

Review Article

Role of AMP-activated protein kinase (AMPK) in cancer cell metabolism

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Abstract

AMP-activated protein kinase (AMPK) is an essential enzyme that participates in cellular energy homeostasis. AMPK activates to control the ATP synthesis during a shortage of energy, which regulates energy requirement during metabolic reactions. Also, AMPK is a known target for treating type 2 diabetes. Recent studies showed AMPK as an emerging tumour suppressor and a promising target for cancer treatment. Recent studies indicate that treatment with metformin (a drug used to treat type 2 diabetes), an AMPK activator reduces the occurrence of cancer. Anti-cancer effects of AMPK include promoting autophagy (removing damaged cells) and DNA repair after UV damage. Cancer cells have specific metabolic changes that differ from normal cells, and AMPK prevents the deregulated processes in cancer. AMPK controls mammalian target of rapamycin (mTOR) through tuberous sclerosis (genetic disorder) complex 2 (TSC2) phosphorylation and phosphatase and tensin homolog (PTEN), considered as central cell growth controller signals in diseases like cancer. This review focuses on AMPK and its role in cancer cell metabolism.

Keywords: *AMP-activated protein kinase, homeostasis, tumour suppressor, cancer, metformin, treatment, mTOR, metabolism.*

1. Introduction

Cancers are a group of diseases that have abnormal cell growth and function that can move to many parts of the body (Hausman 2019). tumours become highly heterogeneous during cancer progression (Klein 2020), creating a mixed population of cells characterized by different features and diverse responsivity to therapies. Usually, cancer is a global and homogeneous disease, and tumours are considered a whole population of cells (group). AMP-Activated protein kinase, or AMPK, is an enzyme that plays an essential role in cellular

energy homeostasis(Russell and Hardie 2020). AMPK works to restore cellular ATP levels by modifying diverse metabolic and cellular pathways(Scott and Oakhill 2017). It is a heterotrimeric serine/threonine-protein kinase that is activated by cellular perturbations related to ATP depletion(Wang et al. 2018). AMPK is a heterotrimer of three subunits, α , β , and γ . The 63-kDa α -subunit has the kinase domain and also contributes to the AMP-binding site. Two isoforms of both the α - and β -subunits have been expressed and are designated α_1 , α_2 , β_1 , and β_2 (Yan et al. 2018). Thus, a deep understanding of these complex phenomena is fundamental to designing specific drugs and therapies. AMP-activated protein kinase is a type of enzyme which helps to control cellular energy homeostasis. Current evidence suggests that AMPK can act as a tumour suppressor by modulating Inflammation, opposing metabolic changes that occur during tumorigenesis, and directly generating a cell-cycle arrest(Faubert et al. 2013).

AMPK stops the *de novo* synthesis of fatty acids (FAs), cholesterol, and triglycerides (TGs) and activates FA uptake and β -oxidation (FAO)(McFadden and Corl 2009)(Esquejo et al. 2018). AMPK inhibits FA synthesis(Qu et al. 2020) (FAS) by producing the inhibitory phosphorylation of two targets: 1.) acetyl-CoA carboxylase 1 (ACC1), which catalyses the rate-limiting step in FA synthesis by converting acetyl-CoA to malonyl-CoA(Gross et al. 2019), and 2.) sterol regulatory element-binding protein 1c (SREBP1c)(Y. Li et al. 2011).

In skeletal muscles, AMPK restores glucose uptake by translocating GLUT4-having intracellular vesicles throughout the plasma membrane(Den Hartogh et al. 2020)(Vlavcheski et al. 2020). Fusion of these vesicles with the plasma membrane requires Rab family G proteins in their active GTP-bound state(G. Li and Marlin 2015). AMPK phosphorylates and inhibits the Rab-GTPase-activating protein TBC1D1(Chavez et al. 2008)(Pehmøller et al. 2009), which increases the activity of Rab family G proteins and induces the fusion of GLUT4 vesicles with the plasma membrane. Interestingly, a recent study showed that AMPK also increases glucose uptake in HEK293 cells by blocking endocytosis and promoting GLUT1 expression. AMPK-induced GLUT1 regulation is mediated by the phosphorylation and degradation of TRX-interacting protein, which induces GLUT1 internalization(Wu et al. 2013). AMPK also increases the mRNA expression of the genes encoding GLUT4 and hexokinase 2 to facilitate glucose uptake.

AMPK upregulates several antioxidant genes(Jayachandran et al. 2019), e.g., the encoding superoxide dismutase and uncoupling protein 2, which reduce superoxide levels and thioredoxin (TRX), a disulphide reductase phosphorylating and activating FOXO.

