HDAC inhibitor (El-Khoury et al., 2014). Itraconazole and GANT61 induce autophagic cell death in breast and liver cancer cells, respectively via Hh pathway (Wang et al., 2017; Wang et al., 2013). Similarly liver cancer cells undergo autophagic cell death when treated with Fangchinoline and PEITC via p53(N. Wang et al., 2011; Yeh et al., 2014). Breast cancer cells treated with CYT-Rx20 show an increase in autophagy (Hung et al., 2016). Melanoma cells exhibit autophagic cell death by AJ-5 via MAPK pathway when treated with DQ661 (Bleloch et al., 2019; Nicastrì et al., 2018). When treated with arsenic trioxide, glioma cells undergo autophagic cell death (Chiu et al., 2010).

Targeting signalling

AMPK

The cellular energy demands regulate AMPK and since the tumor cells exhibit deregulated cellular metabolism, there are respective changes in AMPK activity which subsequently affect autophagy (S. Wang et al., 2022). In multiple myeloma, activation of AMPK/mTOR pathway by metformin induces autophagy causing proliferation inhibition (Wang et al., 2018). However, Park et al. (2013) showed that metformin inhibits autophagy and sensitizes the cells to apoptosis in H4IIE rat hepatocellular-carcinoma cells under glucose deprivation (Park, 2015). Cannabinoids induce autophagy and subsequent cell death in pancreatic tumor cells by activating AMPK pathway (Dando et al., 2013).

PI3K/Akt/mTOR

LY294002, 3-MA, and wortmannin inhibit PI3K/Akt/mTOR signalling, subsequently inhibiting autophagy and induce cell death (Ryabaya et al., 2017). Safinolol is a sphingosine kinase and Protein kinase C inhibitor that prevents phosphorylation-inducing autophagic cell death (Coward et al., 2009). Cabazitaxel, a drug used for treating prostate cancer, exhibits antiproliferative effects in lung cancer by inducing autophagic cell death via PI3K/Akt/mTOR pathway (Huo et al., 2016). NVP-BEZ235 suppresses mTORC1 and induces autophagic cell death in multiple myeloma (Y. Ma et al., 2019). Apoptosis followed by autophagy is induced by certain compounds such as a hybrid of compound 6 also known as phenyl sulfonyl furoxan and 3-benzyl coumarin seco-B-ring derivative. This is achieved by inhibiting the phosphorylation of Akt, mTOR, p70S6K and 4EBP1 (Q. Wang et al., 2018). Phytochemicals such as capsaicin and those derived from *Ophiopogon japonicus* cause antiproliferative effects in various tumor cells by regulating autophagy through PI3K/Akt/mTOR pathway. Arsenic trioxide and ionising

radiation inhibit Akt/mTOR signalling and activate autophagic cell death (Chen et al., 2017; Chiu et al., 2010; Lin et al., 2017).

MAPK pathway

Autophagy is also regulated by MAPK pathway involving p38, JNK, and ERK (Zhou et al., 2015). Binuclear palladacycle complex, AJ-5 and CYT-Rx20, a β -nitrostyrene derivative, induce autophagic cell death in rhabdomyosarcoma and breast cancer cells, respectively by regulating the MAPK pathway (Bleloch et al., 2019; Hung et al., 2016).

p53

Tumor suppressor p53 affects autophagy based on its subcellular localization. Nuclear p53 enhances autophagy whereas p53 in the cytoplasm impedes autophagy (Rahman et al., 2022). Fangchinoline treatment causes p53 transport from the cytoplasm to the nucleus and activates autophagic cell death by activating sestrin 2 (Wang et al., 2011). Phenethyl isothiocyanate (PEITC), a phytochemical derived from cruciferous vegetables, inhibits the growth of tumor cells with mutant p53 by generating cell cycle arrest and sensitizing them to autophagic cell death (Yeh et al., 2014).

