

Oxygen sensing, signaling, and metabolism

Dr. Werner Kovacs

Oxygen sensing and signaling

- What is the sense of sensing oxygen?
- What are the mechanisms?
- What is the nature of adaptive responses?
- How do oxygen levels affect metabolism?
- What role does the oxygen signaling pathway play in disease and which diseases?

Life with (and without) oxygen

Evolution of organisms that transduced solar energy into chemical energy of carbon bonds



Establishment of a symbiotic relationship between single-celled organisms and internalized primitive cells (mitochondria)

bc O₂ levels are so high, all aerobic organisms became dependent on it.

ATP



Earth is anaerob

Earth becomes oxygenated

Aerobic respiration; permissive for evolution of higher organisms



O₂ life began here



4.5

2.5

1.5

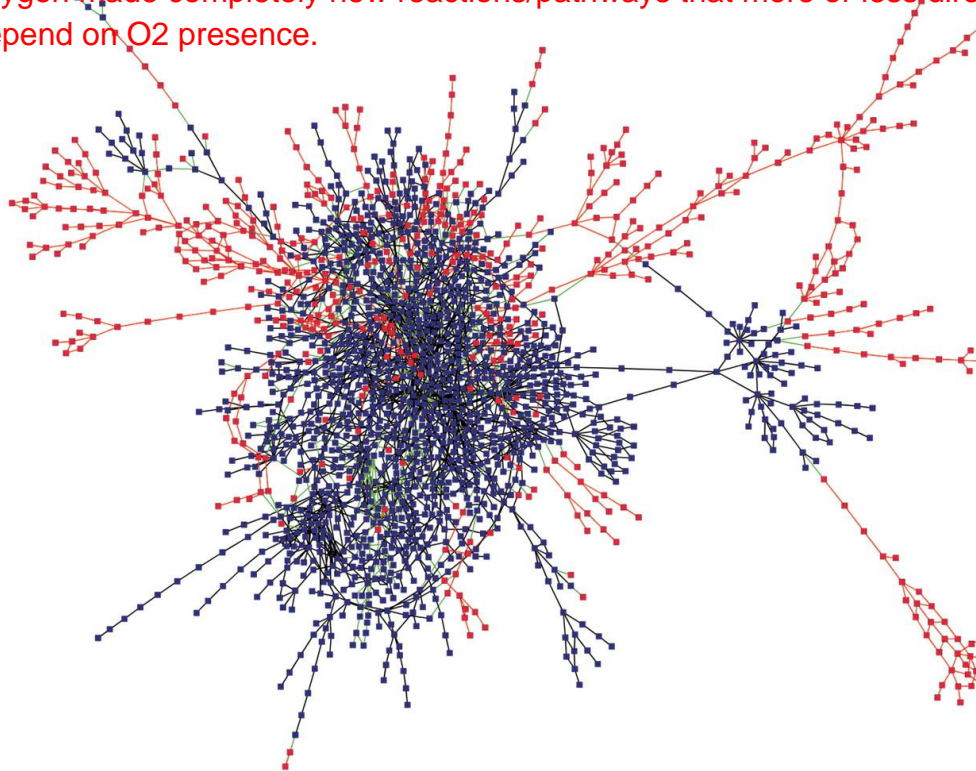
0.5

0.0

age of earth (billions years ago)

The effect of oxygen on KEGG's metabolic “backbone” and the total number of reactions catalyzed by individual genomes

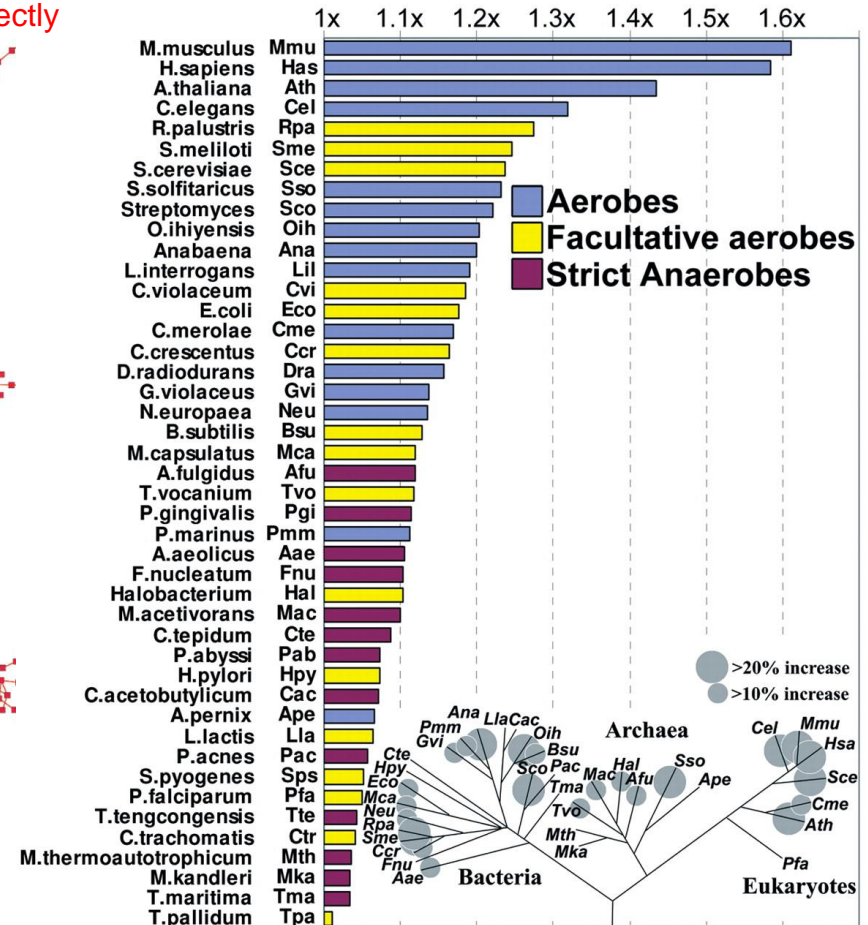
on this network: oxic reactions evolved from anoxic reactions.
 the core is very similar, it's not easy to see bc it is so dense.
 oxygen made completely new reactions/pathways that more or less directly depend on O₂ presence.



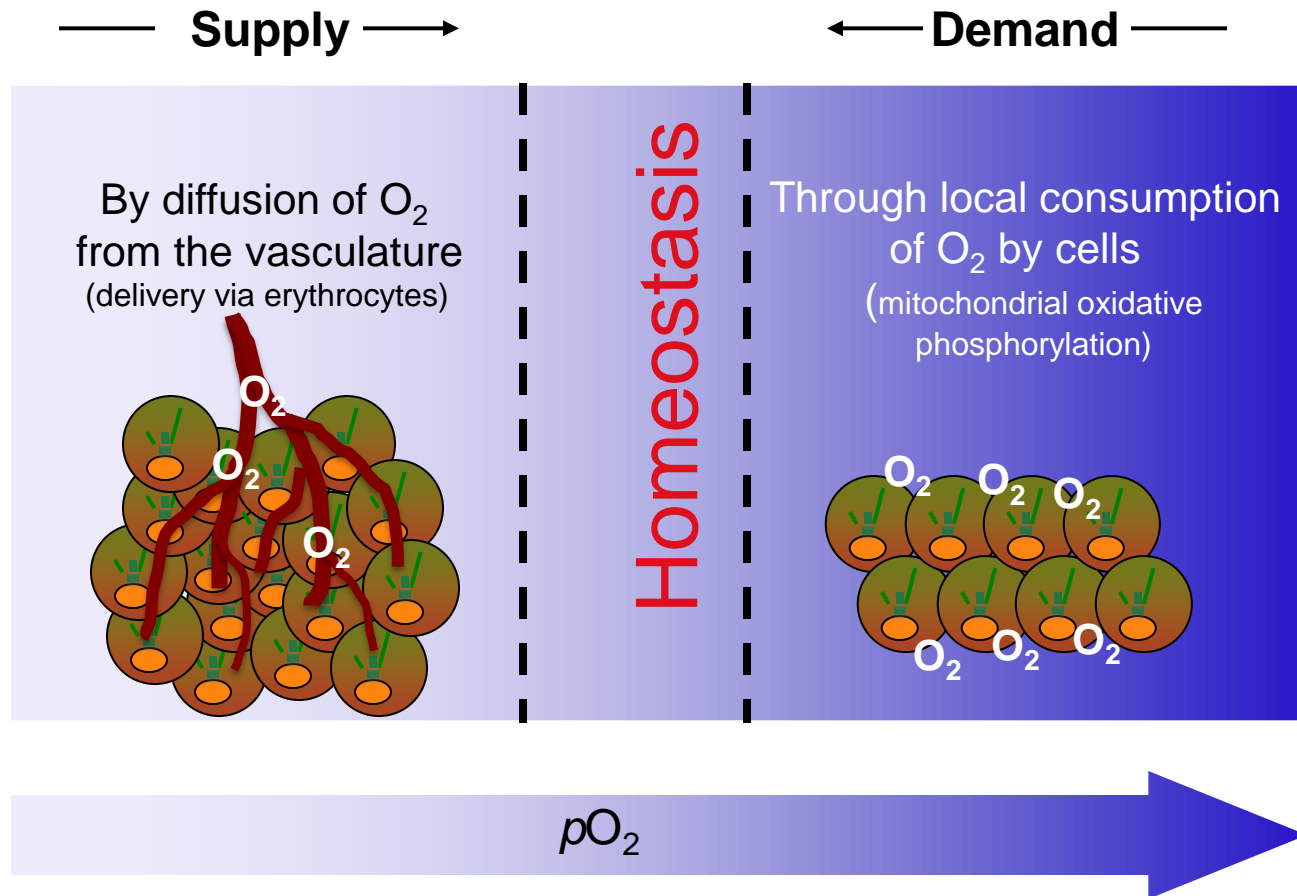
Anoxic network: blue

Oxic network: red

humans have 1.6x more metabolic reactions involving O₂

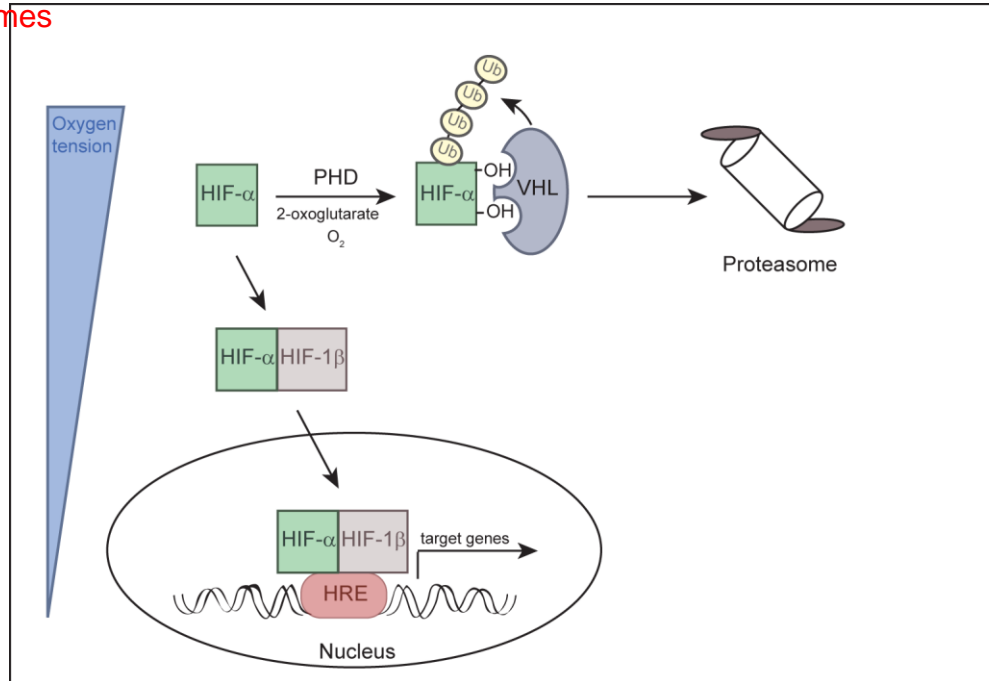


Oxygen homeostasis



Regulation of hypoxia-inducible factor- α (HIF- α) subunits

when oxygen is lacking, enzymes
do not work if they need it.



HIF1- α is expressed in nearly all cells.

HIF2- α is expressed in most organs but not in all cell types of these organs

HIF- α 's are not only transcriptional promoters but can also take on suppressive functions.

They are also involved in cancer or ischemia.

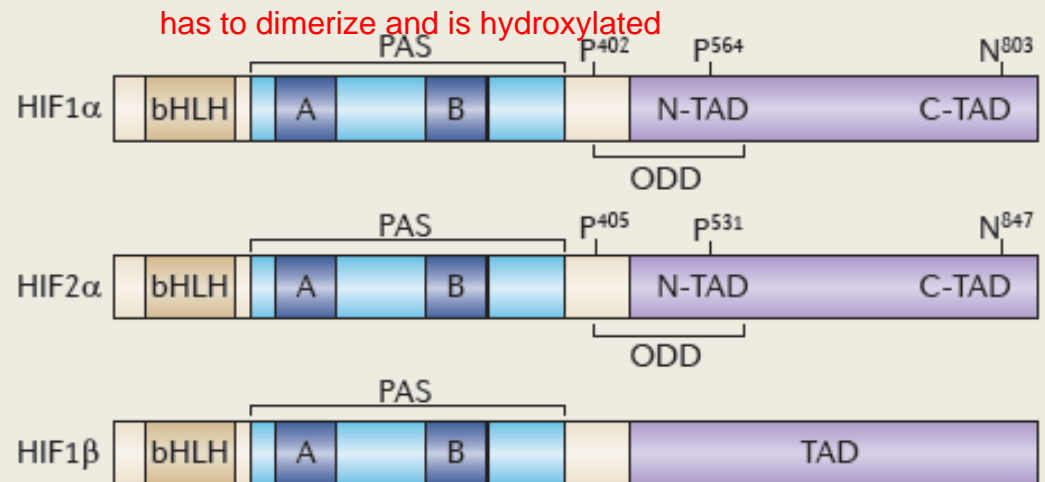
those are the target genes regulated by HIF1/2- α



Oxygen-dependent regulation of HIF- α

Box 1 | O₂-dependent regulation of HIF

Using molecular oxygen (O₂) and 2-oxoglutarate as substrates, hypoxia-inducible factor (HIF) prolyl-hydroxylase (PHD) enzymes⁴ hydroxylate two specific proline residues in the O₂-dependent degradation domain (ODD) of HIF α proteins (see the figure). These hydroxylation events occur on Pro402 and Pro564 in HIF1 α , and Pro405 and Pro531 in HIF2 α , and are required for the von Hippel–Lindau (VHL) tumour suppressor protein — the recognition component of an E3 ubiquitin ligase complex — to bind and degrade HIF α subunits under normoxic conditions. Hypoxia inhibits PHD activity through various mechanisms, including substrate limitation (reviewed in REF. 4), which results in HIF α subunit stabilization, heterodimerization with HIF1 β (also known as ARNT), and increased HIF transcriptional activity. Hypoxic conditions also inhibit hydroxylation by factor inhibiting HIF (FIH) of a conserved carboxy-terminal asparagine residue in the HIF α subunits, an event that blocks the interaction between HIF α subunits and the transcriptional co-activators p300 and CREB binding protein (CBP)^{149–151}. Thus, whereas PHD-mediated hydroxylation destabilizes HIF α subunits, FIH-mediated hydroxylation inhibits their transcriptional activity. bHLH, basic helix-loop-helix; PAS, PER-ARNT-SIM; TAD, transactivation domain.



-> ARNT - what was it again?

Characteristics of the hypoxia-inducible factor hydroxylases

PHDx regulate the HIF-a's by degrading it (see two slides back)

	HIF- α isoform target	Tissue distribution in normoxia	Induction by hypoxia
PHD1	HIF-2 α >HIF-1 α (normoxia) HIF-1 α =HIF-2 α (hypoxia)	Testis>liver=heart=brain=kidney	No
PHD2	HIF-1 α »HIF-2 α (normoxia) HIF-1 α >HIF-2 α (hypoxia)	Heart>liver=testis=kidney>brain	Yes
PHD3	HIF-1 α =HIF-2 α (normoxia) HIF-2 α >HIF-1 α (hypoxia)	Heart>testis=kidney=liver=brain	Yes
FIH	Unknown	Breast=testis=ovary>pancreas>liver>kidney	No