Cancer metabolism is when cancer cells make the energy they need to grow and spread abnormally(Vazquez et al. 2016). Cancer cell metabolism(Kroemer and Pouyssegur 2008) is a direct result of the modulation of intracellular signalling pathways interrupted by mutated oncogenes(Torry and Cooper 1991) and tumour-suppressor genes. Mutated oncogenic genes can directly start cancer cell metabolism. Similarly, mutated metabolic enzymes can facilitate malignant transformation(Dhillon et al. 2007)(Davies et al. 2002). Thus, metabolism has an energy-producing process of which cells have advantages for maintaining cell homeostasis and growth and proliferation. It is characterized by a phenomenon called the Warburg effect(Liberti and Locasale 2016)(Vaupel, Schmidberger, and Mayer 2019).

Target Protein	Protein Function	Effect of Phosphorylation	Tissue	Effect on Pathway
Acetyl-CoA carboxylase-1	Metabolic enzyme	↓ activity ↓ malonyl-CoA	All cells	↓ fatty acid synthesis
Acetyl-CoA carboxylase-2	Metabolic enzyme	↓ activity ↓ malonyl-CoA	Muscle, liver	↑ fatty acid oxidation
3-hydroxy-3methylglutaryl-CoA reductase	Metabolic enzyme	↓ activity	liver	↓ sterol synthesis
Glycerol phosphate acyltransferase	Metabolic enzyme	↓ activity	Adipose tissue	↓ triglyceride synthesis
Hormone-sensitive lipase	Metabolic enzyme	Antagonizes activation by PKA	Adipose tissue	↓ lipolysis
TBC1D1	Rab-GAP	Dissociation activation by PKA	Skeletal muscle	↑ glucose uptake
Glycogen synthase 1	Metabolic enzyme	↓ activity in low (Glucose-6-P)	Skeletal muscle	↓ glycogen synthesis
Glycogen synthase 2	Metabolic enzyme	↓ activity in low (Glucose-6-P)	liver	↓ glycogen synthesis
5-phosphofructo-2kinase PFKFB2	Cell signalling	↑ fructose-2,6-biphosphate	Cardiac muscles	↑ glycolysis
5-phosphofructo-2kinase PFKFB3	Cell signalling	↑ fructose-2,6-biphosphate	macrophages	↑ glycolysis

(Table-1)- Few Protein targets regulations by AMPK(Hardie 2013)

2. Current Traditional Treatments for Cancer

Immunotherapy(Yang 2015) for malignancies, including rare cancers, has enabled remarkable clinical achievements to be made in the last few years. Genetically modified T-cell therapy(Smith and Blomberg 2017)(DeRenzo and Gottschalk 2020) has recently been attempted using the T-cell receptor (TCR therapy) (Zhao and Cao 2019)approach and the chimeric antibody receptor (CAR-T) approach against rare cancers, including malignant melanoma and synovial sarcoma. The development of virotherapy, which destroys tumours using genetically engineered viruses, has also been highly promoted in recent years.

Surgery is a procedure in which a surgeon removes cancer (Tumour) from your body(Querleu 2013).

Radiation Therapy uses high-powered energy beams, such as X-rays or protons to kill cancer cells. Radiation treatment can come from a machine outside your body (external beam radiation), or it can be placed inside your body (brachytherapy)(Baskar et al. 2012)(Abshire and Lang 2018)(Tanderup et al. 2017).

Bone Marrow Transplant can use your bone marrow stem cells or those from a donor. In addition, a bone marrow transplant allows you to use higher doses of chemotherapy to treat your cancer(Ford and Eisenberg 1990).

Chemotherapy can cure or control cancer or help ease its symptoms by using specific drugs(Fujita and Kotake 2014).

3. Targeting AMPK for Cancer Treatment

3.1 Different Drugs Used

Non-Steroidal anti-inflammatory drugs(Bindu, Mazumder, and Bandyopadhyay 2020) Inflammation has been shown to play an essential role in tumour initiation and growth(Aguilar-Cazares et al. 2019). Aspirin has been shown to correlate with a decreased risk of developing cancer, mainly preventing colorectal cancer(Pence et al. 1995)(C. S. Lee, McNamara, and O'Morain 2012). However, it is believed that aspirin may prevent CRC by inhibiting COX-2(inhibitor)(Waluga et al. 2018)(Sostres, Gargallo, and Lanás 2014). This ultimately led to developing a new class of NSAIDs that are more selective for COX-2 inhibition for use as chemo preventive agents. Aspirin and other NSAIDs have also been shown to activate AMPK(King et al. 2015). When colorectal cancer cells were treated with aspirin, there was a significant increase in AMPK activation and inhibition of downstream mTOR signalling. Aspirin use has also been shown to correlate with the stopping of several other cancers like lung and liver(J. Chen et al. 2019)(Dickson 2020). It is likely that once aspirin or other NSAIDs activate AMPK, there is regulation of other inflammatory regulatory pathways. Therefore, the anti-inflammation drugs targeting AMPK activation might play a more meaningful role for the treatment of cancer-associated Inflammation in the future.