Epigenetic pathway

Inhibition of histone deacetylases induces autophagy in various tumors cells. Colon hepatic carcinoma cells undergo autophagic cell death when treated with SAHA induced via FoxO1-dependent pathway (Foggetti et al., 2019; Li et al., 2023). Panobinostat-treated colon cancer cells show proliferation reduction due to autophagy induction (Gandesiri et al., 2012). MGCD0103 impedes autophagy and sensitizes B-cell chronic lymphocytic leukemia (CLL) cells to apoptosis by activating caspases and PI3K/AKT/mTOR pathway (El-Khoury et al., 2014).

Autophagosome Fusion

A critical step in autophagy is the autophagosome-lysosome fusion to form autophago-lysosomes or simply autolysosomes. Chloroquine, quinine and their derivatives prevent the fusion of phagosome and lysosome and induce cell death by preventing the autophagic flux (Mauthe et al., 2018). Bafilomycin A1 inhibits vacuolar V-ATPases and enhances cell death (Yuan et al., 2015). DQ661 and lys05 also follow similar mechanisms of action (McAfee et al., 2012; Nicastri et al., 2018).

Small Molecule Inhibition of Autophagy related molecules

ULK1 inhibitor SBI-0206965 suppresses autophagy and cell proliferation in lung cancer cells (Tang et al., 2017). MRT68921 and MRT67307 inhibit autophagy by inhibiting both ULK1 and ULK2 (Petherick et al., 2015).

In sharp contrast, LYN-1604 enhances autophagic flux and prevents cell proliferation in particular types of breast cancer (Zhang et al., 2017). SAR405 is a small molecule inhibitor of PI3K-III and PI3P that prevents autophagosome formation, and thus induces tumor cell death (Pasquier, 2015). Spautin-1 is a small-molecule that impedes the action of ubiquitin-specific peptidases USP13 and USP10 and inhibits autophagy (Pesce et al., 2018). S130, a small molecule inhibitor of Atg4B, causes delipidation of LC3-PE and inhibits autophagy (Fu et al., 2018). A similar mechanism is shown by another Atg4B inhibitor NSC185058 (Akin et al., 2014). GX15-070/Obatoclox is a Bcl-2 inhibitor that causes autophagic cell death (Cournoyer et al., 2019). Gossypol, a small-molecule inhibitor of Bcl-2 causes autophagic cell death by inhibiting Bcl-2 and Beclin1 (Gao et al., 2010). p62 inhibitor verteporfin decreases the survival rate of breast cancer cells by preventing the binding of p62 to Atg8/LC3 (Wei and Li, 2020). In addition to the above molecules, miR-101 and miR-22 have also been shown to induce significant anti-proliferative effects in tumors by regulating autophagy (Frankel et al., 2011; C.-Y. Meng et al., 2020).

Challenges and Opportunities

Despite the promising advances, it is important to dig deeper into the non-canonical functions of molecules associated with apoptosis and autophagy to develop therapeutic interventions. The intricate signalling crosstalk of autophagy with apoptotic pathways is an important area of research. Since autophagy is critically involved in regulating several biological processes, deregulation has significant pathophysiological consequences. The role of autophagy in anti-tumor immunity and tumor microenvironment remodelling has massive implications in the era of cancer immunotherapy. However, autophagy research has several hurdles to overcome. Studying the consequences of post-translational and epigenetic changes in the expression and activity of autophagy-associated proteins is important. Since pan-autophagy inhibitors may have serious consequences on multiple organ systems, pursuing selective inhibition is the key. It is also critical to decide and target the most responsive patient population to therapeutic interventions exploiting autophagy, and this warrants extensive research on identifying the most relevant biomarkers, both predictive and pharmacodynamic. Recent advances indeed indicate a promising future for therapeutics targeting apoptosis and autophagy for successful clinical outcomes in cancer.

Table 2. Drugs targeting autophagy.