enzyme names gene names

PHD1 = EGLN2

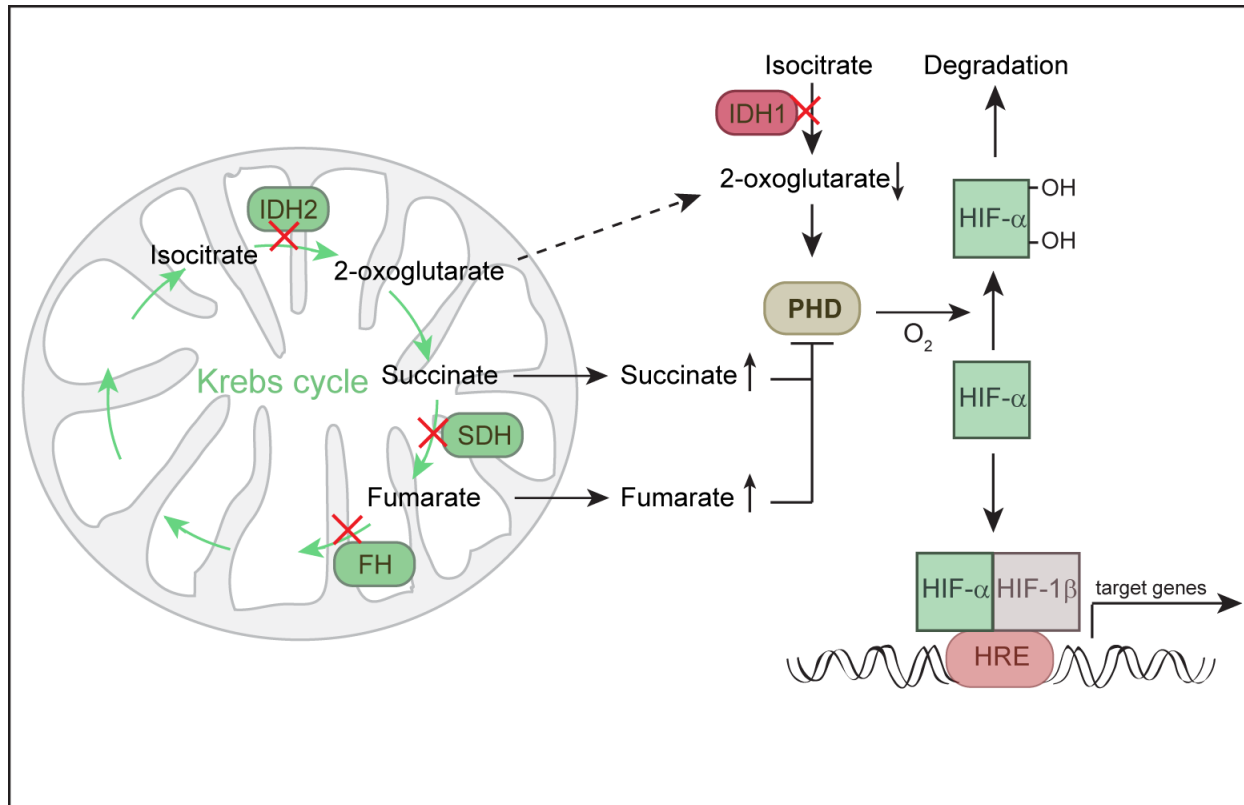
PHD2 = EGLN1

PHD3 = EGLN3

use EGLNX as the right name

Pseudohypoxia: Stabilization of HIF- α subunits under non-hypoxic conditions

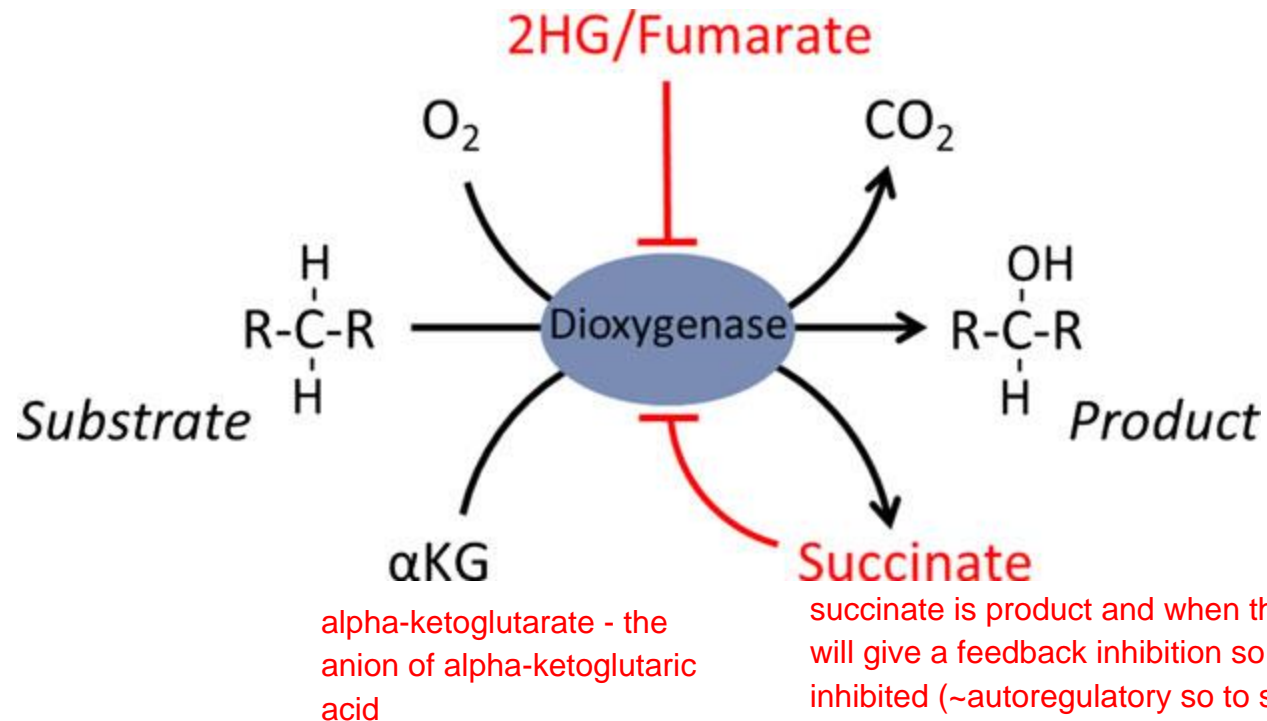
mutations here are also linked to various tumors.



FH: fumarate hydratase, an enzyme for fumarate, hydrates fumarate to malate

2-oxoglutarate-dependent dioxygenases

2HG-fumarate competes with alpha-KG, which leads to inhibition of the reaction



R-2-Hydroxyglutarate - what was it again?

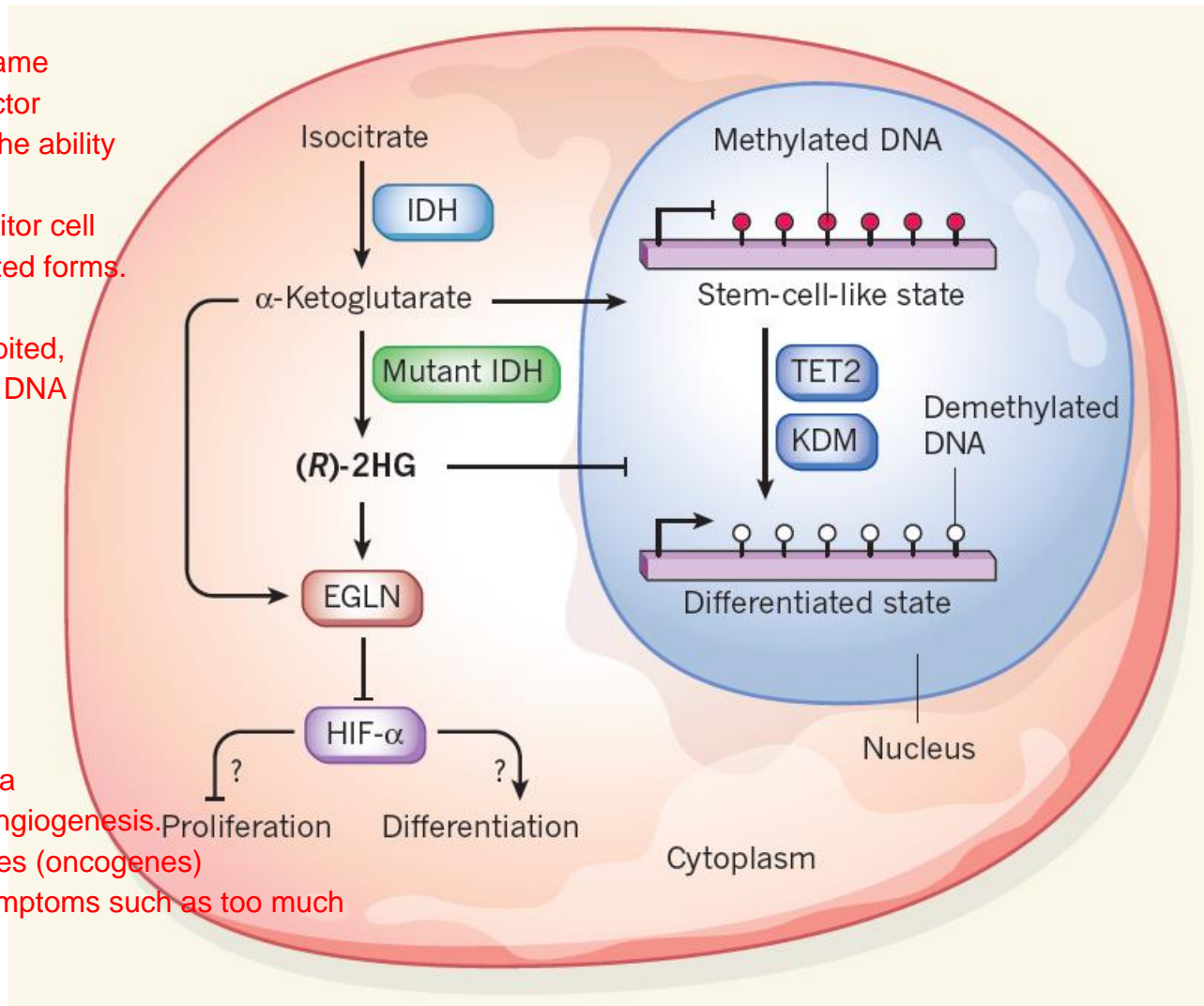
onco metabolites: succinate, etc.; name some, could be a exam question.

2-hydroxyglutarate, an oncogenic metabolite in leukaemia

mutation in IDH became independent of cofactor signalling. they lost the ability to progress from a stem cell like progenitor cell to a more differentiated forms.

differentiation is inhibited, bc no methylation of DNA etc.

HIF is believed to be a master regulator of angiogenesis. mutations in HIF-genes (oncogenes) will lead to cancer symptoms such as too much angiogenesis etc.

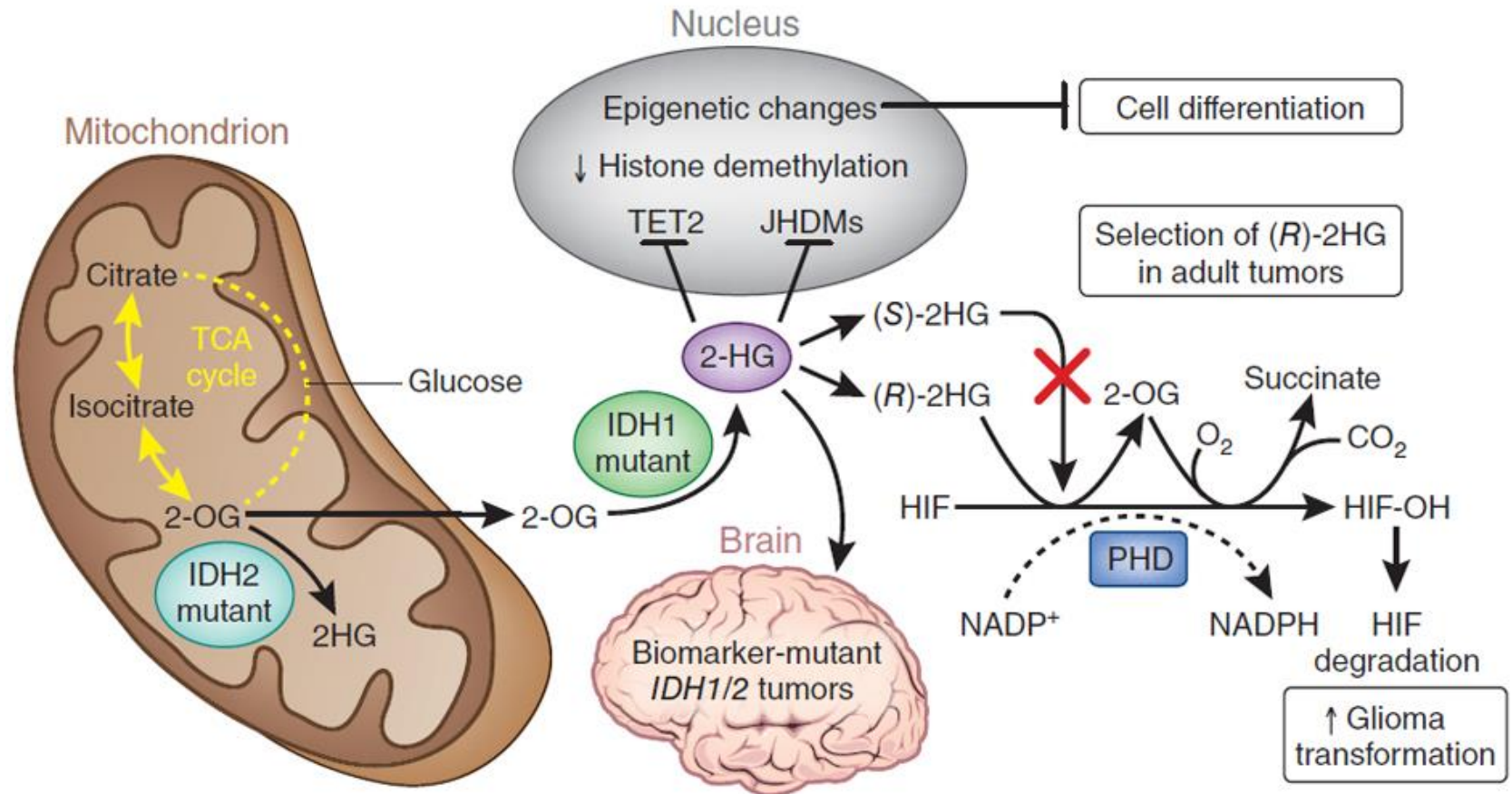


TET2 demethylates DNA

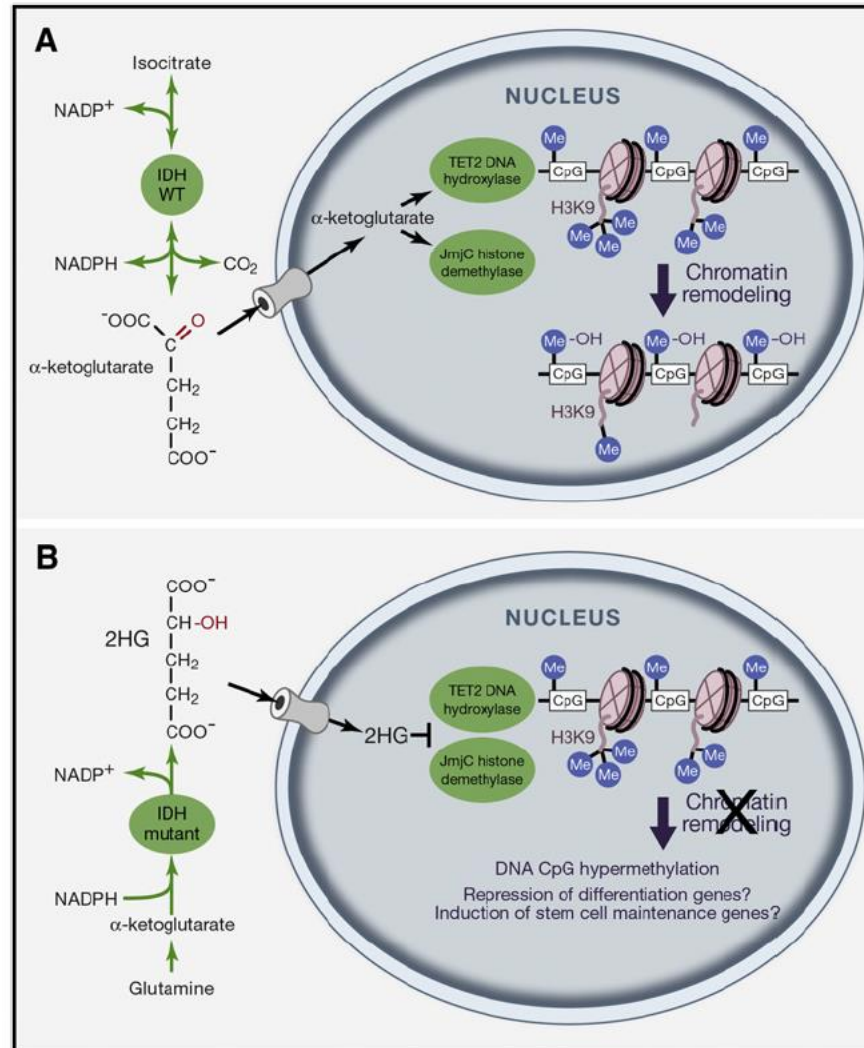
oncogenes are often hypermethylated. this influences the expression and is also linked to tumor. hypermethylated oncogenes are not expressed i think, so its suppressed

hif-alpha promotes tumors (?)

2-hydroxyglutarate, an oncogenic metabolite in glioma



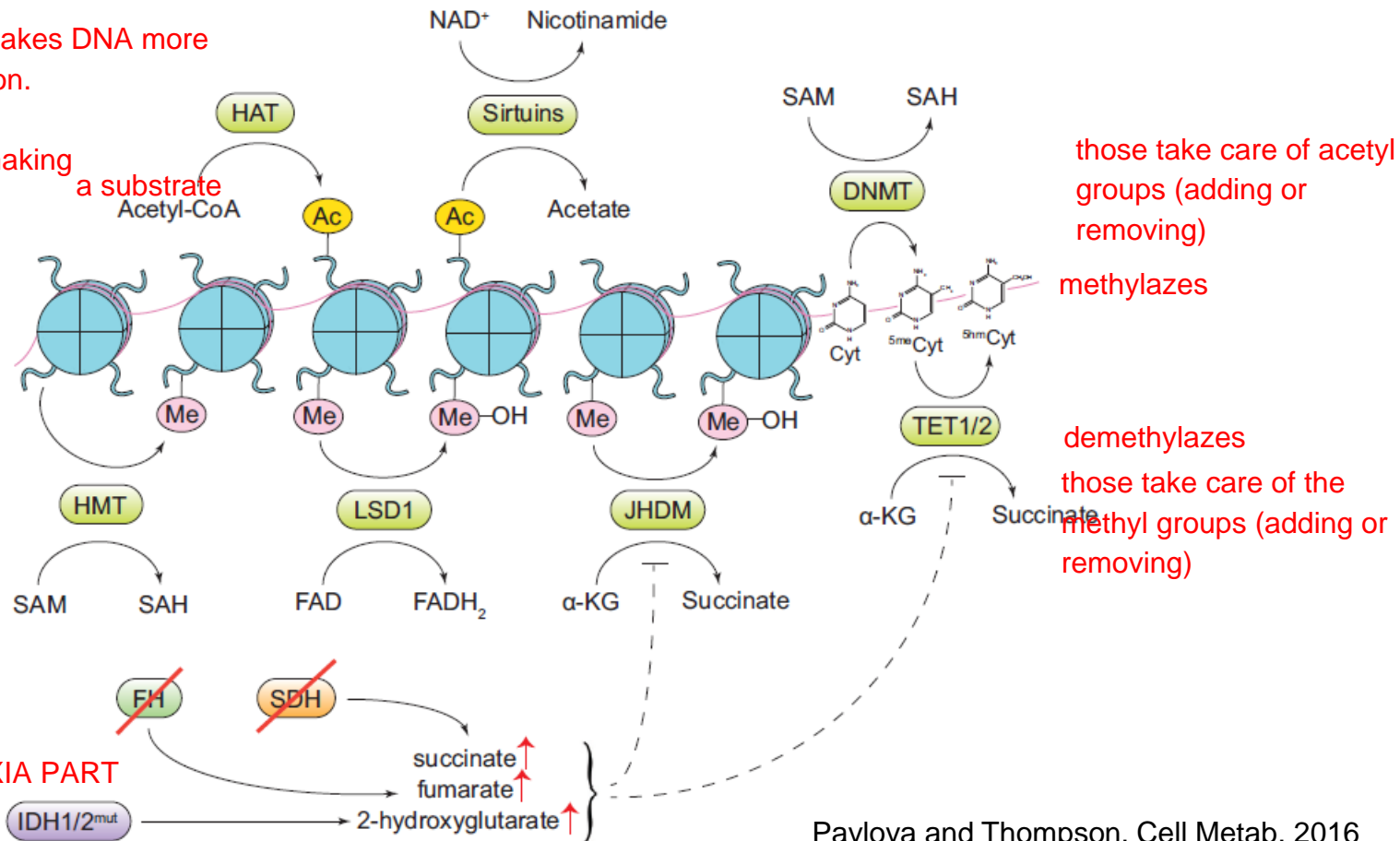
Oncometabolite 2-hydroxyglutarate dysregulates epigenetics and cell differentiation



