

# Concept course „Cell Biology“: 551-0326-00L

Spring semester 2017

## Lipid metabolism: Part II

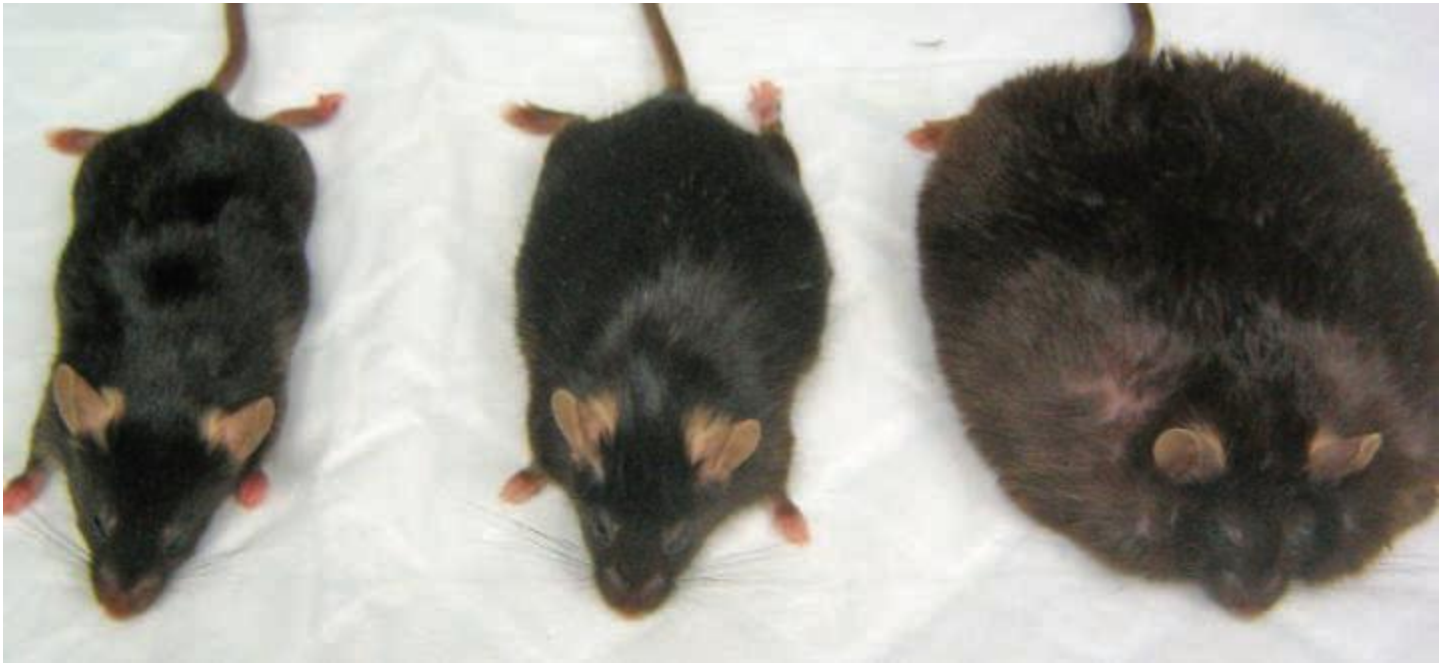
- I. Metabolic dysfunction and hepatic steatosis
- II. The lipogenic phenotype in cancer pathogenesis



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Wild-type

Perilipin knockout

ob/ob

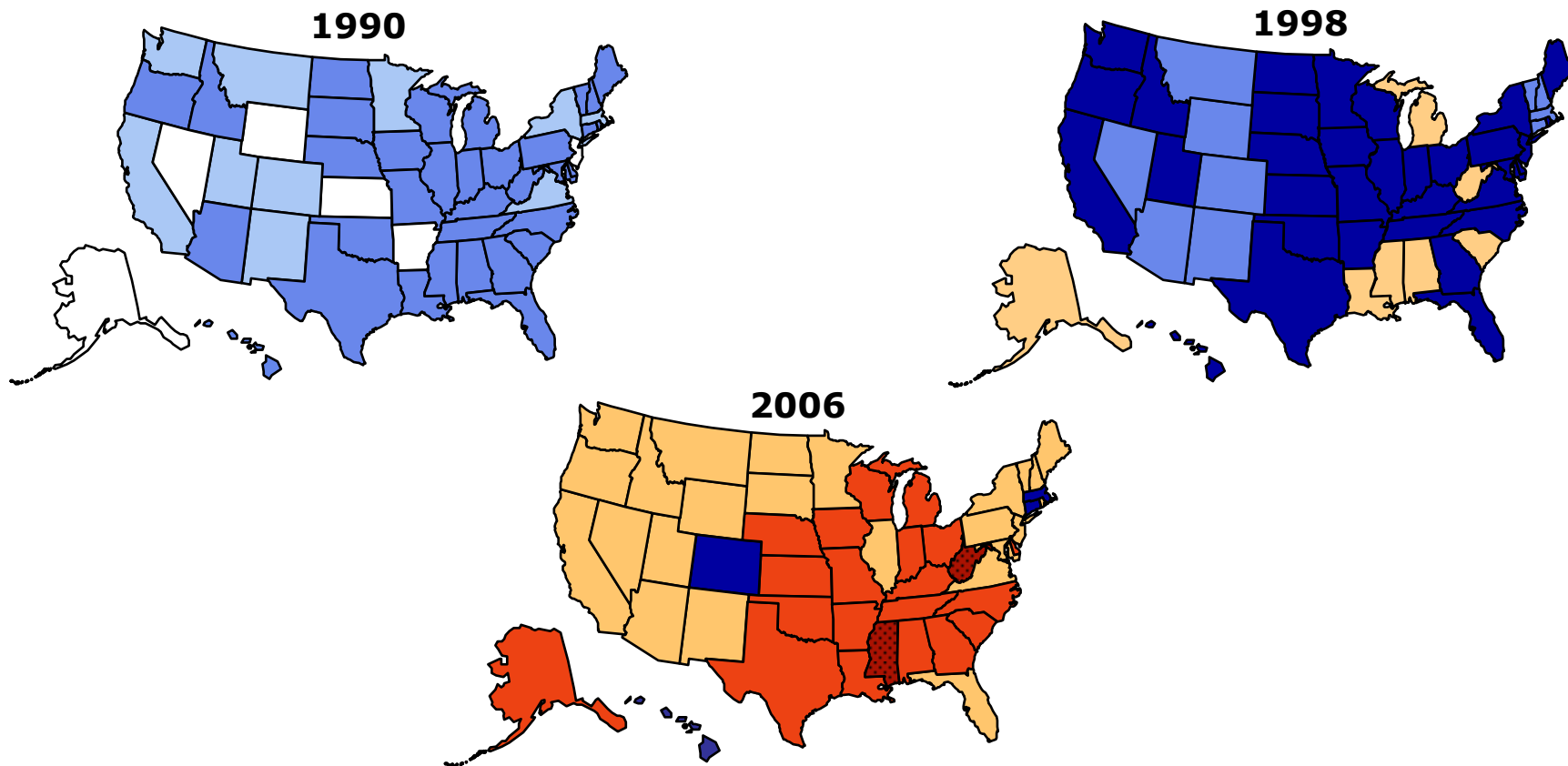
# Obesity

- Obesity: Having a very high amount of body fat in relation to lean body mass, or Body Mass Index (BMI) of 30 or higher.
- Body Mass Index (BMI): a measure of an adult's weight in relation to his or her weight, specifically the adult's weight in kilograms divided by the square of his or her height in meters. BMI is used to assess the extent of general obesity.
- Waist-to-hip-ratio (WHR): parameter for central obesity (apple-shaped or pear-shaped obesity)
- Obesity is a complex trait, driven by the interaction between genetic and environmental factors.