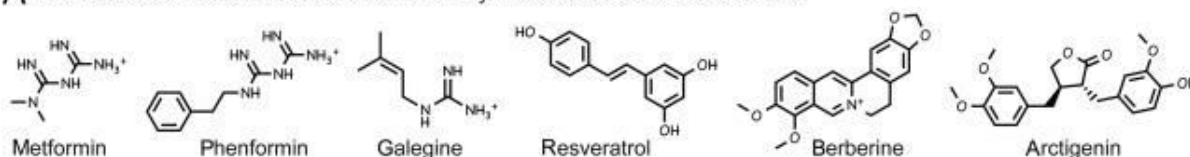
Curcumin(Kotha and Luthria 2019) is a yellow pigment present in turmeric, is one of largely investigated phytochemicals (natural chemical in plants) in the field of chemoprevention and is used in early clinical trials as an anti-cancer agent(Ranjan et al. 2019)(Brown and Rufini 2015). Curcumin has been shown to suppress tumour progression in various animal models of cancer(Pan et al. 2019)(Man et al. 2020). Recently, AMPK was found to be a new molecular target of curcumin(Soltani et al. 2019). In cancer cells, AMPK was found to act as a regulator of ERK1/2, p38, and COX-2. Thus, activation of AMPK by curcumin and its downstream targets such as PPAR-g, MAP kinases, and COX-2 is important in regulating cancer cells(Kaur and Moreau 2021).

Metformin is a drug used to decrease hyperglycaemia (high glucose) in patients with type-2 diabetes(Shlomai et al. 2016), in part by activating AMPK and is currently under investigation as a possible treatment for several types of cancer(Chiang et al. 2017). Clinical data suggest a benefit of metformin treatment in preventing certain cancers(Gronich and Rennert 2013). Recent preclinical studies were able to demonstrate metformin efficacy in various cancer types. Metformin was shown to significantly reduce aberrant crypt foci(Hosono et al. 2010)(D. Li 2011)(Bordini et al. 2017), the precursors to colon polyps with a modest reduction in polyp formation in animals treated with chemical carcinogen Azoxymethane(Bader et

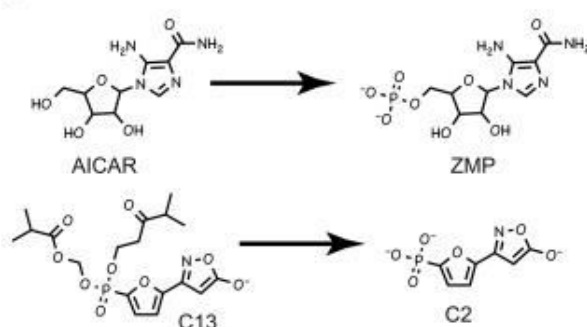
al. 2018). In melanoma, metformin inhibits invasion and metastasis development through AMPK/p53 axis activation(Liang, Wang, and Wang 2018)(Y. C. Chen, Li, and Wang 2020).

Nanomedicine(B. Y. S. Kim, Rutka, and Chan 2010): Nanoparticles are small particles with peculiar physicochemical properties due to their size and high surface-to-volume ratio. Biocompatible nanoparticles are used in cancer medicine to overcome some of the issues related to conventional therapies, such as the low specificity and bioavailability of drugs or contrast agents(Sztandera, Gorzkiewicz, and Klajnert-Maculewicz 2019)(S. W. L. Lee et al. 2019).