Alterations in metabolite-driven gene regulation

acetylation of histones makes DNA more accessible for transcription.

some remove Ac, thus making DNA less accessible



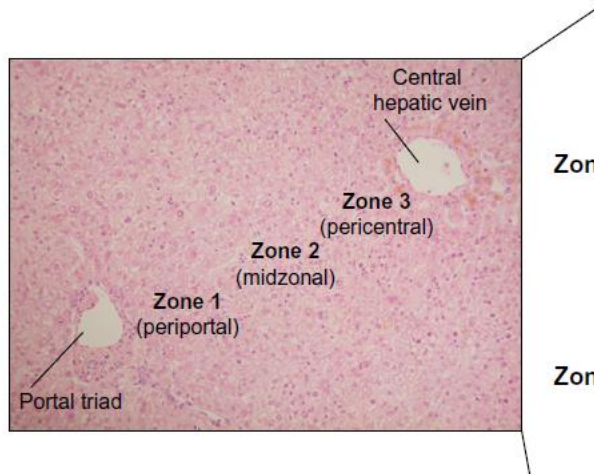
Pavlova and Thompson, Cell Metab. 2016

HAT, histone acetyltransferase enzymes
SAM, S-adenosylmethionine
SAH, S-adenosylhomocysteine
DNMT, DNA methyltransferase enzymes

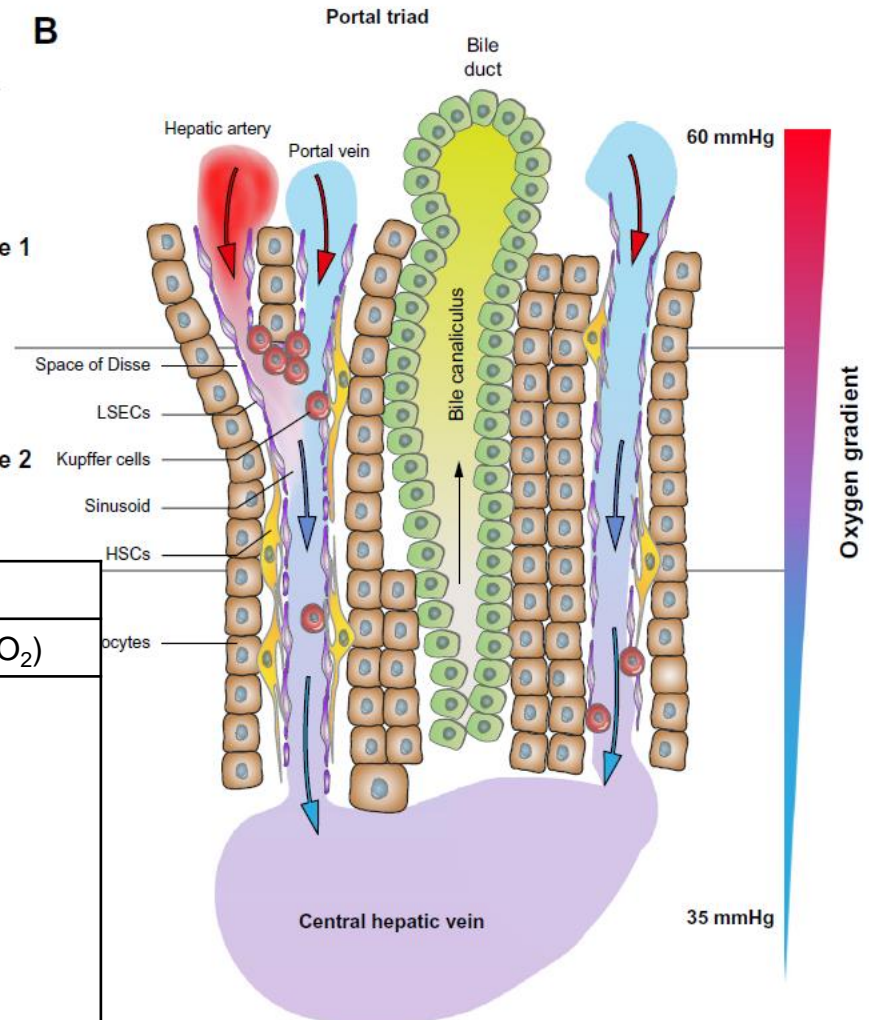
HMT, histone methyltransferase enzymes
LSD1, lysine-specific histone demethylase
JHDM, Jumonji domain-containing histone demethylase enzymes
TET1/2, ten-eleven translocation methylcytosine dioxygenase 1/2

Oxygen gradient and metabolic zonation of the liver

A



B



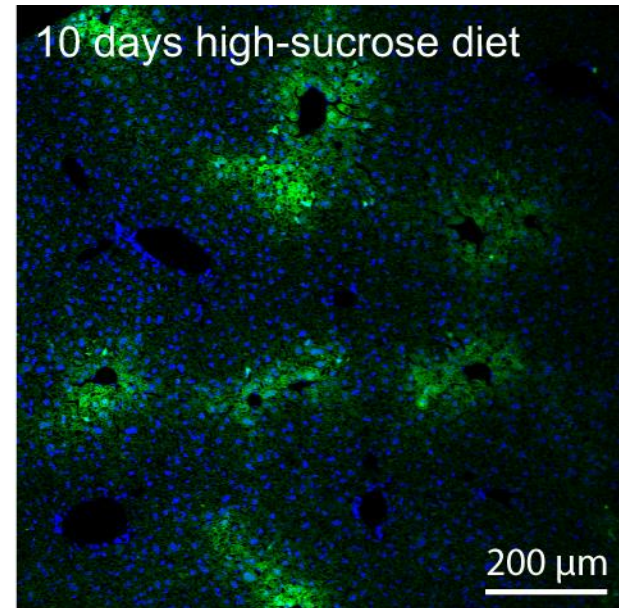
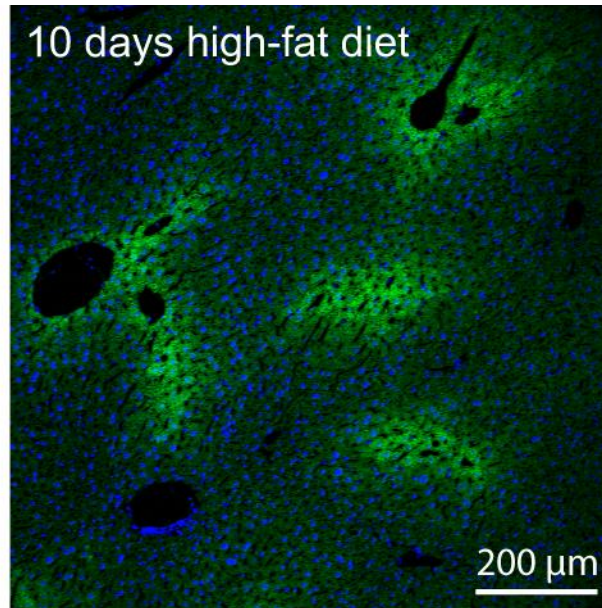
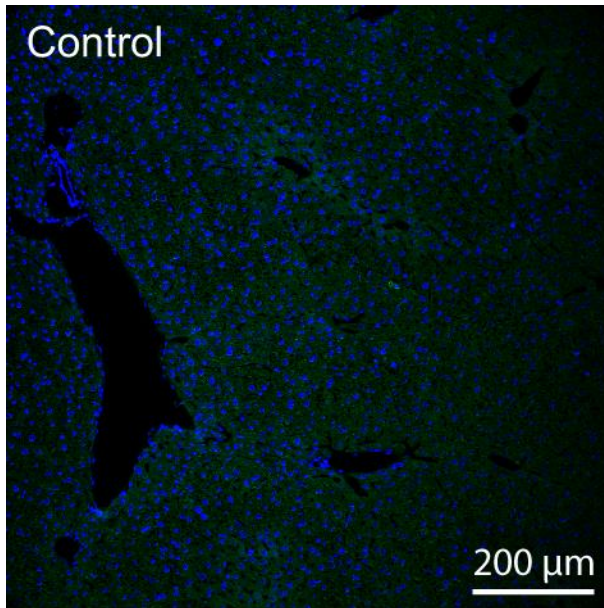
Metabolic zonation of the liver

Periportal zone (13-16% O ₂) high conc	Perivenous zone (5-8% O ₂) low conc
Fatty acid β -oxidation	Fatty acid synthesis
Cholesterol synthesis	Bile acid synthesis
Glucose output	Glucose uptake
Gluconeogenesis	Glycolysis
Glycogen to glucose	Glycogen from glucose
TCA cycle	Glutamine formation
Urea synthesis	Xenobiotic metabolism

a lot of oxygen is needed for cholesterol synthesis

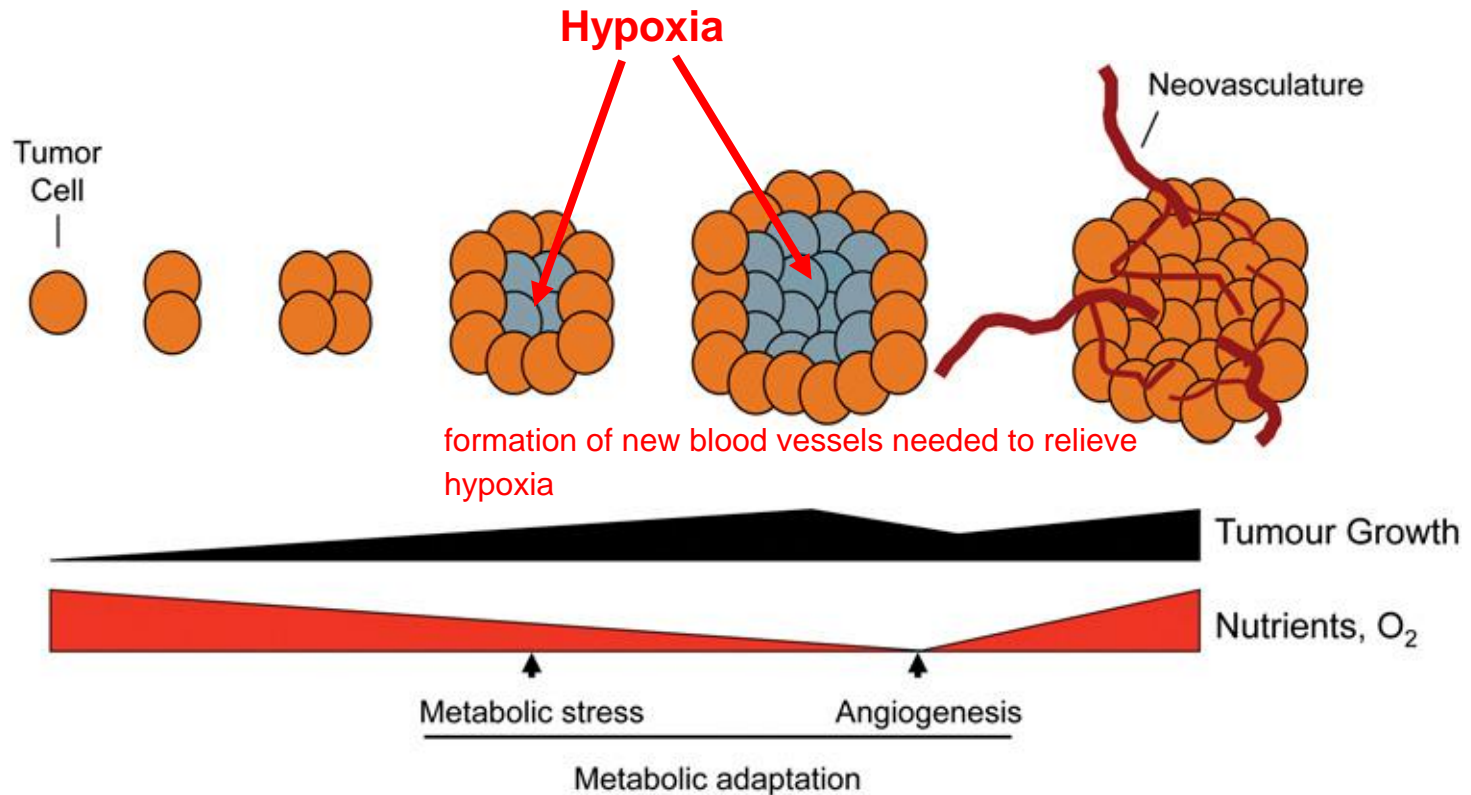
Nutritional stress and hypoxia in the liver

(mouse liver)



normal setup to observe obesity of type-2-diabetes

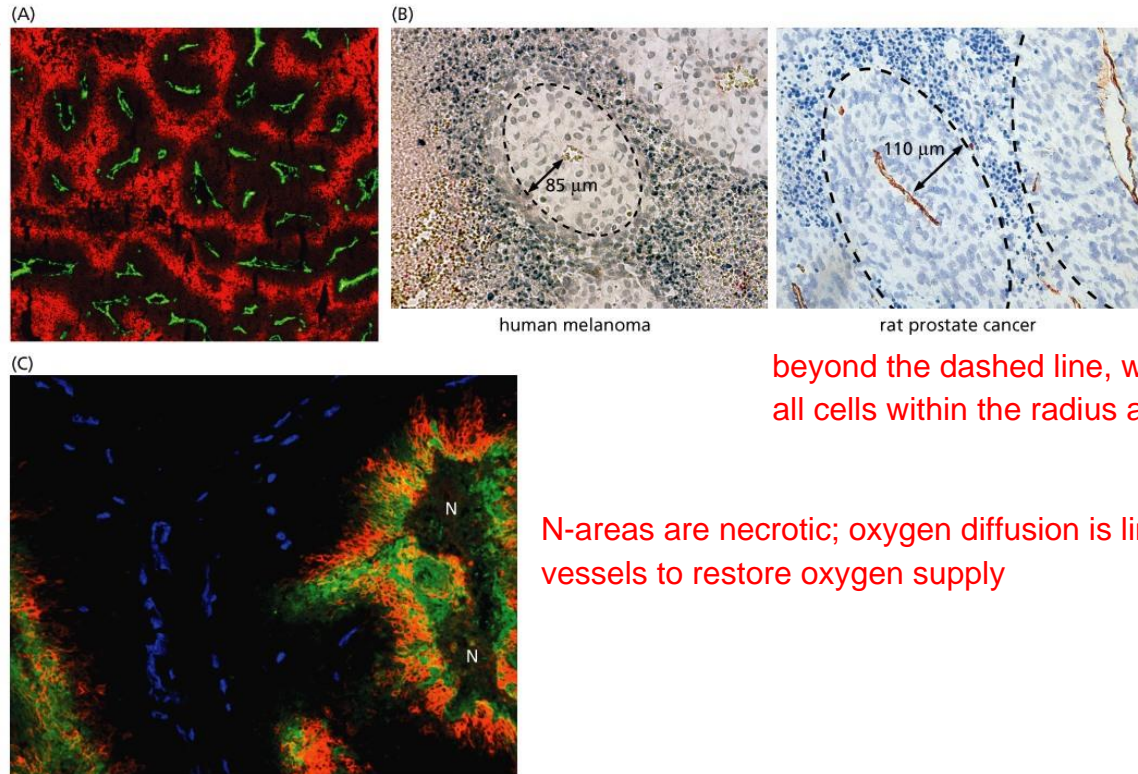
Hypoxia and metabolic stress: a key component of neoplastic tissue expansion



autophagy: "self-eating"; the cell degrades its own components to generate components for metabolism. at one point, the cell will die.

Hypoxia and necrosis of cells in poorly vascularized sections of tissues

red are oxygenated areas
(or was it green?...)