# Obesity Trends\* Among U.S. Adults

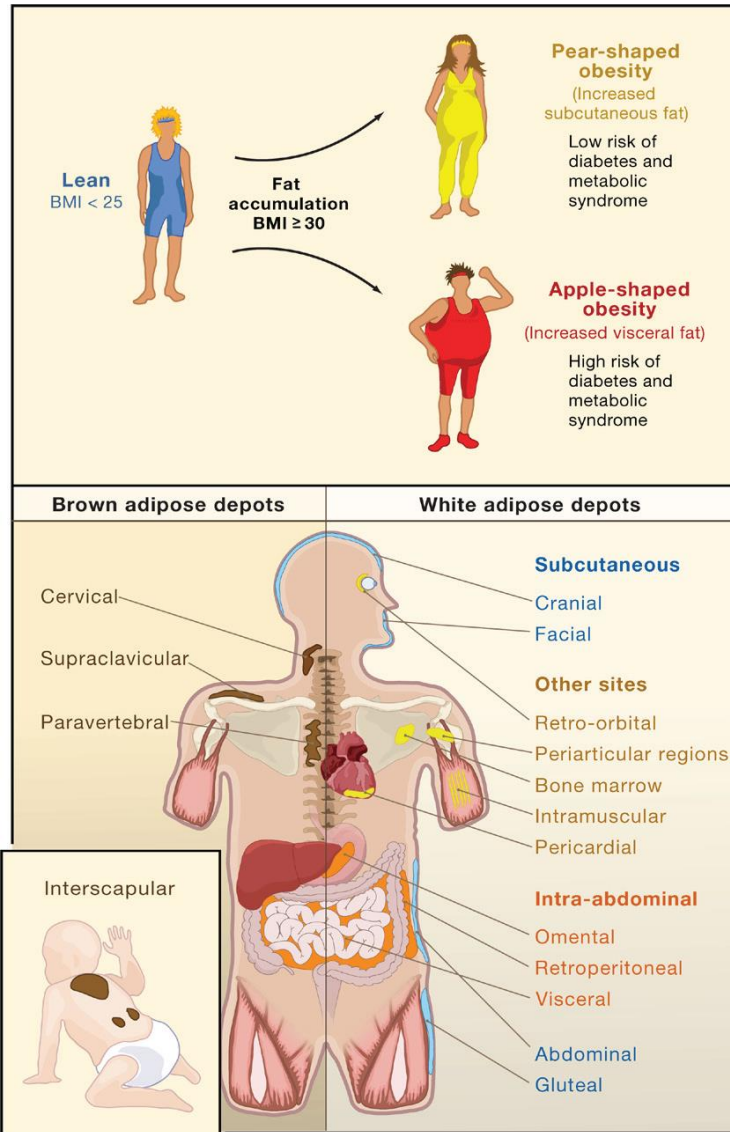
## BRFSS, 1990, 1998, 2006

(\*BMI  $\geq 30$ , or about 30 lbs. overweight for 5'4" person)



# Fat distribution influences risks associated with obesity in humans

normal BMI  
normal WHR



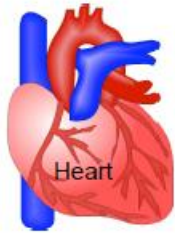
high BMI  
low WHR

high BMI  
high WHR

# Lipid and glucose homeostasis under different physiologic conditions

## Satiety, Resting

Insulin



FFA  $\beta$  oxidation  
FFA synthesis  
Glycolysis



FFA  $\beta$  oxidation  
FFA synthesis  
Glycolysis  
Glycogen synthesis  
Glycogenolysis



Lipolysis  
TAG synthesis  
FFA synthesis  
Glycolysis



TAG synthesis  
FFA synthesis  
FFA  $\beta$  oxidation  
Keton body formation  
Glycolysis  
Gluconeogenesis  
Glycogen synthesis  
Glycogenolysis

## Starvation, Exercise, Fight and Flight

Glucagon and/or Adrenalin



FFA  $\beta$  oxidation  
FFA synthesis  
Glycolysis



FFA  $\beta$  oxidation  
FFA synthesis  
Glycolysis  
Glycogen synthesis  
Glycogenolysis



Lipolysis  
TAG synthesis  
FFA synthesis  
Glycolysis



TAG synthesis  
FFA synthesis  
FFA  $\beta$  oxidation  
Keton body formation  
Glycolysis  
Gluconeogenesis  
Glycogen synthesis  
Glycogenolysis



# Model of lipid flux through the liver

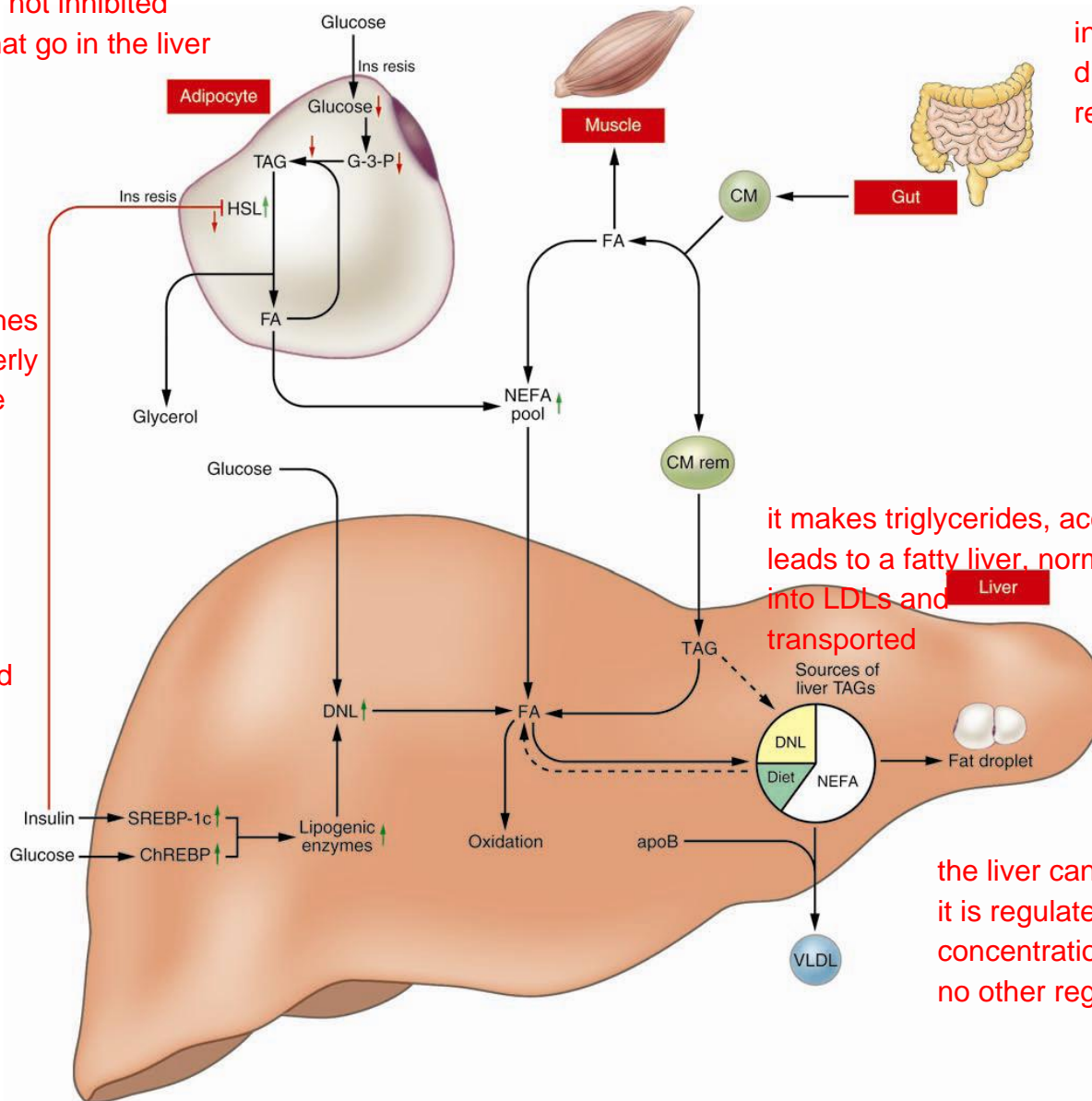
insulin resistance: HSL not inhibited  
increased fatty acids that go in the liver

increase of lipid synthesis:  
diet, in novo synthesis,  
resistance to insulin

if some of these branches  
are not regulated properly  
you start to accumulate  
lipids