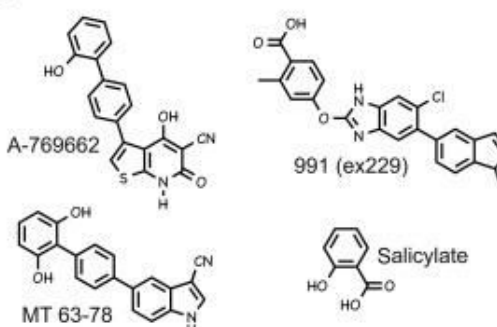
A AMPK activators that inhibit mitochondrial ATP synthesis and increase cellular AMP



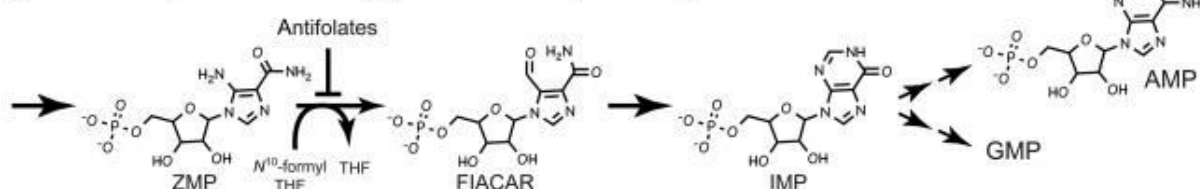
B Pro-drugs converted inside cells into AMP analogs



C Compounds that bind between β -CBM and α -KD



D Mechanism by which antifolate drugs (methotrexate and pemetrexed) increase cellular AMP



(Figure-1)

3.2 Advantages of AMPK in Cancer Treatment

1. AMPK activation give rise to a cell cycle delay(Yoon et al. 2019) which is associated with stabilization of p53 and the cyclin-dependent kinase inhibitors p21^{WAF1} and p27^{cip1}(Drakos et al. 2009).
2. AMPK hinders the synthesis of many macromolecules needed for cell growth, like lipids, ribosomal RNA and proteins(Liu et al. 2012).

3. By promoting oxidative metabolism and inhibiting glycolysis (Ganapathy-Kanniappan and Geschwind 2013) by inhibition of mTORC1 and consequent downregulation of expression of hypoxia-inducible factor-1 α , AMPK promotes a switch away from the fast glycolysis observed in many tumour cells (the Warburg effect) and toward the oxidative metabolism used by most quiescent cells (Shen, Gerrard, and Du 2008).

4. Mechanism of AMPK Regulations

AMPK is a heterotrimeric protein that contains catalytic α and β and γ subunits. Each subunit of α is encoded with 2 genes ($\alpha 1$ and $\alpha 2$ or $\beta 1$ and $\beta 2$), while γ subunit is encoded with 3 genes ($\gamma 1$, $\gamma 2$, and $\gamma 3$). AMPK is activated when AMP and ADP levels in cells rise due to a variety of stress factors, as well as pharmacological inducers (Carling et al. 2011). Increased LKB1 kinase activates it in response to an increase in AMP (Shaw et al. 2005) (Lin and Hardie 2018), while CAMKK2 activates AMPK in response to an increase in calcium (Vara-Ciruelos et al. 2018) (Fogarty et al. 2016). AMPK is used directly to phosphorylate a number of substrates to significantly affect metabolism and growth, as well as phosphorylating a number of presynaptic moderators who mediate long-term drug reuptake (J. Kim et al. 2011).

The production of AMPK improves both the secretion and transmission of GLUT4, leading to an increase in insulin-dependent glucose uptake. In addition, it stimulates recovery processes such as fatty acid oxidation and glycolysis with ACC inhibition and PFK2 activation. AMPK negatively regulates a number of proteins between ATP-activation processes such as TORC2, glycogen synthase, SREBP-1 and TSC2 (Tuo et al. 2019), leading to a reduction in regulation or inhibition of gluconeogenesis, glycogen, lipid and protein synthesis.

In mammals, there are two genes encoding the AMPK α catalytic subunit ($\alpha 1$ and $\alpha 2$), two genes ($\beta 1$ and $\beta 2$) and three genes ($\gamma 1$, $\gamma 2$ and $\gamma 3$) (Ross, MacKintosh, and Hardie 2016). Exposure to some of these isoforms was inhibited by tissue, and a functional separation of the two catalytic subunits was reported, particularly AMP- and LKB1 reactions and the localization of AMPK $\alpha 2$ versus $\alpha 1$.

Conclusion

A large amount of evidence supports the fact that AMPK activation might act as a metabolic tumour suppressor in the coming future. AMPK activation has shown to decrease the symptoms related to type-2 diabetes and metabolic syndrome and is well-established therapeutic for these disorders. Studies suggest that patients with type-2 diabetes taking metformin have a lower risk of developing cancer; But ironically, patients having diabetes have higher occurrence of cancer. It is being said that AMPK activation might oppose tumour development by reprogramming cellular metabolism and targeting one of the important requirements important for cancer development.

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