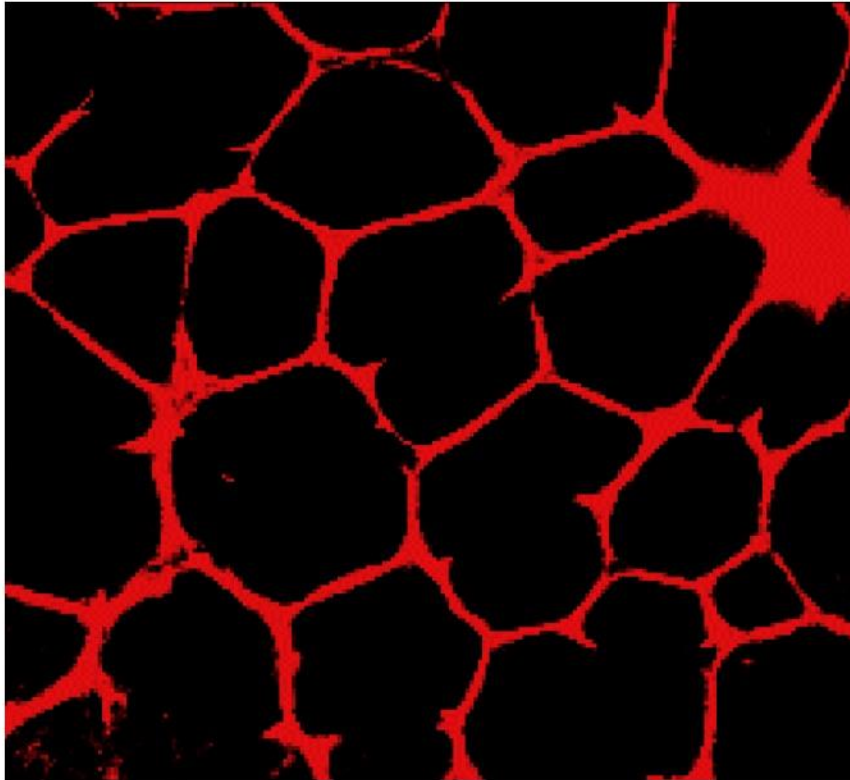


beyond the dashed line, we have necrotic areas.
all cells within the radius are happy cells

N-areas are necrotic; oxygen diffusion is limited so we need new blood vessels to restore oxygen supply

Capillary leakiness of tumor-associated vasculature

normal tissue

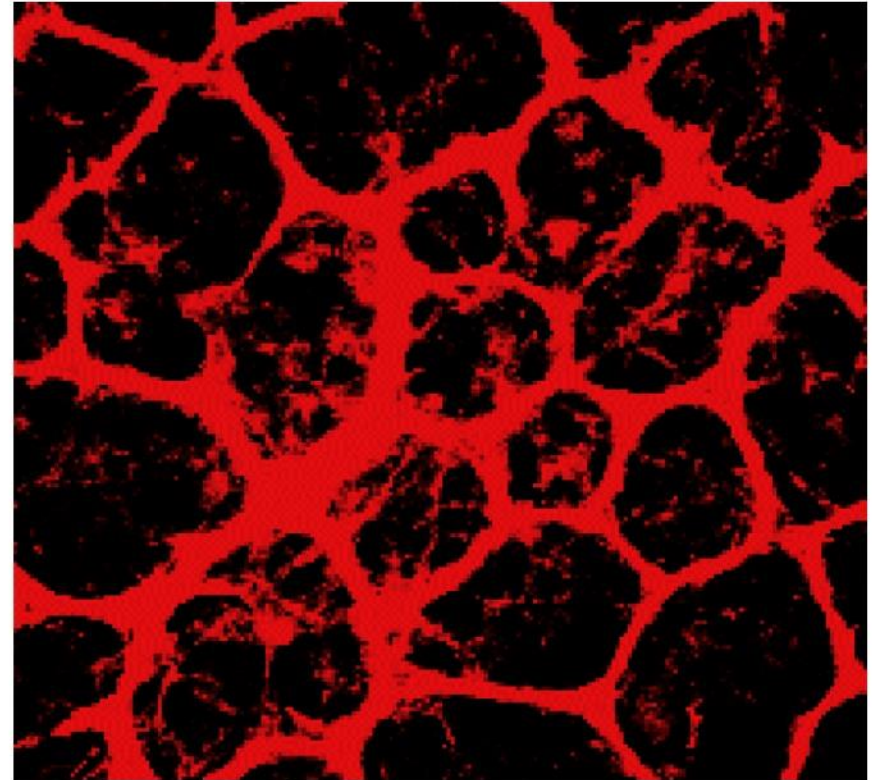


no tumor

very nicely defined
blood vessels

red dye injected in blood vessels

Figure 13.15a The Biology of Cancer (© Garland Science 2014)

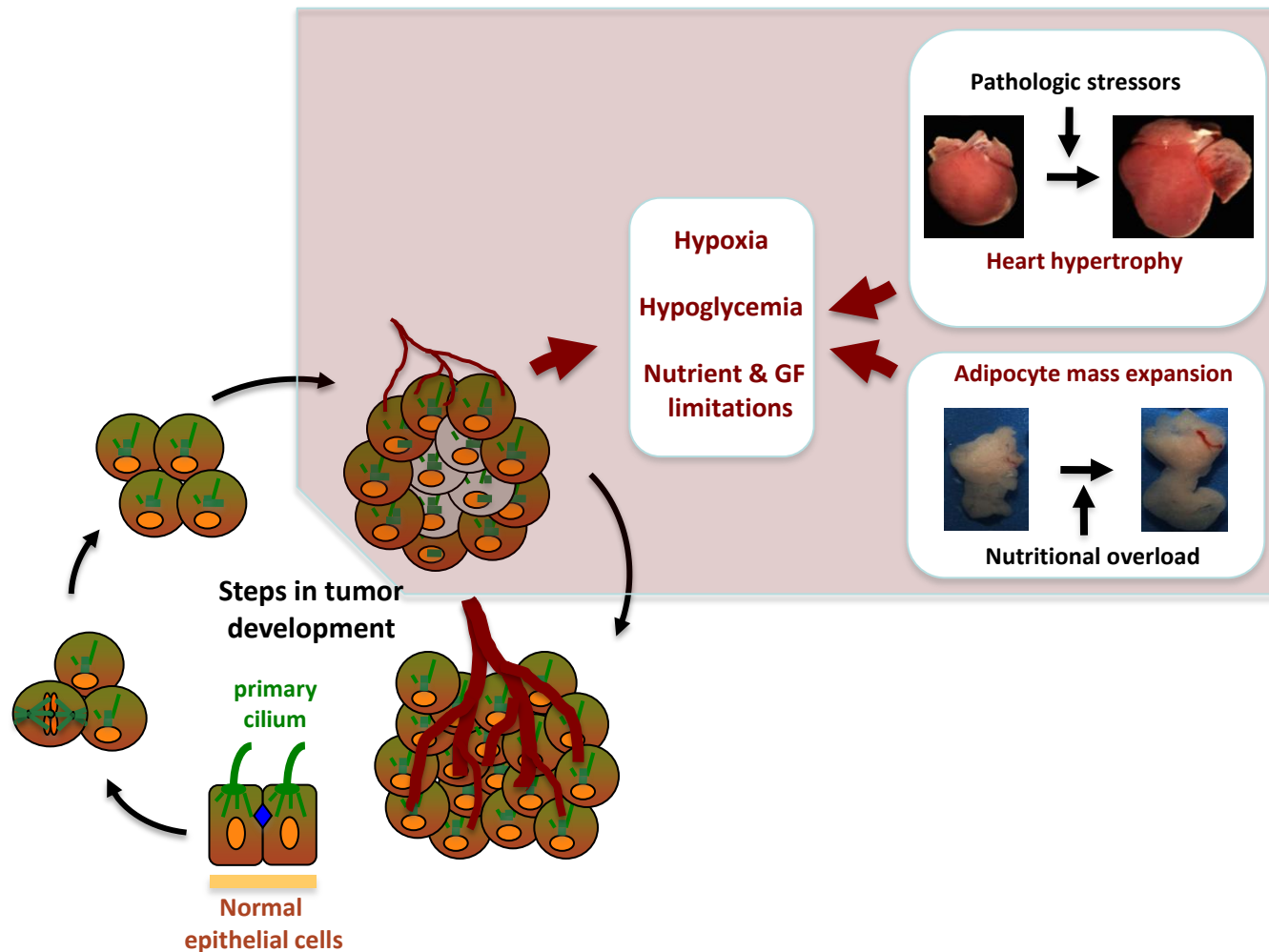


not nicely developed
very leaky here

tumor

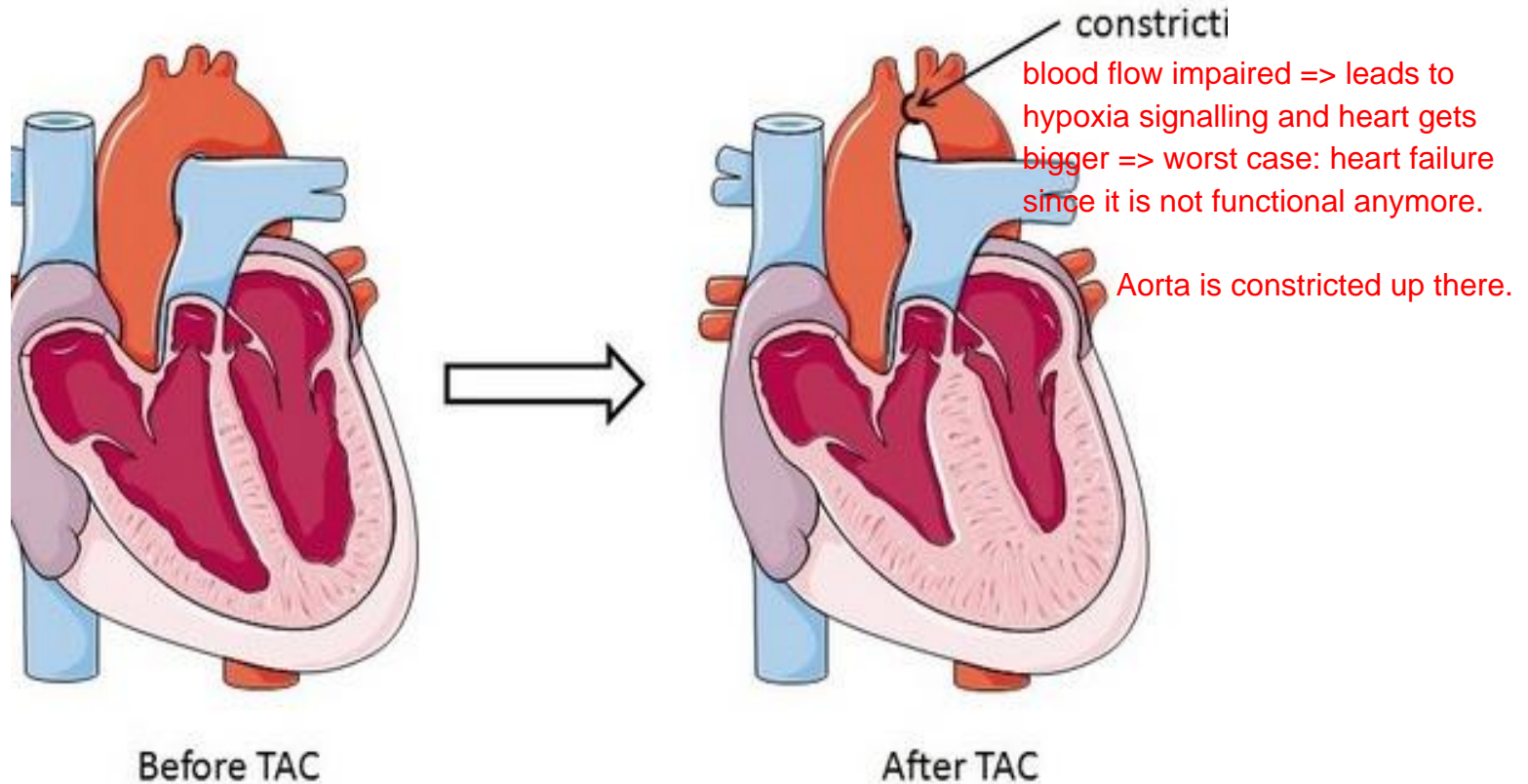
lots of blood vessels, some
are big, also dense network of
smaller blood vessels; some
are not normally formed,
that's why they are so leaky

Hypoxic and metabolic stress reprogramming in neoplastic and non-neoplastic tissue expansion



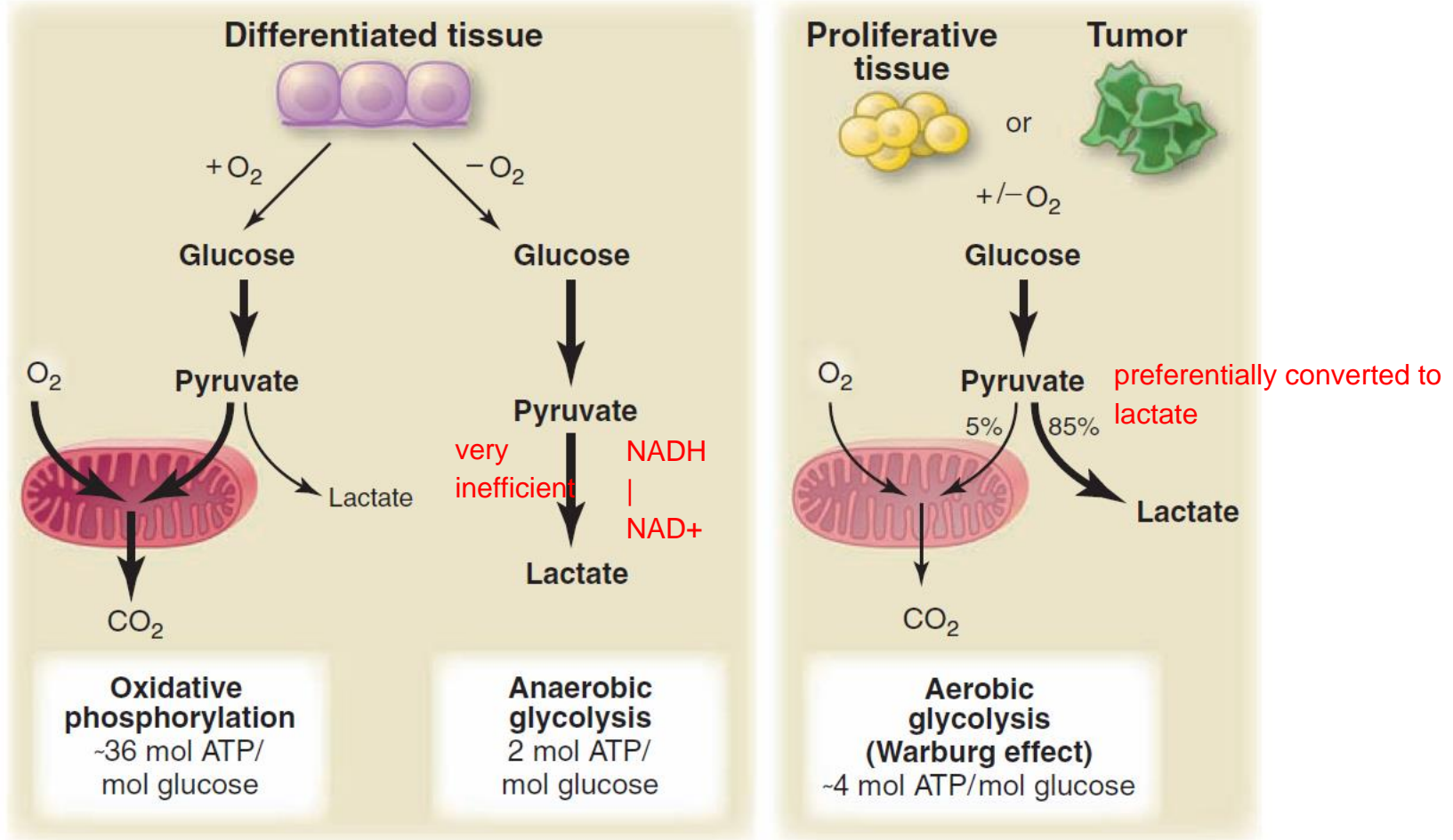
Transaortic constriction (TAC) leads to heart hypertrophy

inducing a pathological stress in the heart



Metabolic strategies of differentiated vs. proliferative cells

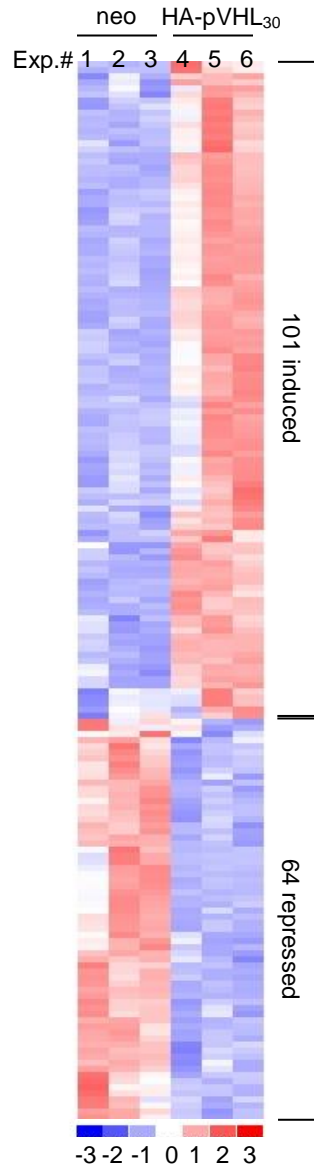
hypoxia adaption leads to different metabolisms to generate energy.



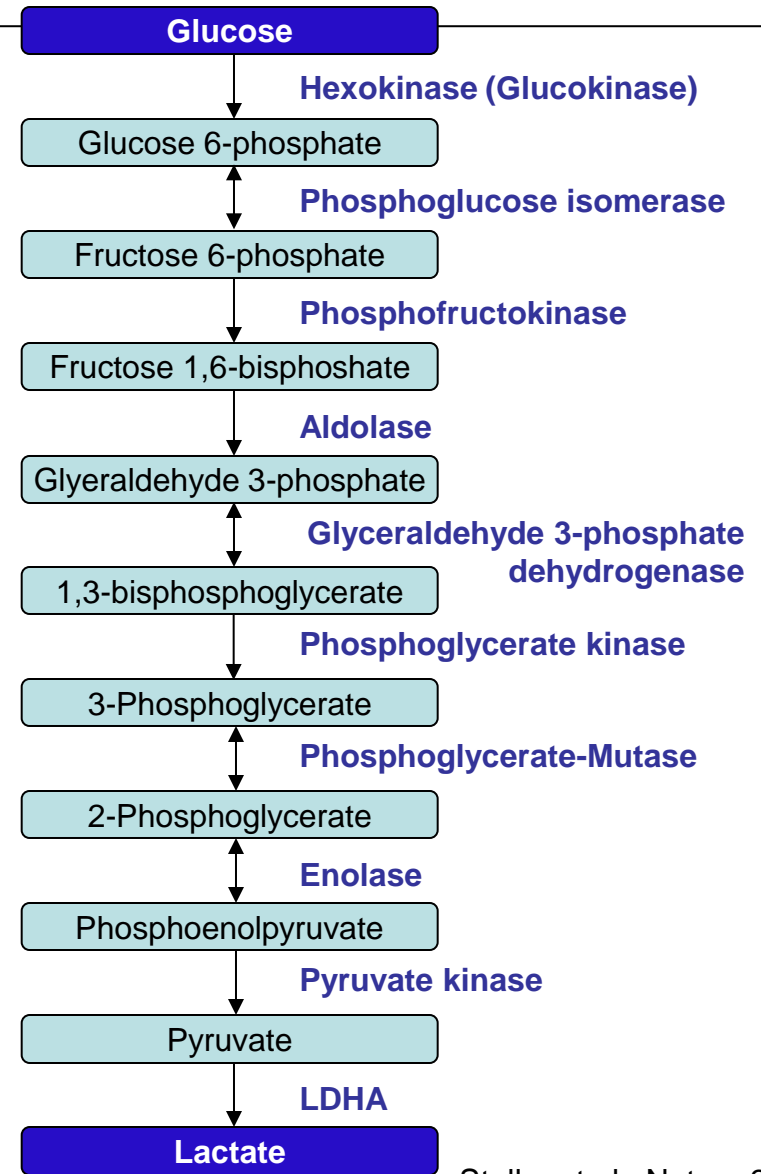
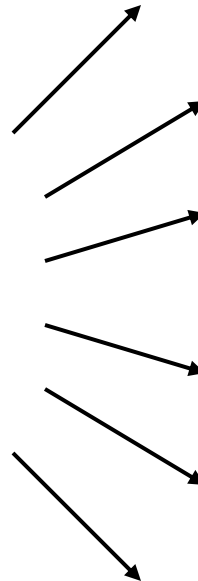
mitochondria are functional in cancer cells.