20% comes from lipid  
synthesis

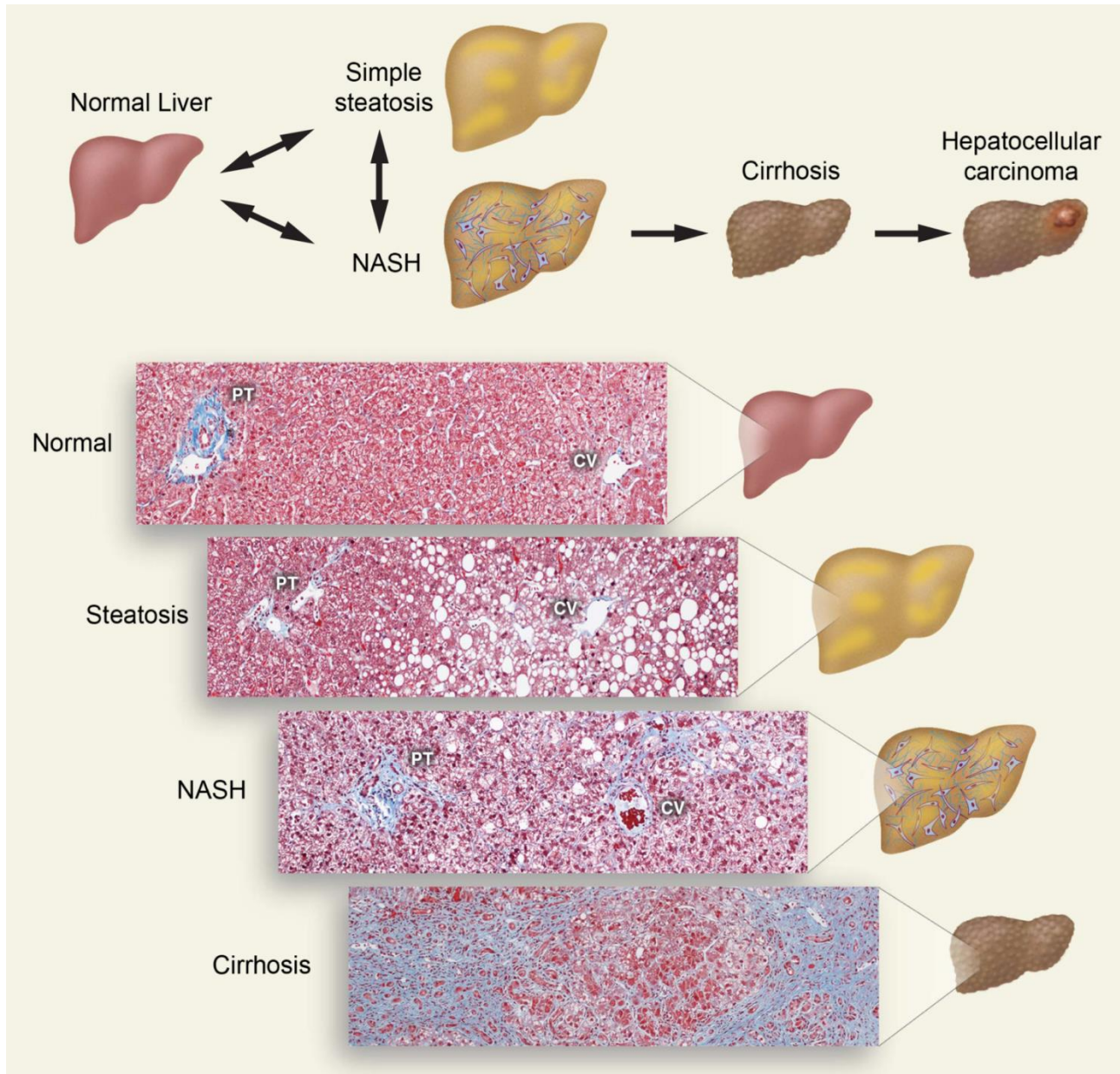
fasting -> very little lipid  
synthesis



it makes triglycerides, accumulation of them  
leads to a fatty liver, normally, trigly. are packed  
into LDLs and transported

the liver can synthesize fatty acids,  
it is regulated by glucose  
concentrations and ... (maybe there is  
no other regulator, not quite sure)

# The disease spectrum of nonalcoholic fatty liver disease

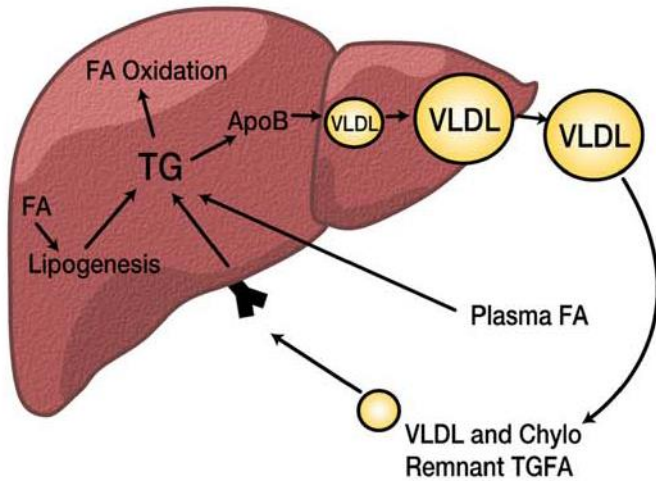




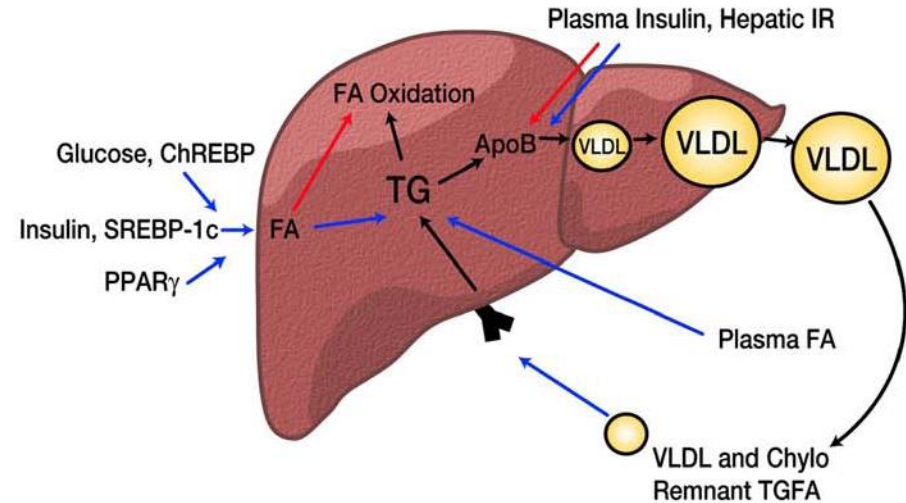
# Hepatic lipid metabolism in steatosis and steatohepatitis

this slide shows more or less the same as the previous slide and it is like a summary