Targeting Stem cell			
Drug	Cancer Type	Mechanism	Reference
Salinomycin	Breast	Increase in autophagy through ROS induction	(Wang et al., 2021)
	Breast	Inhibiting autophagy by triggering apoptosis	
	Colon	Increase in autophagy through ROS induction	(Klose et al., 2019)
Chloroquine	Breast	Inhibition of autophagy via JAK2, DNMT1	(Liang et al., 2016)
NVP-BEZ235	Glioma	Inducing autophagy via PI3K/AKT/mTOR pathway	(Wang et al., 2013)
SAHA	Glioblastoma	Inducing autophagy via HDAC	(Chiao et al., 2013)
Givinostat	Glioblastoma	Inhibiting autophagy via HDAC	(Nakagawa-Saito et al., 2023)
Quinacrine	Glioblastoma	Inhibiting autophagy via lipid peroxides	(Nicastri et al., 2018)
Baicalein	Mouse liver tumor	Inhibiting autophagy via GTPase SAR1B protein	(Wu et al., 2018)
Curcumin	Colon	Inducing autophagy via DCLK1	(Mao et al., 2021)
JQ1	Leukemia	Inducing autophagy via AMPK-ULK1 pathway	(Jang et al., 2017)
Resveratrol	Breast cancer	Inducing autophagy via Wnt/ β -catenin pathway	(Fu et al., 2014)
Drug Targeting Cancer Cell			
Cannabinoids	Pancreatic cancer	Inducing autophagy via AMPK pathway	(Dando et al., 2013)
Compound 6	Lung	Inducing autophagy via PI3K/Akt/mTOR	(Wang et al., 2018)
Cabazitaxel	Lung	Inducing autophagy via PI3K/Akt/mTOR	(Huo et al., 2016)
Itraconazole	Hepato and Breast	Inducing autophagic cell death via Hh	(Wang et al., 2017)
lys05	Glioblastoma	Inhibits autophagy by inhibiting the autophagosome-lysosome fusion	(McAfee et al., 2012)
PEITC	Hepatic carcinoma	Induce autophagy via p53	(Yeh et al., 2014)
Bafilomycin A1	B-cell ALL	Inhibits autophagosome-lysosome fusion	(Yuan et al., 2015)
Metformin	Rat liver carcinoma	Inhibits autophagy via AMPK, p38/MAPK	(B. Park, 2015)
Safingol	Colon cancer	Induces autophagy via PI3K/Akt/mTOR	(Coward et al., 2009)

Arsenic-trioxide	Glioma	Induces autophagic cell death via PI3K/Akt, ERK1/2	(Chiu et al., 2010)
Capsaicin	Nasopharyngeal carcinoma	Induces autophagy via PI3K/Akt/mTOR	(Lin et al., 2017)
DQ661	Melanoma	Inhibits autophagy by inhibiting the autophagosome-lysosome fusion	(Nicastri et al., 2018)
AJ-5	Melanoma	Induces autophagic cell death via MAPK	(Bleloch et al., 2019)
CYT-Rx20	Breast cancer	Induces autophagy via MAPK	(Hung et al., 2016)
MGCD0103	B-cell CLL	Inhibits autophagy by inhibiting HDAC	(El-Khoury et al., 2014)
Drug/Small molecule Targeting Autophagy Related Molecules			
ABT-737	Colon cancer	Inhibition of autophagy via inhibiting Bcl-2	(Huo et al., 2016)
SBI-0206965	Lung cancer cell	Inhibits autophagy by inhibiting ULK1	(Cournoyer et al., 2019)
Verteporfin	Prostate cancer cell	Inhibits autophagy by inhibiting p62/SQSTM1	(Wei and Li, 2020)
Obatoclax	ALL	Inhibits Bcl-2 and induces autophagy	(Cournoyer et al., 2019)
Spautin-1	Cervical carcinoma	Inhibits autophagy by inhibiting Vps34	(Pesce et al., 2018)

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Conflict of Interest

The author declares that there is no conflict of interest.

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