HIF activates glycolytic genes

learn pathway with
enzymes by heart



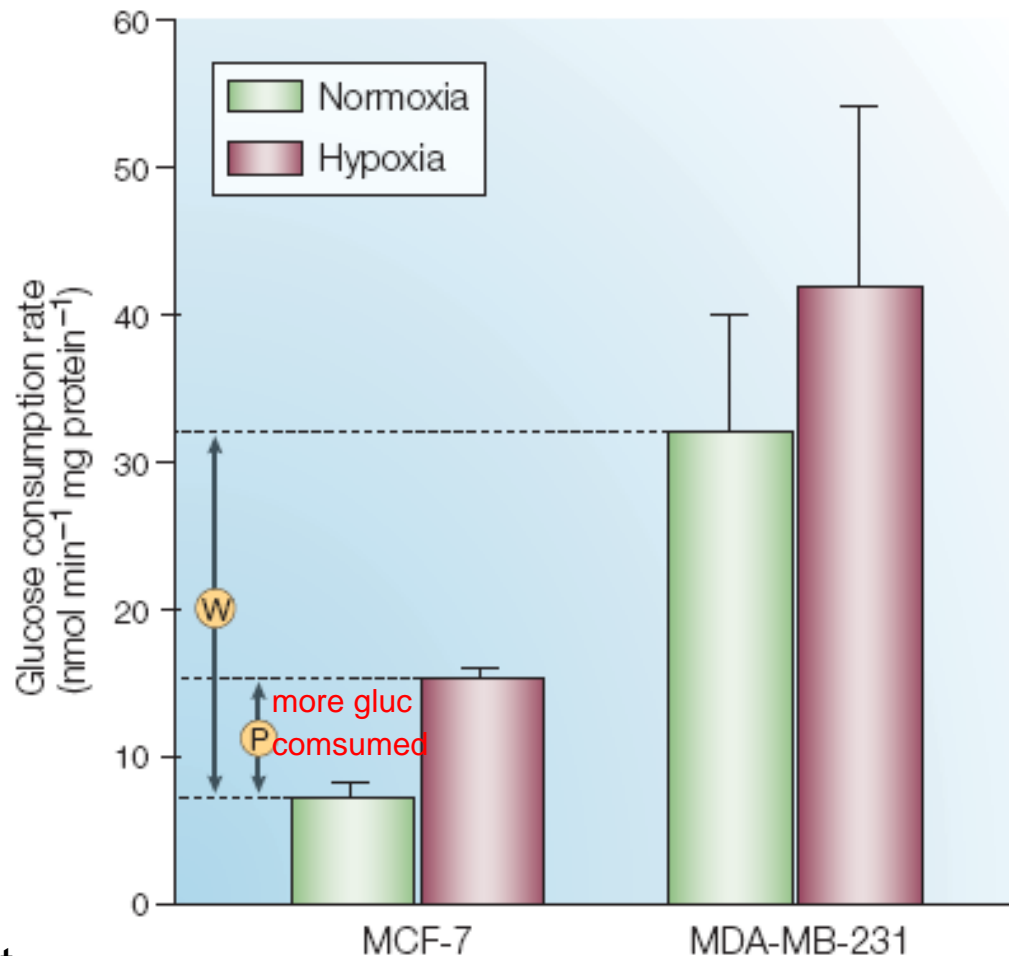
HIF



Otto Warburg



Pasteur and Warbur effects in non-invasive and metastatic breast cancer cell lines

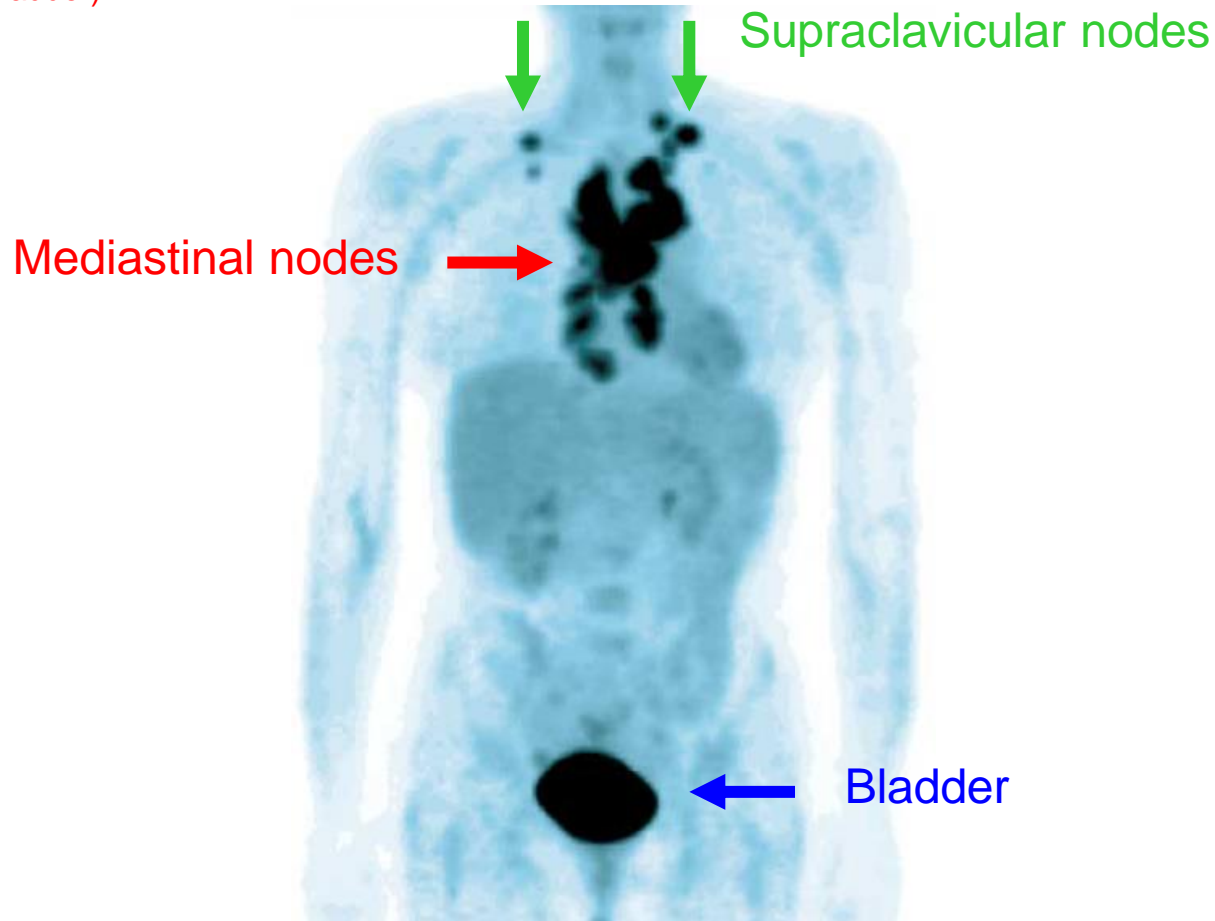


Interpretation of data:
pasteur effect: inhibiting effect on
fermentation of oxygen: anaerobic
glycolysis

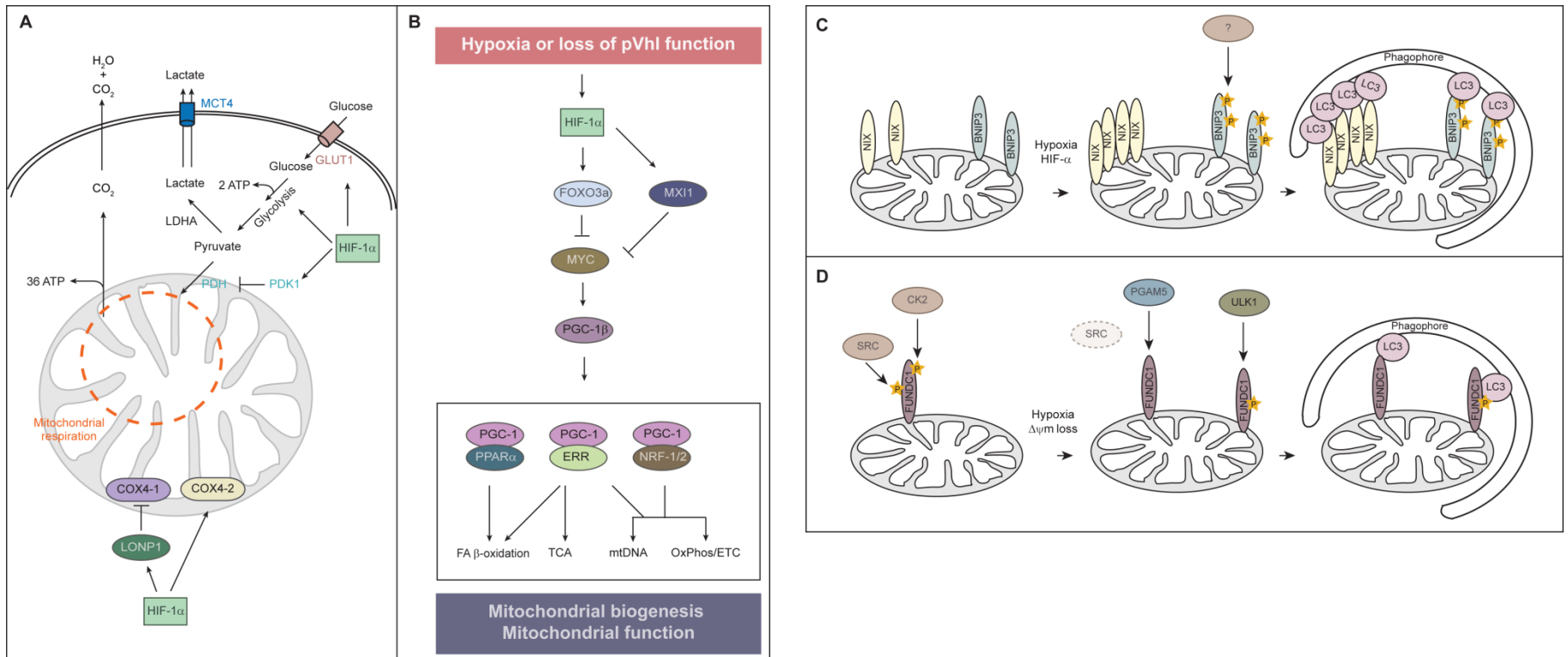
P, Pasteur effect
W, Warburg effect

Positron-emission tomography imaging with ^{18}F fluorodeoxyglucose of a patient with lymphoma

black spots: cancer
(there is cancer in the bladder)



Regulation of mitochondrial function and abundance by HIF- α



1. Mitochondrial metabolism

2. Mitochondrial biogenesis

3. Selective autophagy of mitochondria (Mitophagy)

KEY FINDING IN THE LAST FEW YEARS

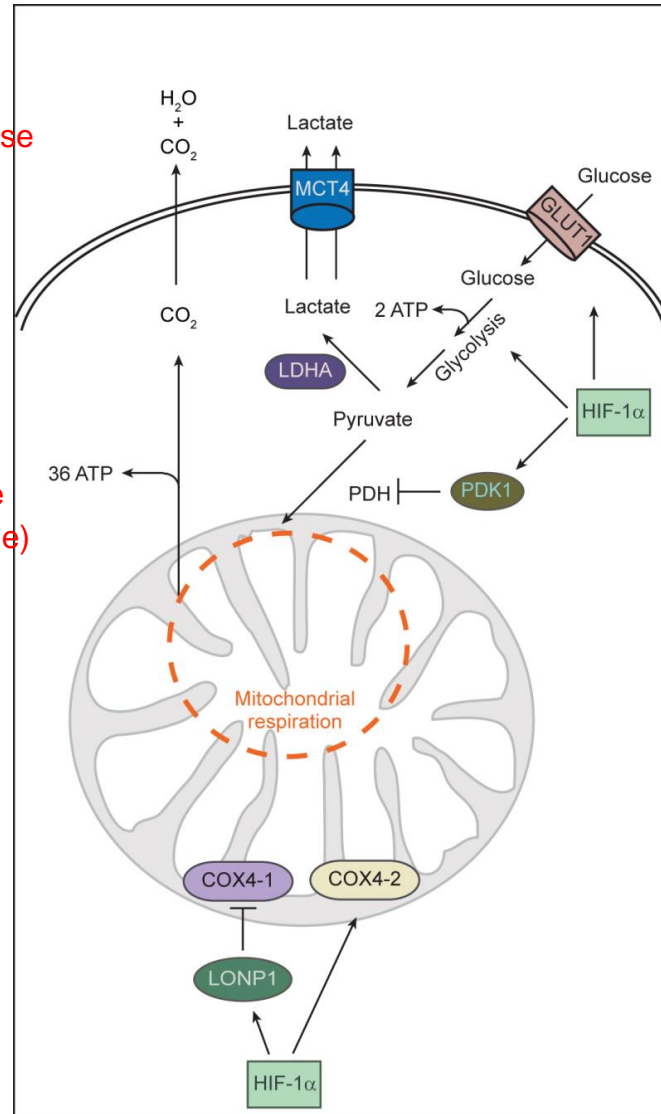
(might be important for exam)

HIF-dependent regulation of glycolysis and mitochondrial metabolism

when you produce lots of lactate you want to get it out of it with MCT4, bc it will acidify the intercellular lumen and increase pH within the cell, which is detrimental

in cancer tissue: inner cancer cells get lactate out of it and out cancer cells use the lactate for metabolism

When PDH is KO'ed, LDHA uses pyruvate to make lactate (in cancer cells for example)



pH tumor milieu: low pH. There are some pathways in tumors that allow tumor cells to exist in low pH values.

in hypoxia, there is still mitochondrial metabolism, but it is not as efficient. COX4-2 is then activated (isoform of COX4-1), which is more efficient under hypoxic conditions (activated by HIF-1a)

That way, HIF-signaling induces glycolysis (glycolytic flux) and downregulates mitochondrial metabolism.

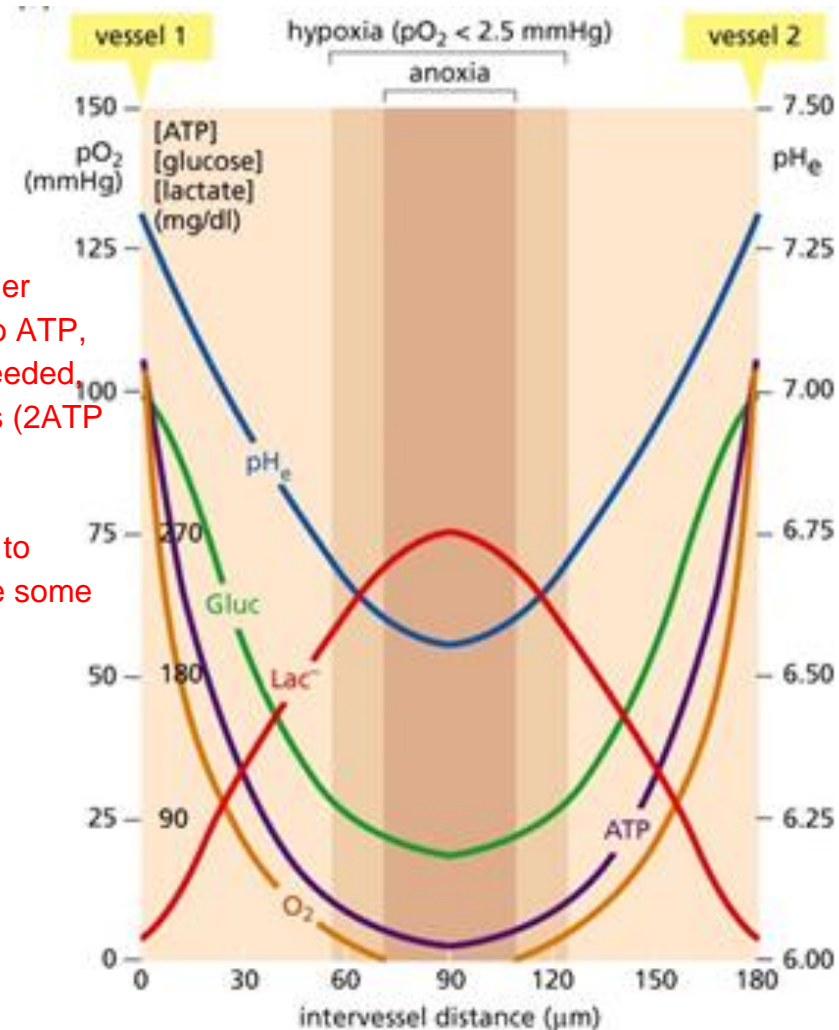
Hypoxia and necrosis of cells in poorly vascularized sections of tissues

Exam: this might be a question: explain the picture (the metabolic changes)

def. anoxia: severe hypoxia

in the anoxia area: there are no blood vessels nearby => no O₂ input (=0 in that area). pH, gluc, and AP also drop the farther away from a blood vessel (nearly no ATP, since for aerobic glycolysis O₂ is needed, but there is still anaerobic glycolysis (2ATP per cycle produced))

Lactate has its peak in hypoxia due to a change in metabolic pathway (see some slides before)