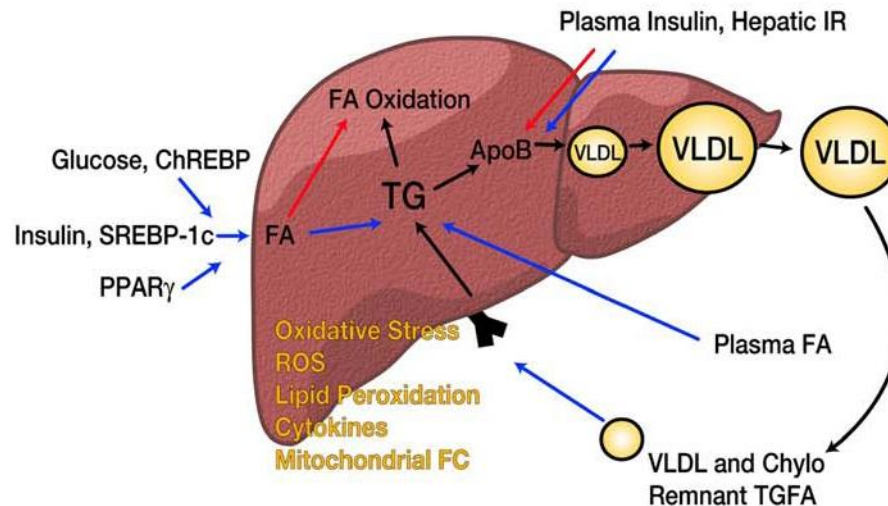
## A Forces regulating hepatic lipid homeostasis



## B Dysregulation of hepatic lipid homeostasis leading to steatosis

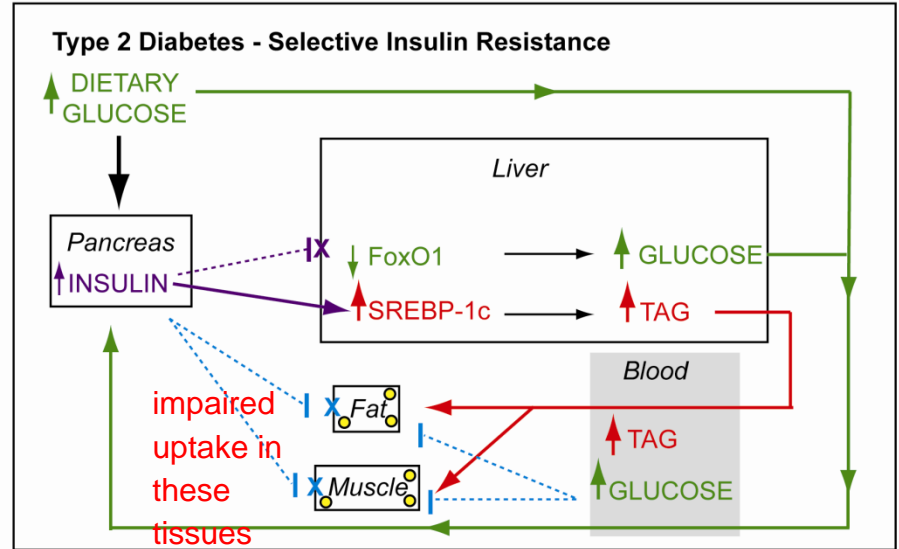
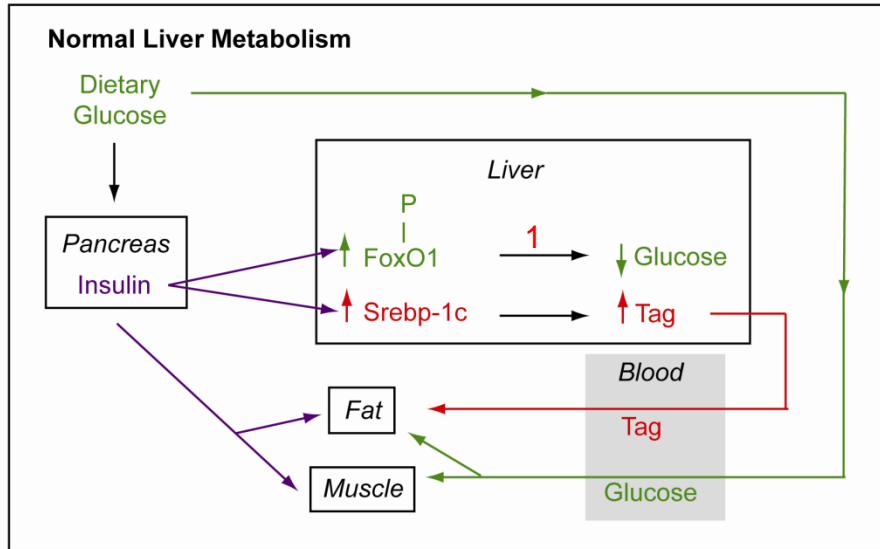


## C Dysregulation of hepatic lipid homeostasis leading to steatohepatitis



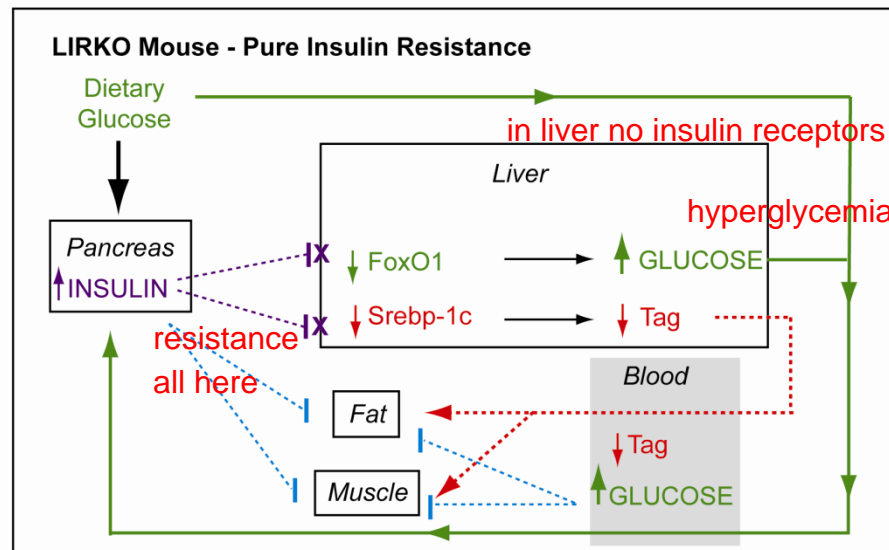
# Selective insulin resistance in the liver produces a more severe metabolic defect than total insulin resistance