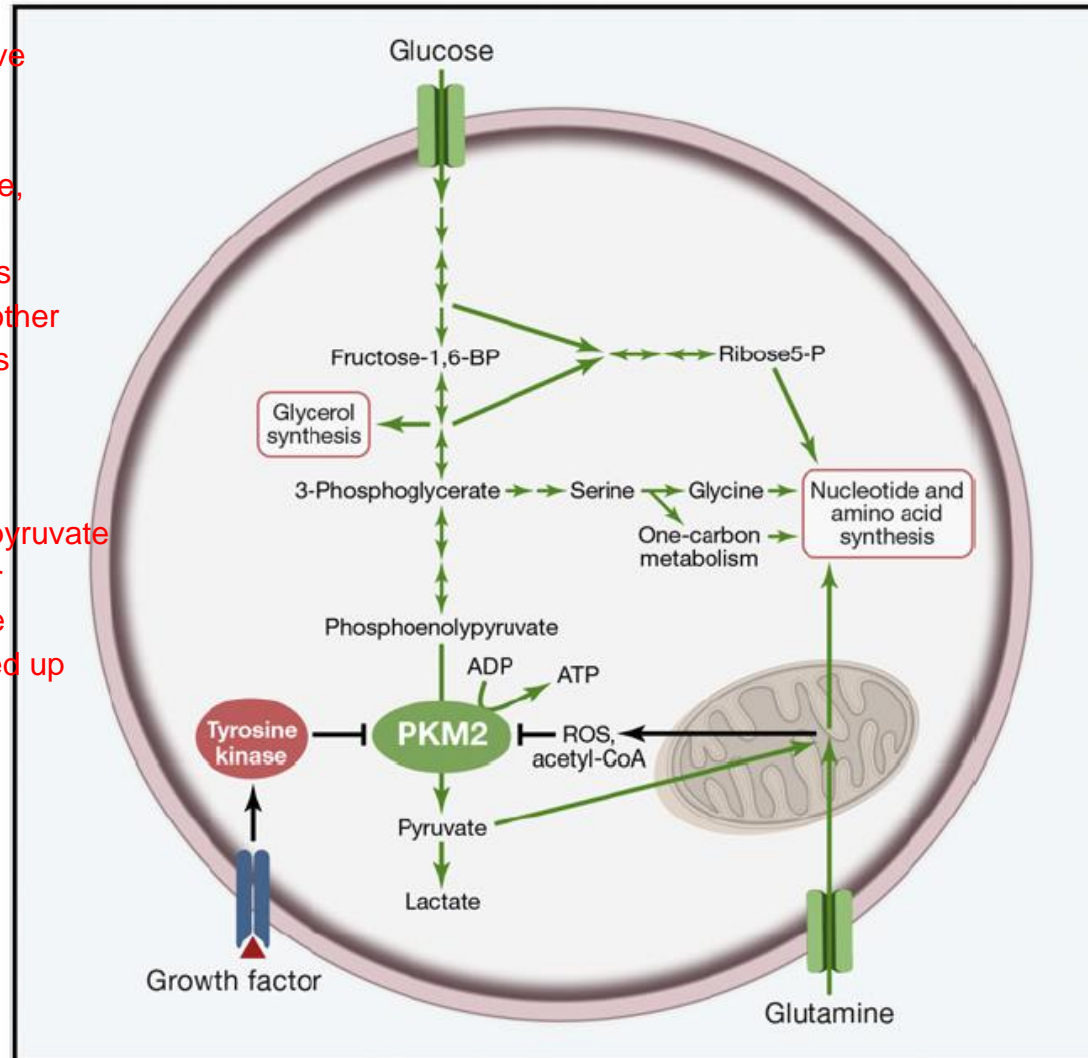
Pyruvate kinase M2 expression in proliferating cells facilitates macromolecular synthesis

the M1 isoform is more active than M2 isoform

because PKM2 is less active, there will be a build up of all the other intermediates which will simply flow in another pathway and other reactions will occur.

If PKM1 was active instead, we will get of course more pyruvate and lactate, but all the other pathways won't occur, since the building blocks are used up a lot faster

for cancer treatment: no inhibition of PKM2, but it depends what you want to reach in the end.



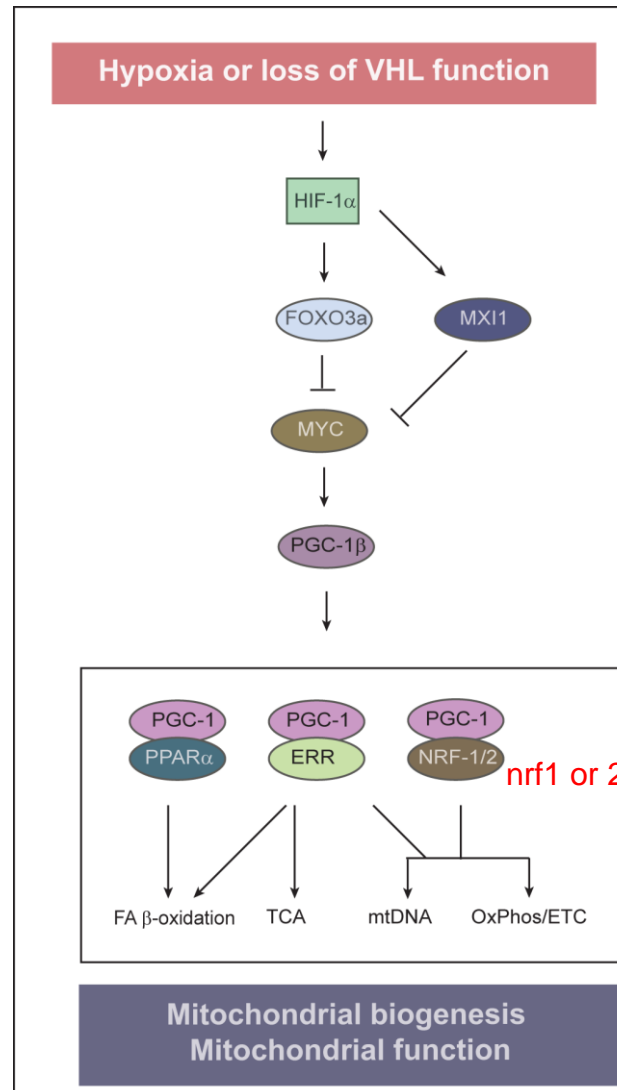
tetramere: high activity => more pyruvate and lactate

dimer: less activity => build up of intermediates => used for other pathways

It is a shifting situation with more or less active stages throughout time (oscillating)

for cancer treatment: look for activators, so there is no extreme build up. We prevent the anabolic pathway to occur, even if we produce more lactate. Of course, lactate can be used by other mutated tumor cells. difficult situation: => what do you want to kill? proliferating or aggressive cells?

Regulation of mitochondrial biogenesis and abundance by HIF- α



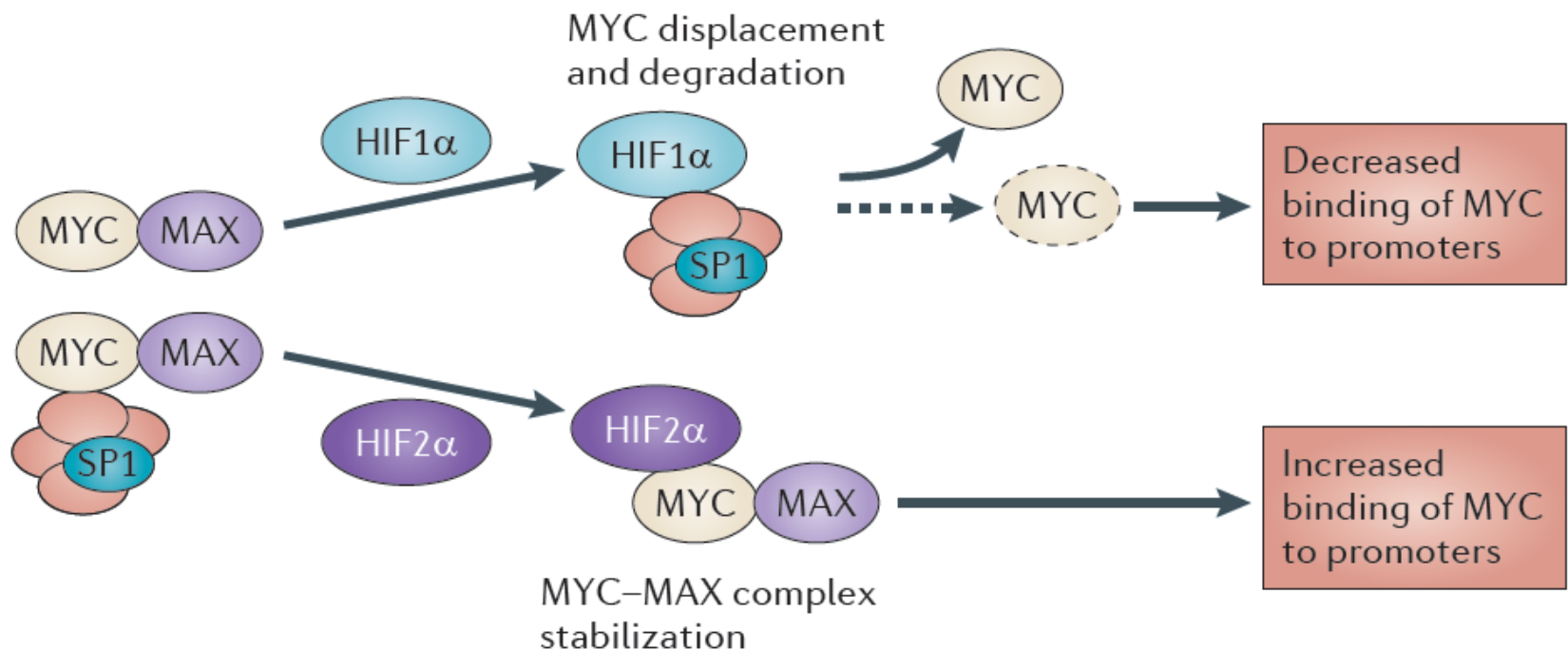
VHL: gene/protein: has tumor suppressing properties

nrf1 or 2 are different transcription factors

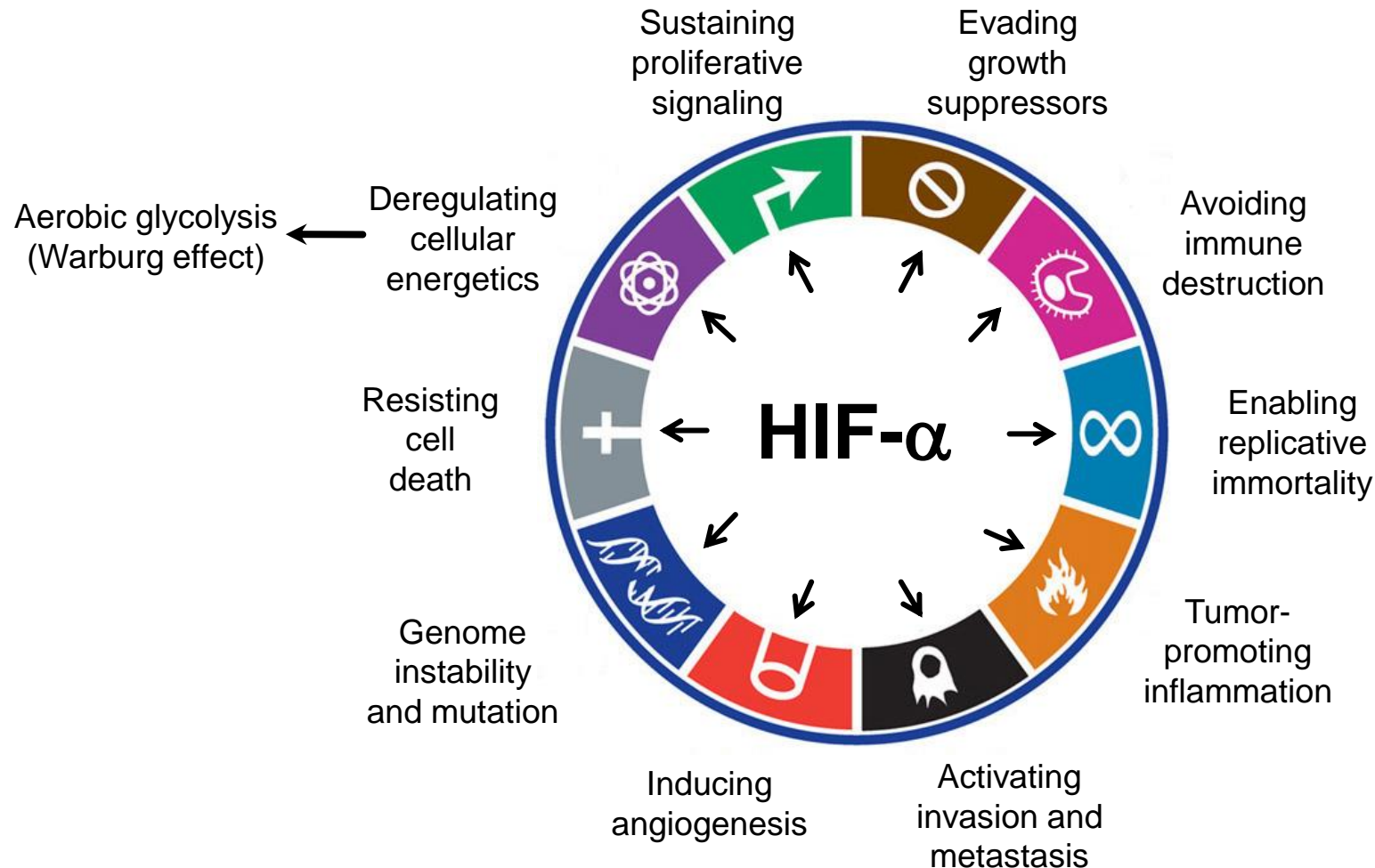
Distinct effects of HIF-1 α and HIF-2 α on MYC complex formation and promoter occupancy

MYC: transc. factor, upregulated in many cancer cells.

HIF-1a and MYC promote cancer proliferation and growth, but HIF-1a downregulates MYC which is somewhat strange

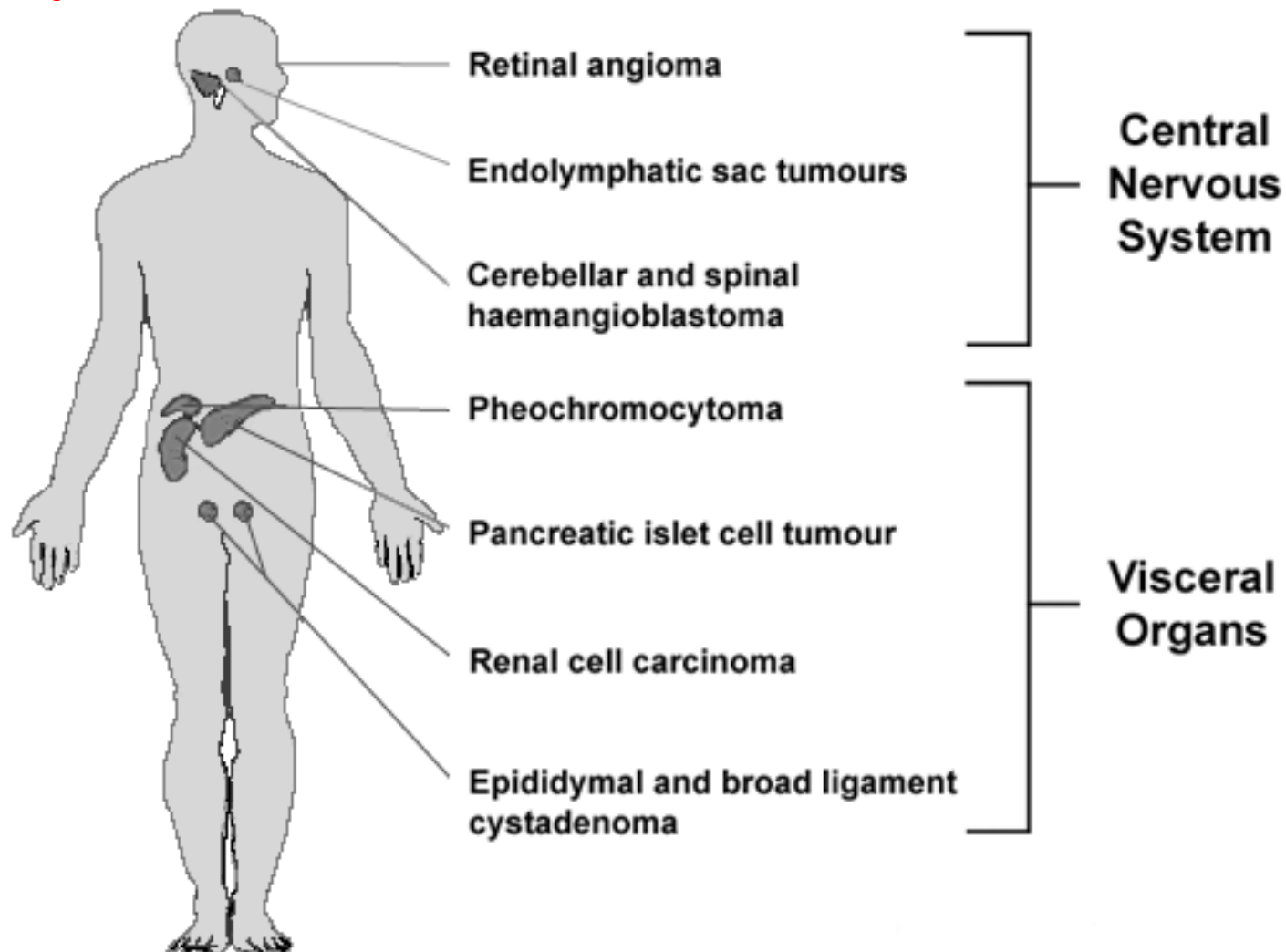


HIF signaling supports all hallmarks of cancer



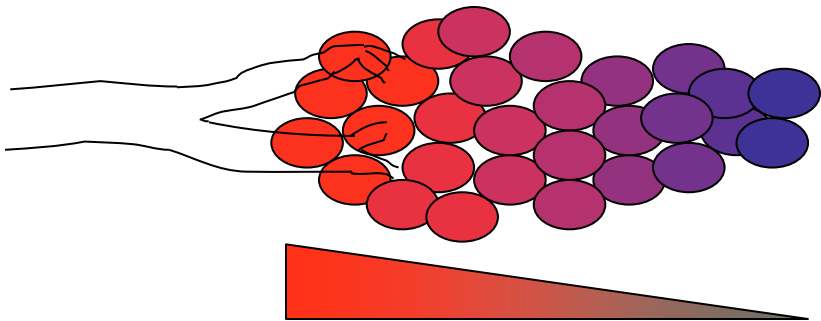
Oxygen homeostasis and cancer: insights from a rare disease, the von Hippel-Lindau (VHL) disease

VHL protein downregulates
HIF-1a



Activation of HIF during tumor growth

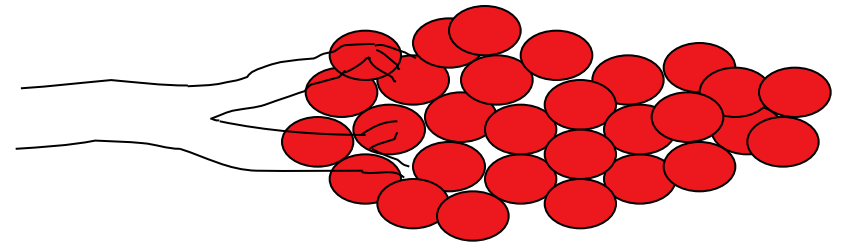
Solid tumors



oxygen concentration

HIF activity

VHL-associated disease

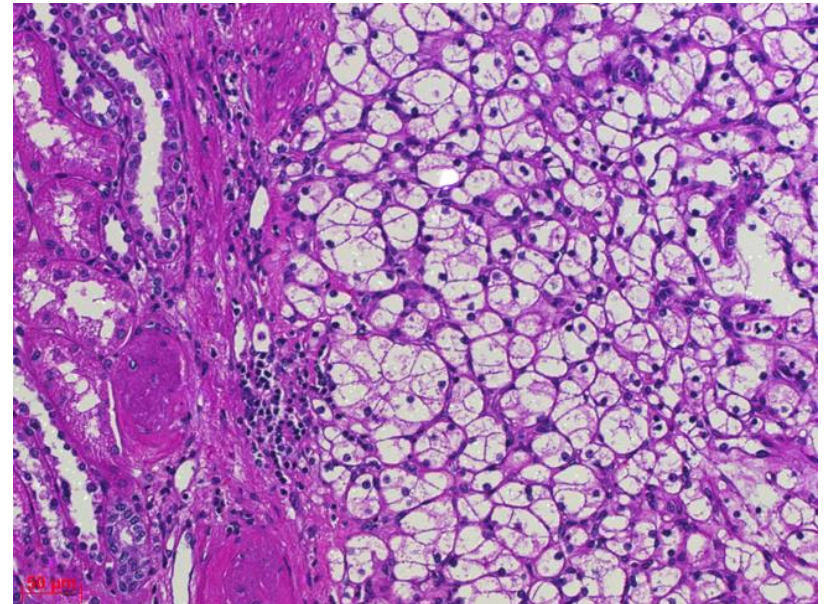
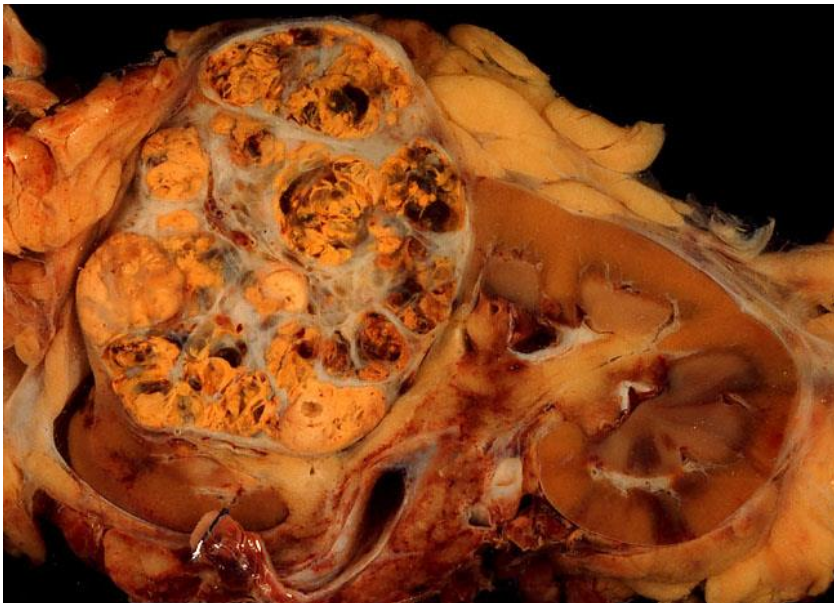


HIF activity

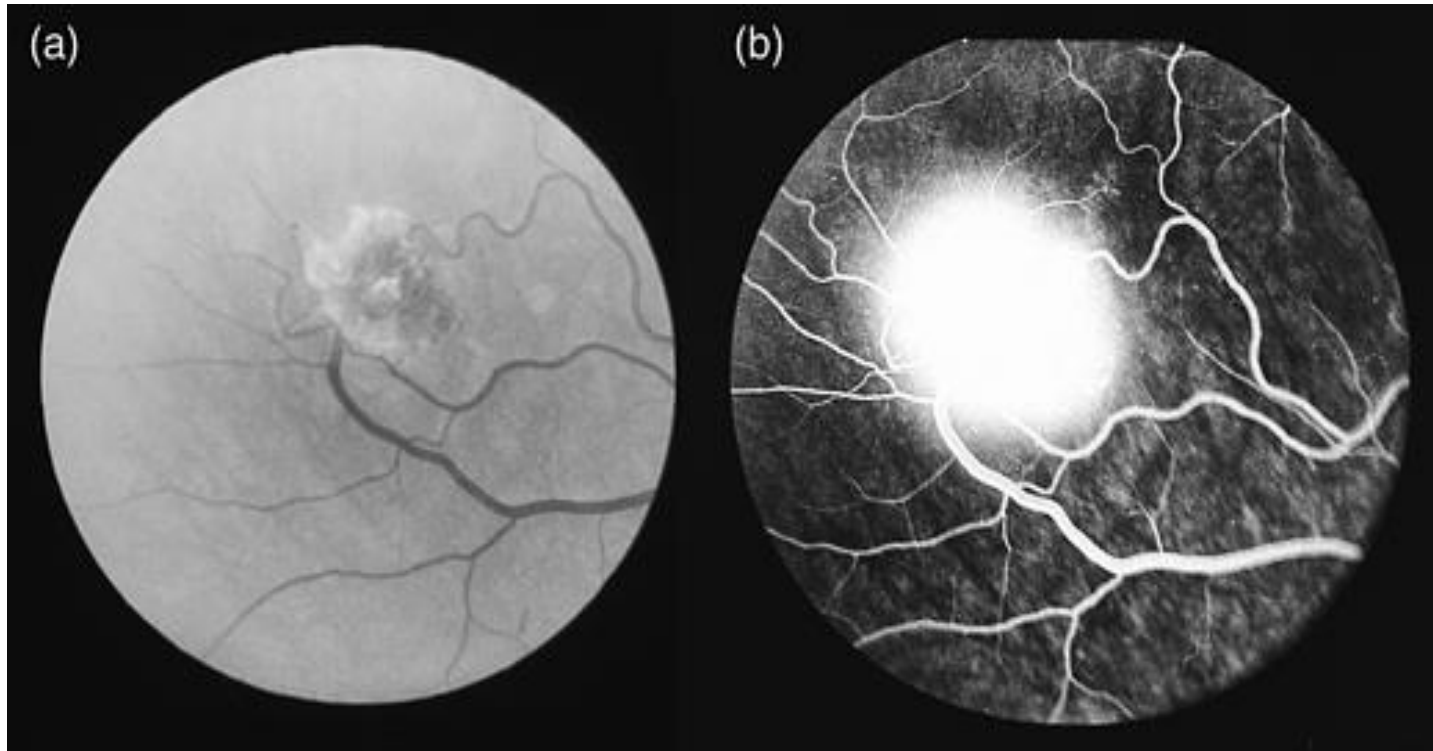
Adaptive responses

**Metabolism, proliferation, differentiation, survival,
apoptosis, angiogenesis, invasion, metastasis**

Lipid accumulation in clear cell renal cell carcinoma: a common feature of the VHL cancer syndrome



Retinal haemangioblastoma in von Hippel-Lindau disease

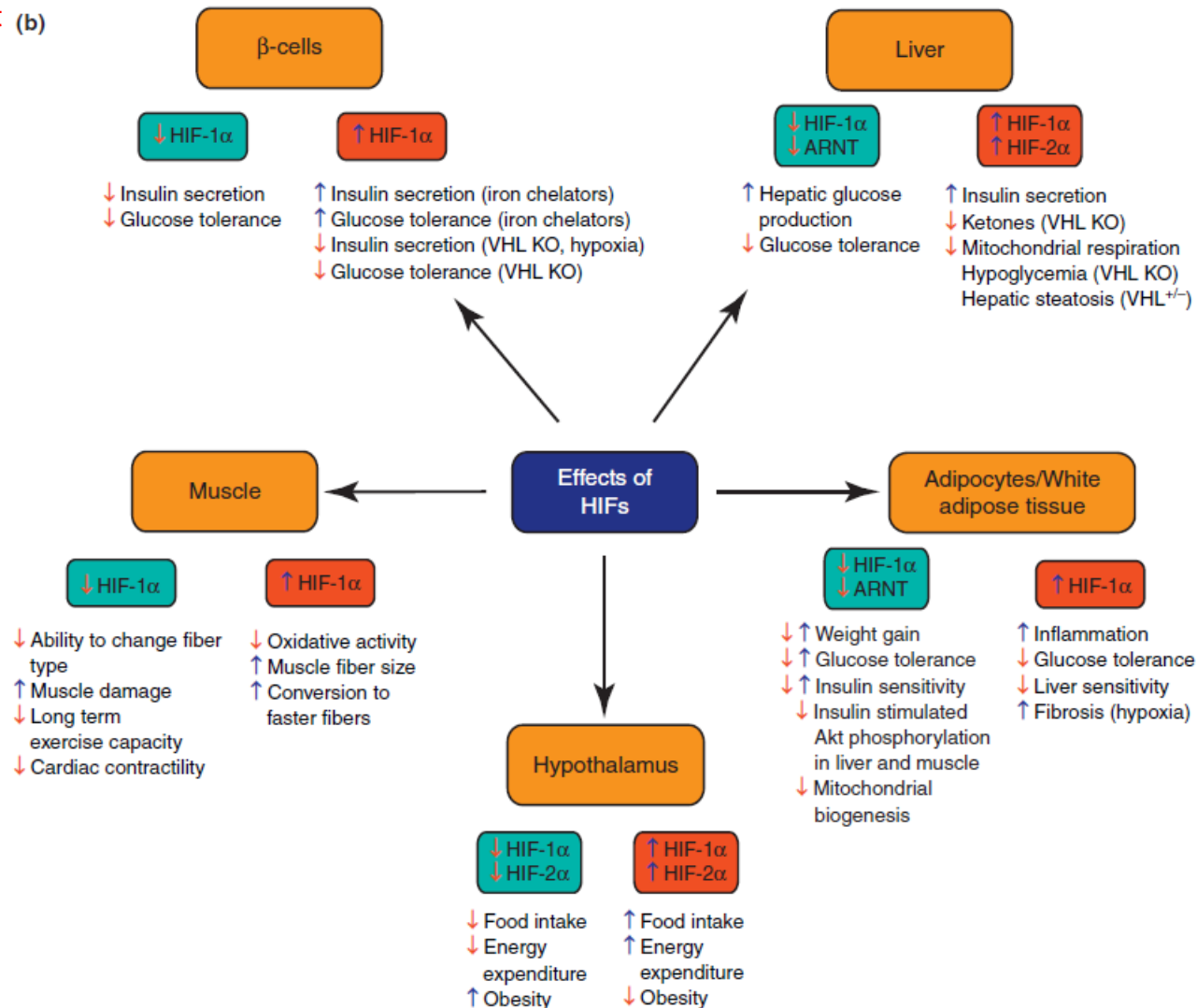


**Vascular tumor - a mass of
tortuous blood vessels**

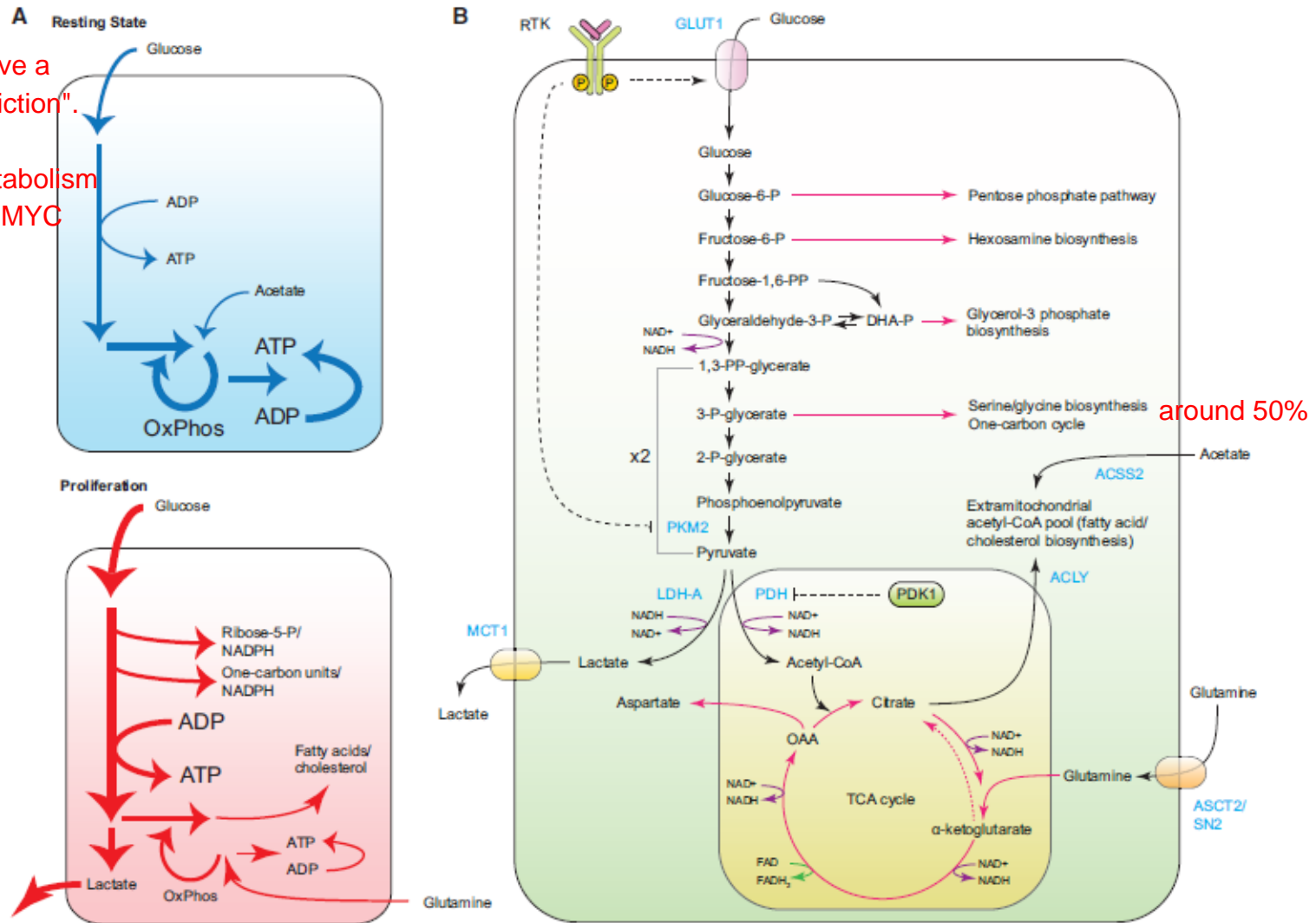
**Fluorescein dye identifies
blood vessels**

Links between HIFs, type 2 diabetes, and metabolic syndrome

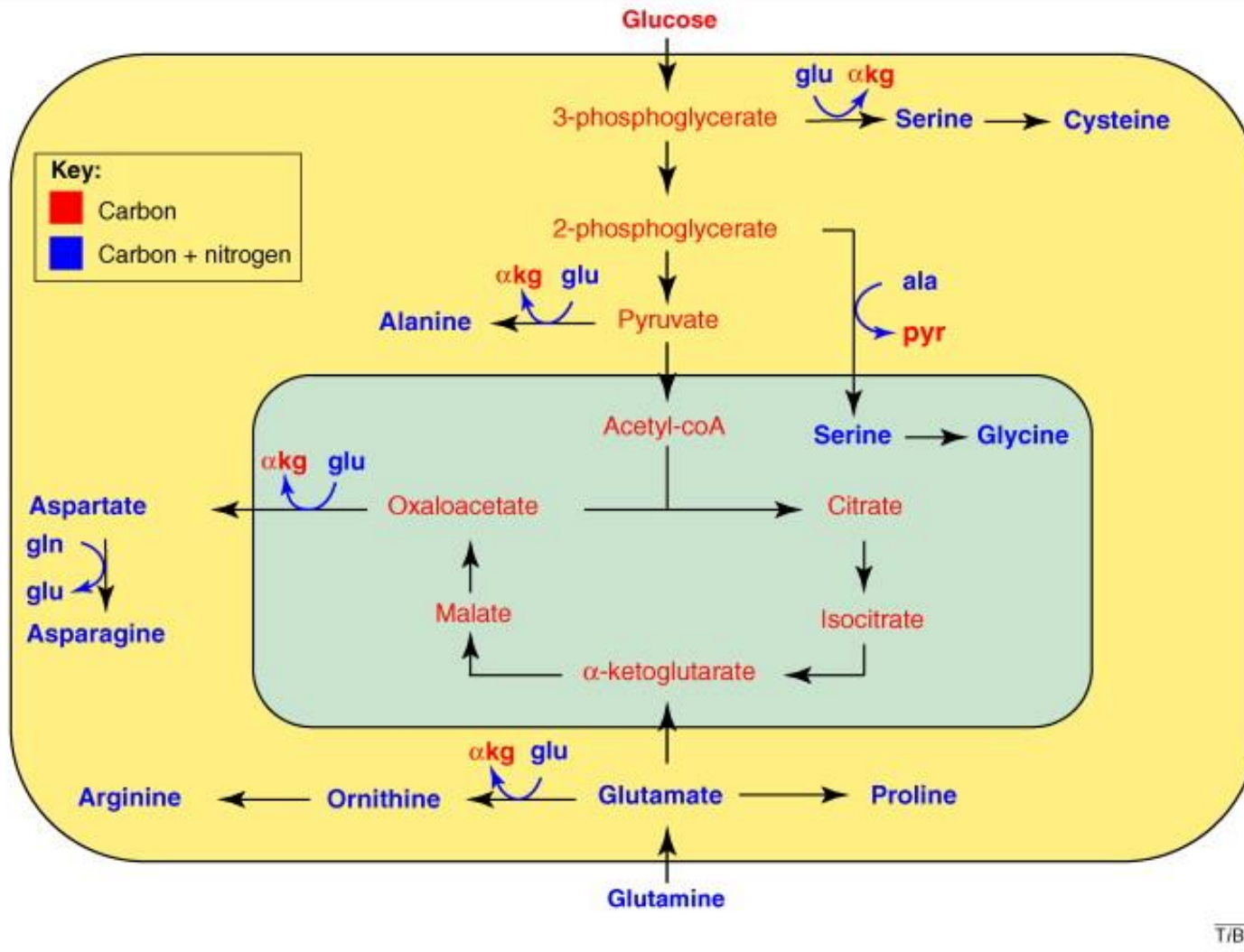
nice to learn by heart (b)