insulin is important for the glucose uptake out of blood



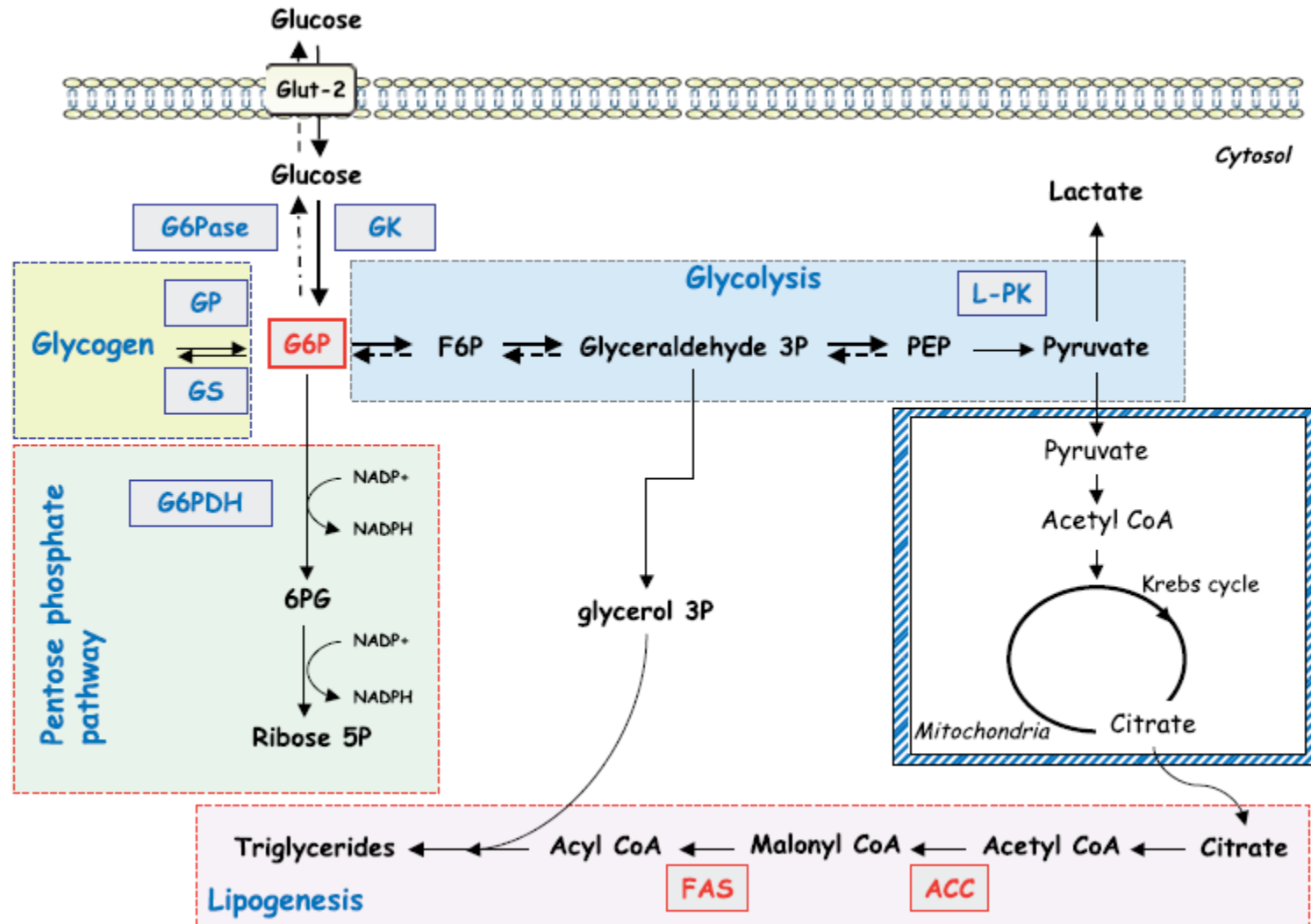
1: shuts down a pathway and gluconeogenesis is inhibited

pure insulin resistance mice don't have coronary heart disease



# Metabolic pathways leading to the synthesis of triglycerides in the liver

a summary for the pathways



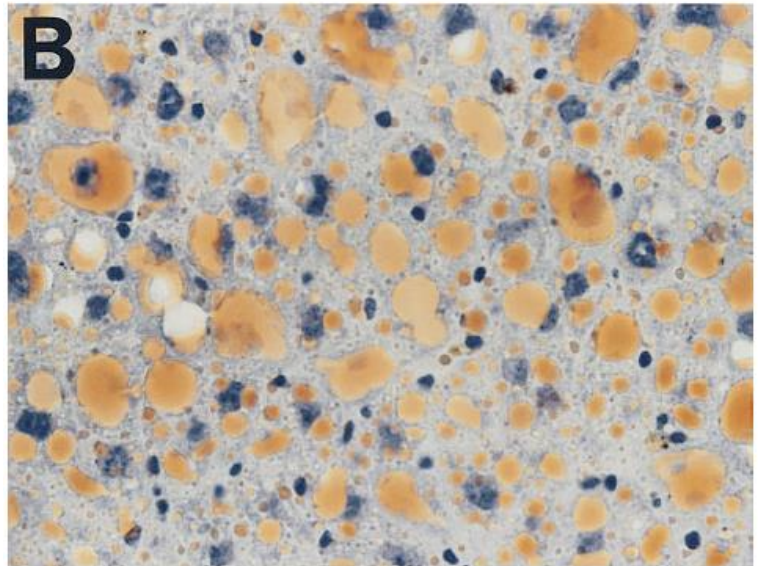
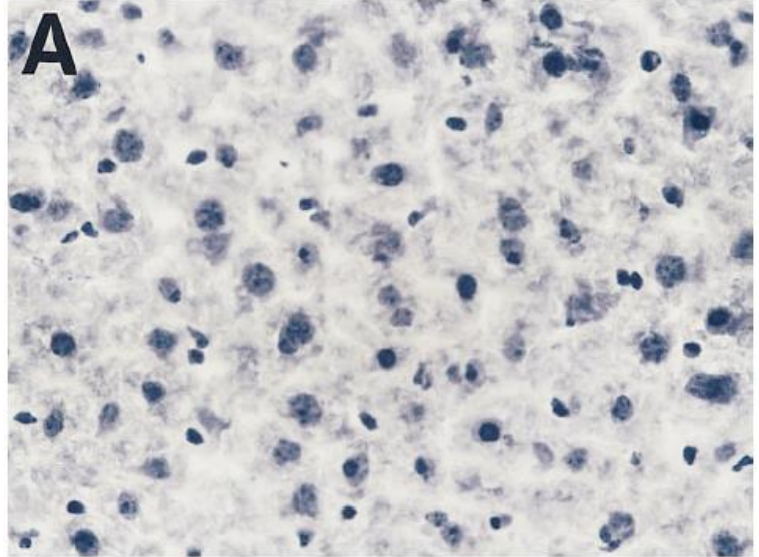
increase glucose means increased glycolysis - so also glucose levels influence the pathway

# Transgenic mice expressing truncated SREBP-1a

Wild-type

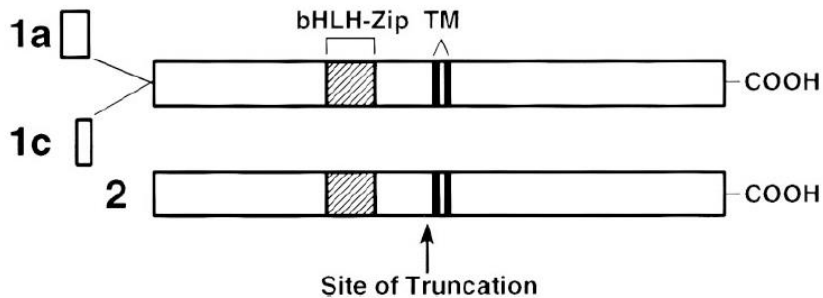
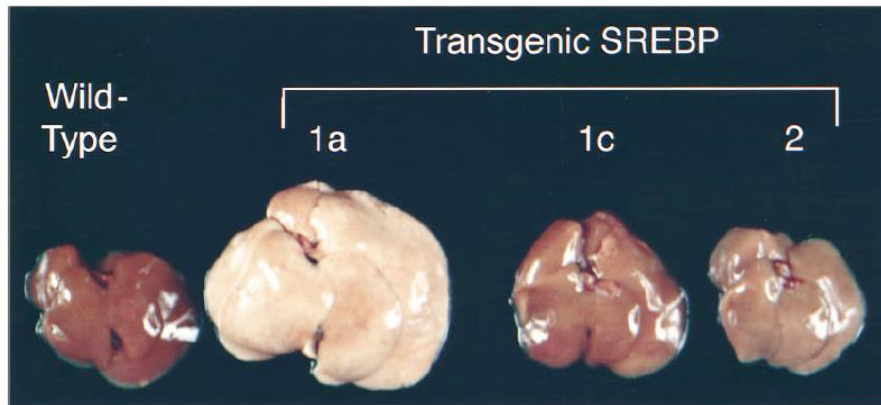


Transgenic  
SREBP-1a 460

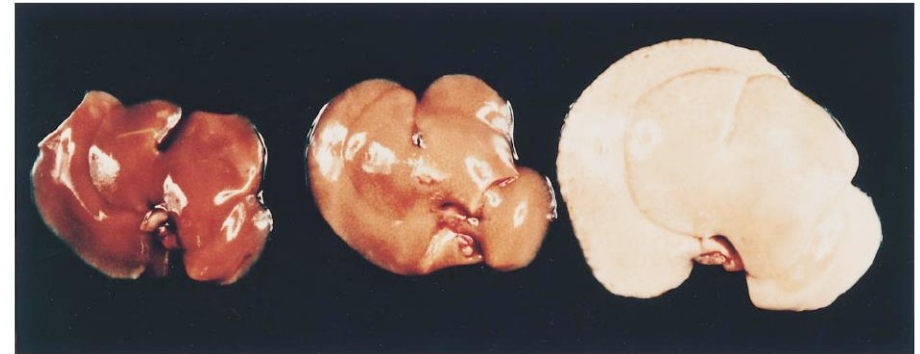




# Livers from wild-type and transgenic mice expressing truncated dominant-positive SREBP-1a, -1c, and -2



Horton et al., J. Clin. Invest. (1998)



Wild-type

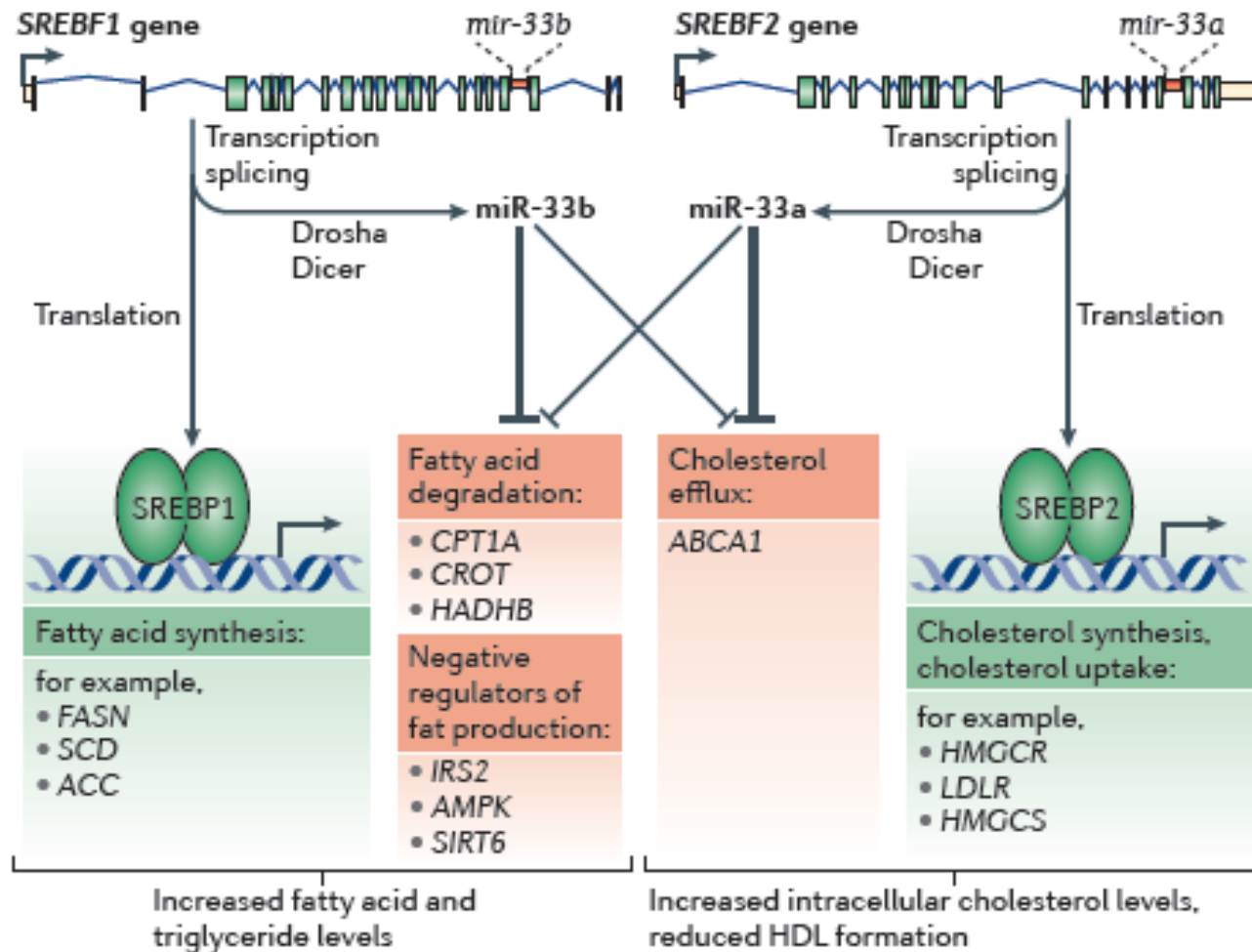
Transgenic  
SREBP-1c436

Transgenic  
SREBP-1a460

Shimano et al., J. Clin. Invest. (1997)