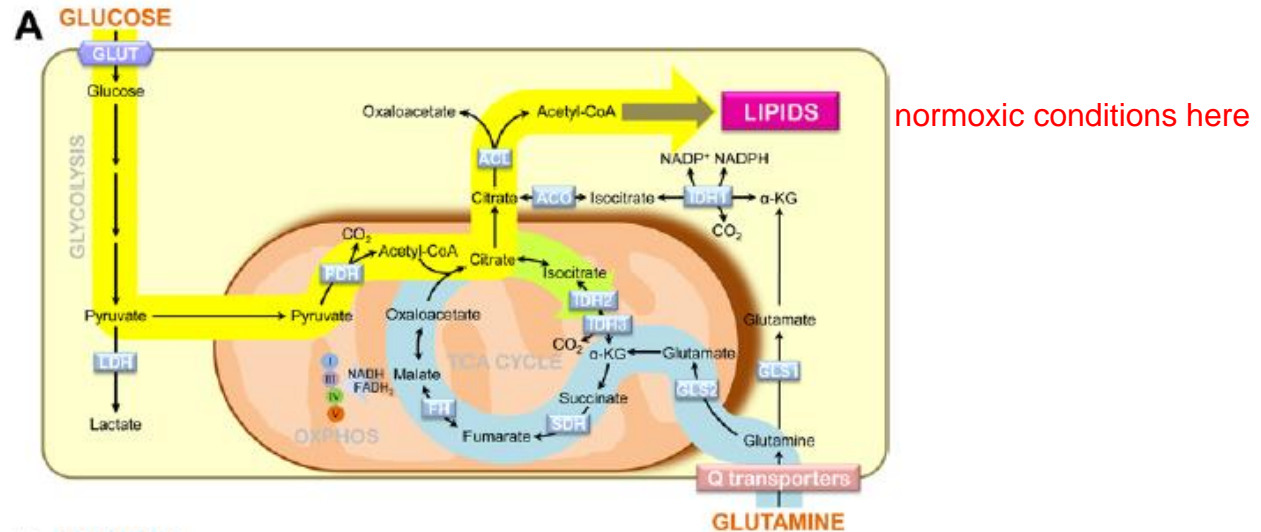
Use of glycolysis/TCA cycle intermediates for biosynthesis and NADH production



Glucose and glutamine: sources for carbon and nitrogen

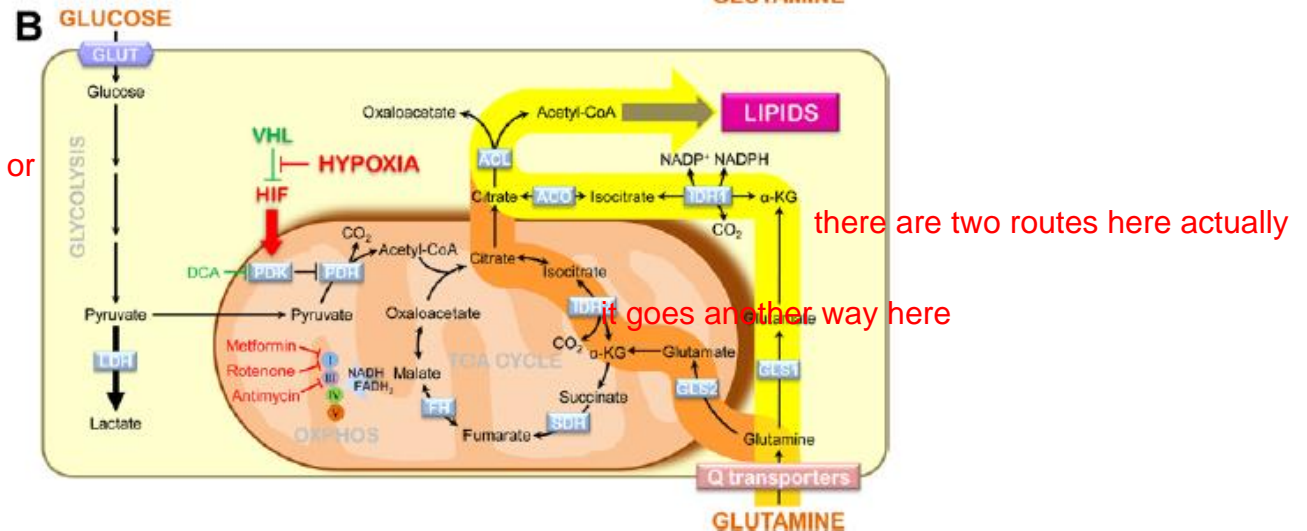


A metabolic switch in carbon source for lipid synthesis



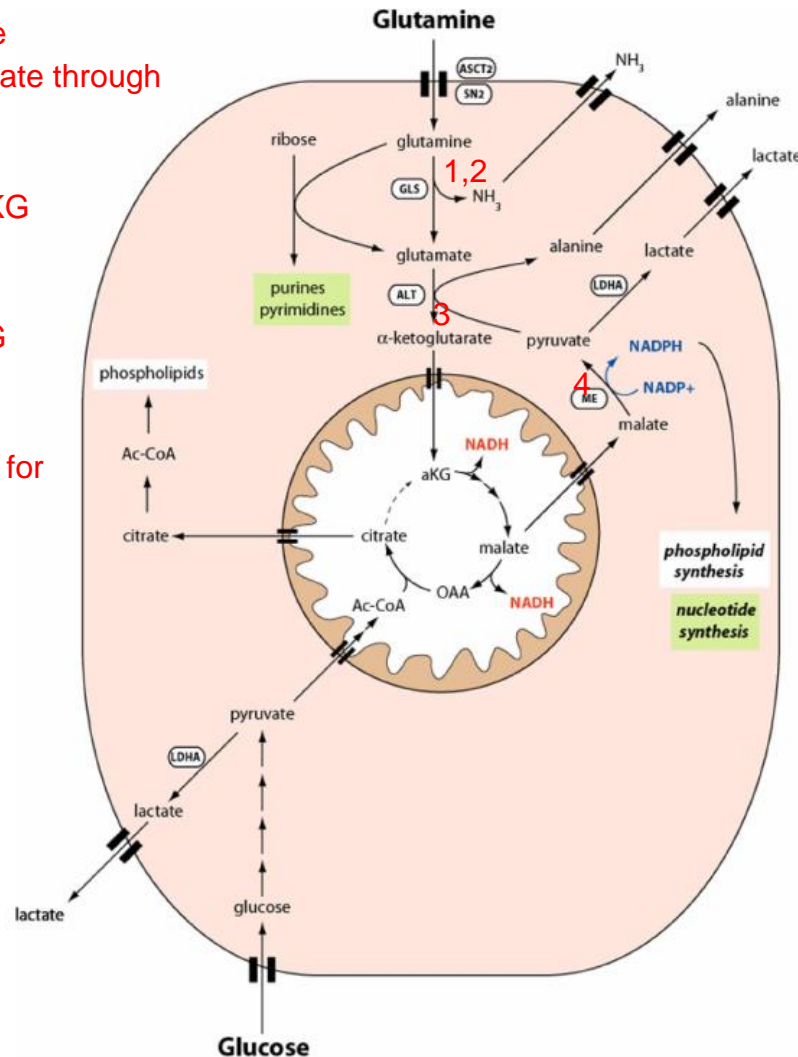
glutamine is the most abundant amino acid in the blood.

if you degrade the glutamine milieu, the cells do not proliferate or grow as efficiently as one would expect it.

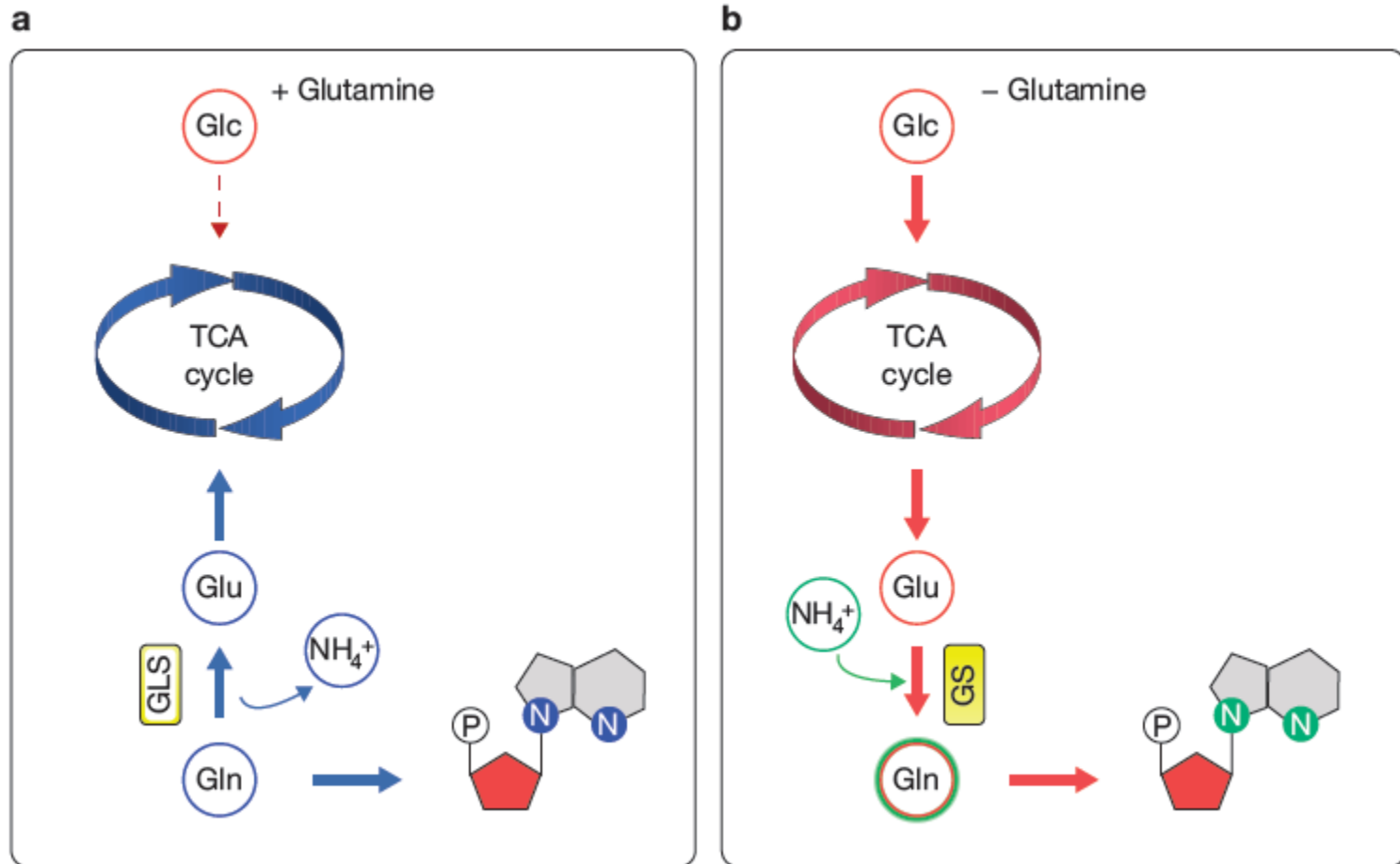


Glutaminolysis leads to the generation of NADPH

- 1) deamidation of glutamine to glutamate
 - 2) transamination of glutamine to glutamate through enzymes of nucleotide biosynthesis
 - 3) transamination of glutamate to α -KG via alanine aminotransferase
 - 4) mitochondrial metabolism of α -KG to malate and the oxidation of malate to pyruvate via malic enzyme (= ME)
- This generates NADPH which is needed for anabolic reactions

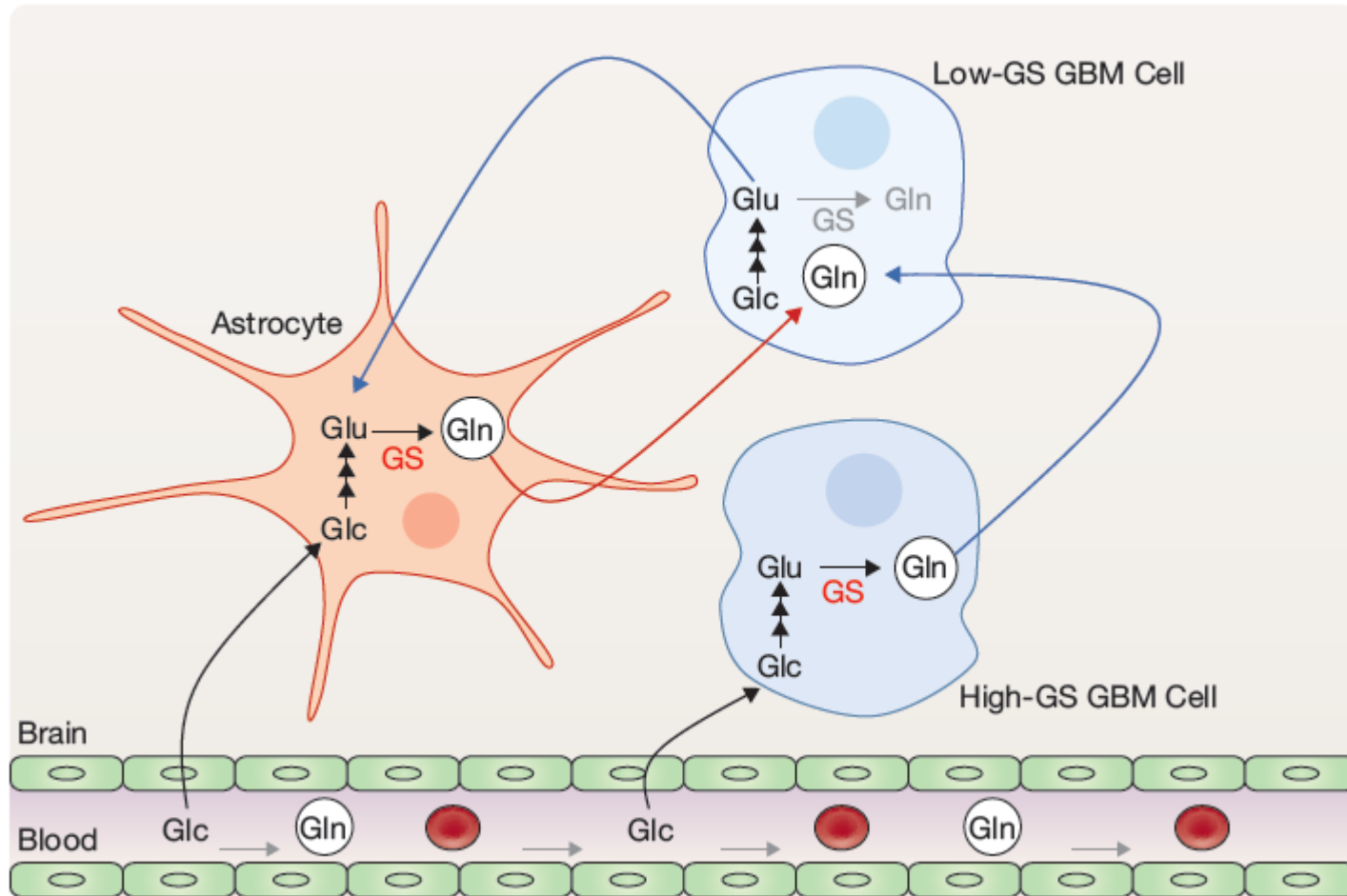


Glioblastoma proliferation under glutamine deprivation depends on glutamate-derived glutamine synthesis through glutamine synthetase

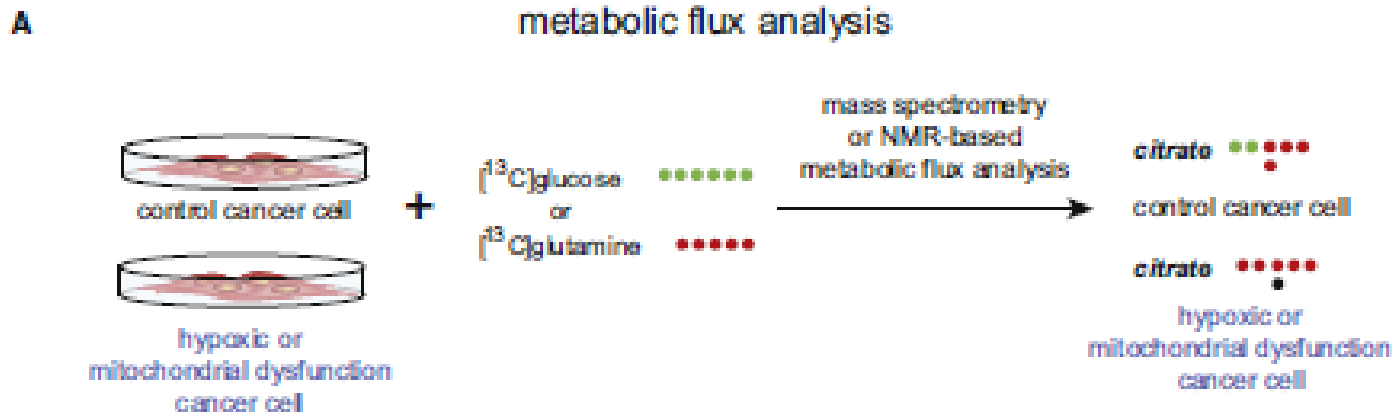


Glc, glucose
 Gln, glutamine
 Glu, glutamate
 GS, glutamine synthetase
 GLS, glutaminase

Glutamine synthetase activity within the tumor microenvironment fulfills glioblastoma glutamine requirements



Metabolic flux analysis reveals dysregulated cancer cell metabolism under hypoxia or mitochondrial dysfunction



how is a metabolix flux exp. performed?

use radioactive substances (stable isotopes for labelling). one can figure out from where citrate came from, since glucose and glutamine are labelled with ^{13}C

Metabolic flux analysis reveals dysregulated cancer cell metabolism under hypoxia or mitochondrial dysfunction

this slide is somewhat a summary of this pdf