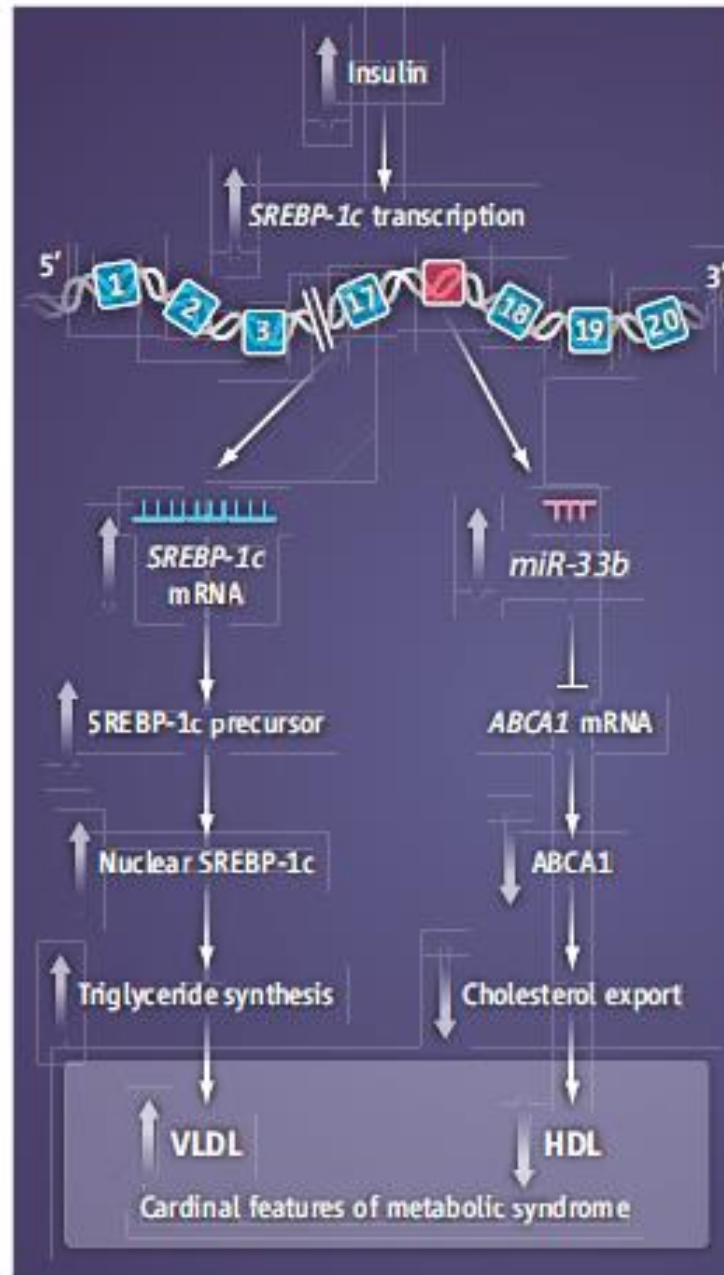
# Model of the SREBP and miR-33 circuit



a situation in humans

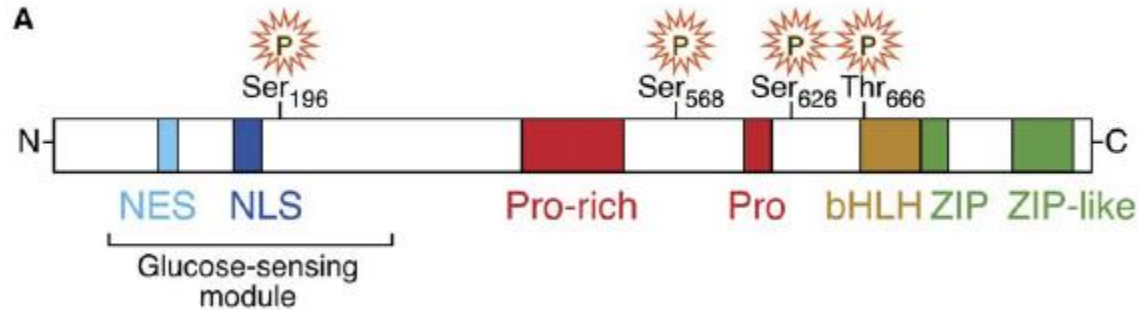
again, mice are not a good model system for lipid studies, because one needs to make quite some mutations due to the absence of miR-33b in the Srebp-1 gene of rat or mouse.

Also they have other concentrations of lipid packages (LDL/HDL)



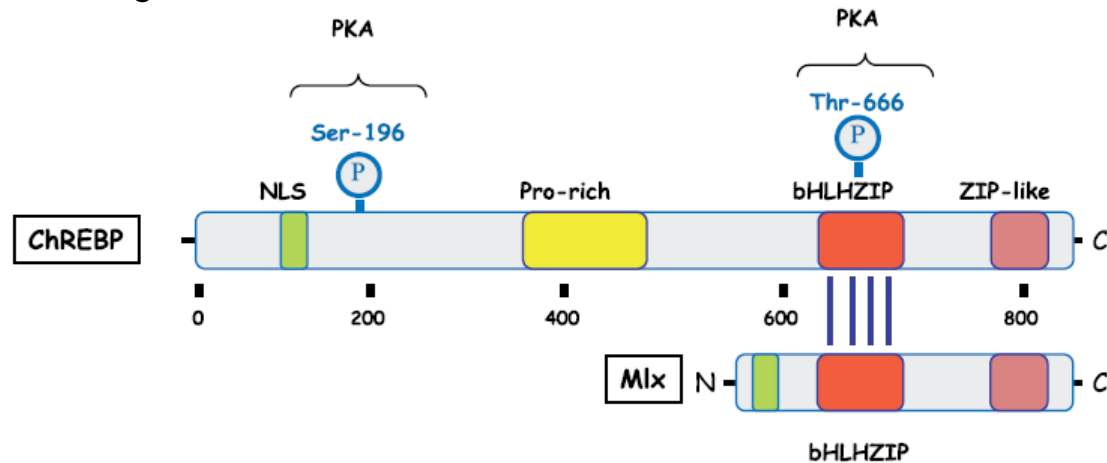
for exam:  
know really well why mice are not a good model system, since it might be a question

# ChREBP and Mlx protein structures

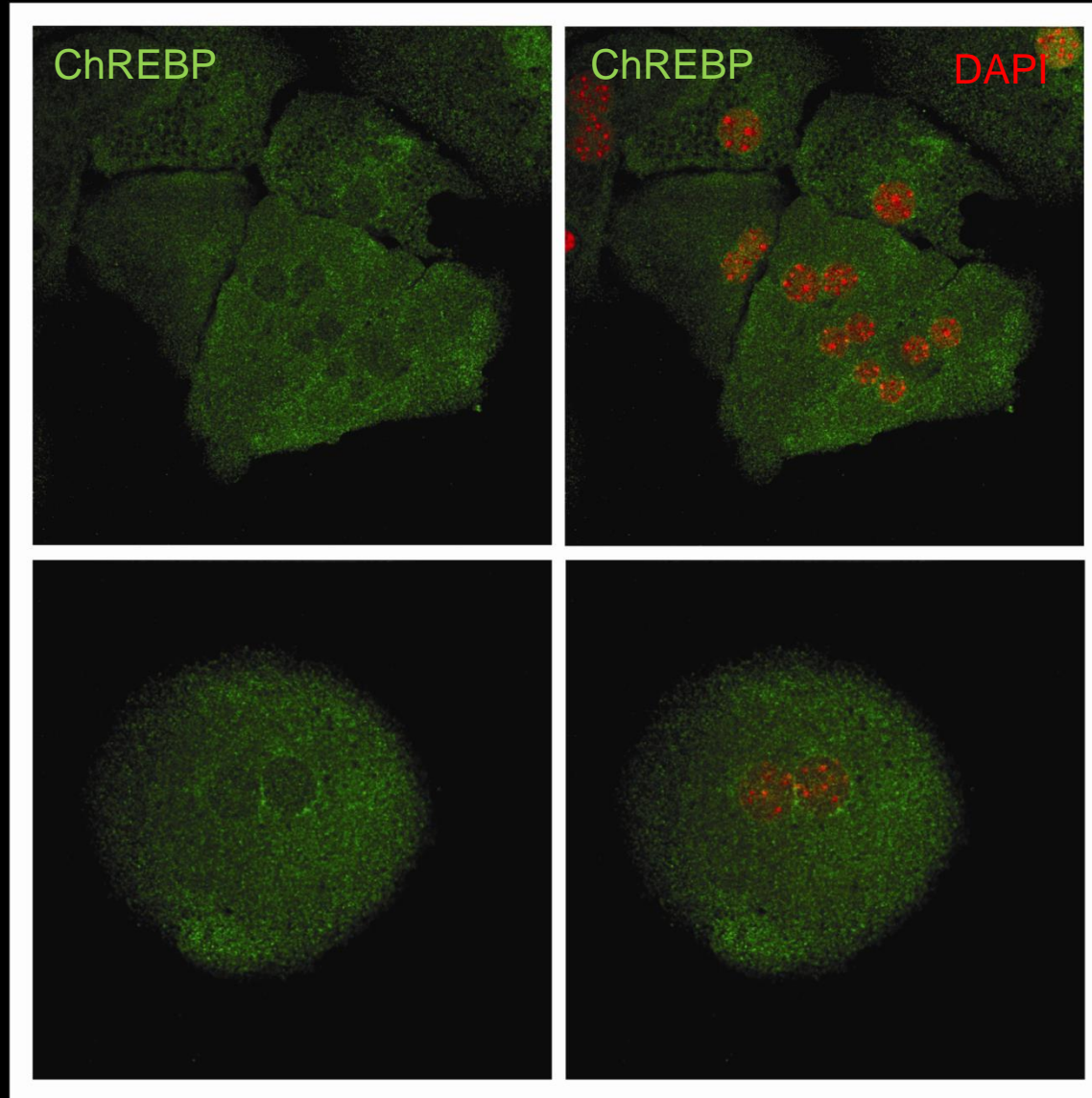


**NES:** nuclear export signal

**NLS:** nuclear localization signal



# ChREBP localization in glucose-starved mouse hepatocytes



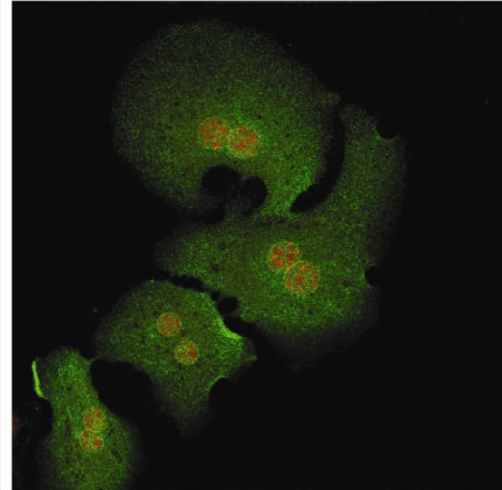
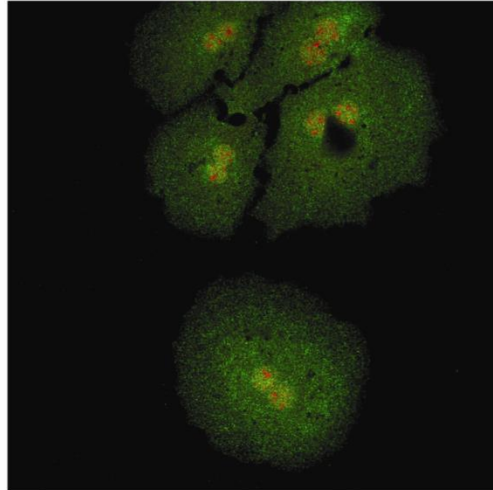
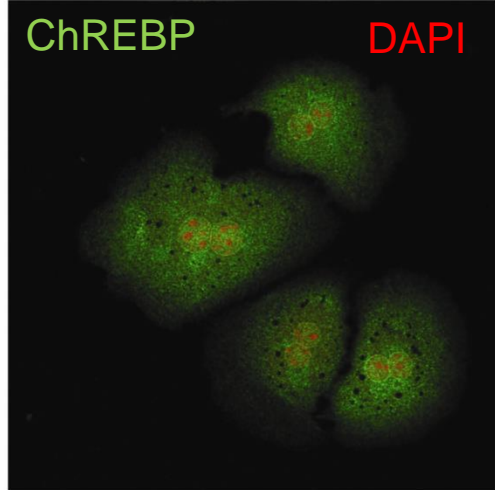
# ChREBP localization under low and high glucose concentrations

3 h

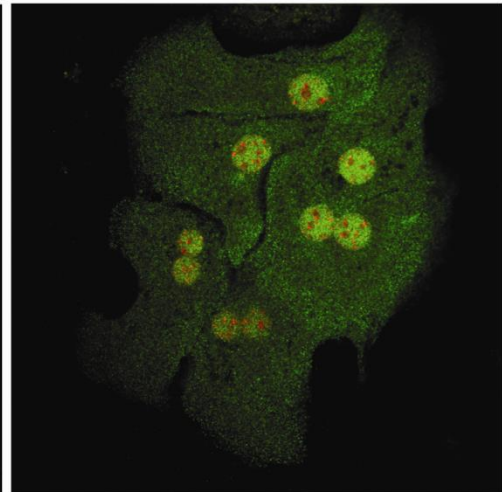
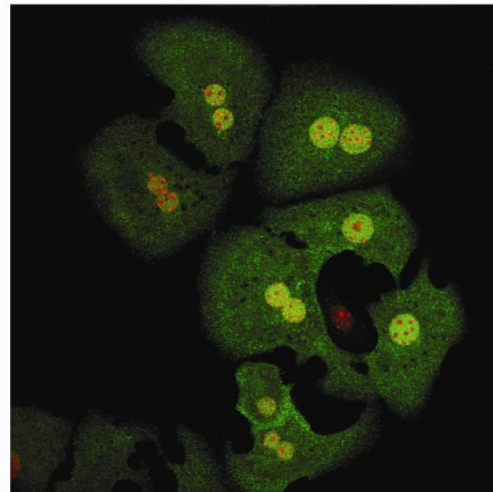
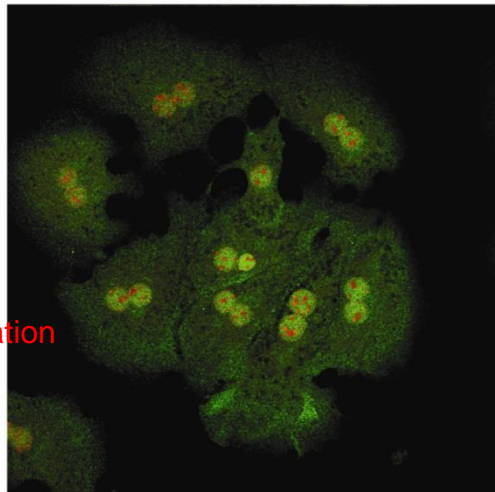
6 h

12 h

5.5 mM glucose



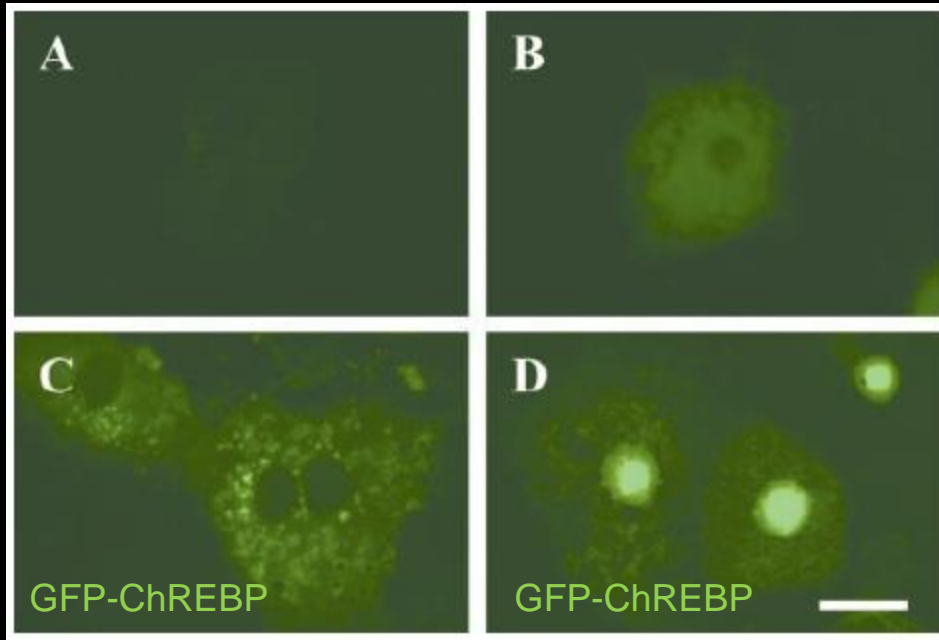
27.5 mM glucose



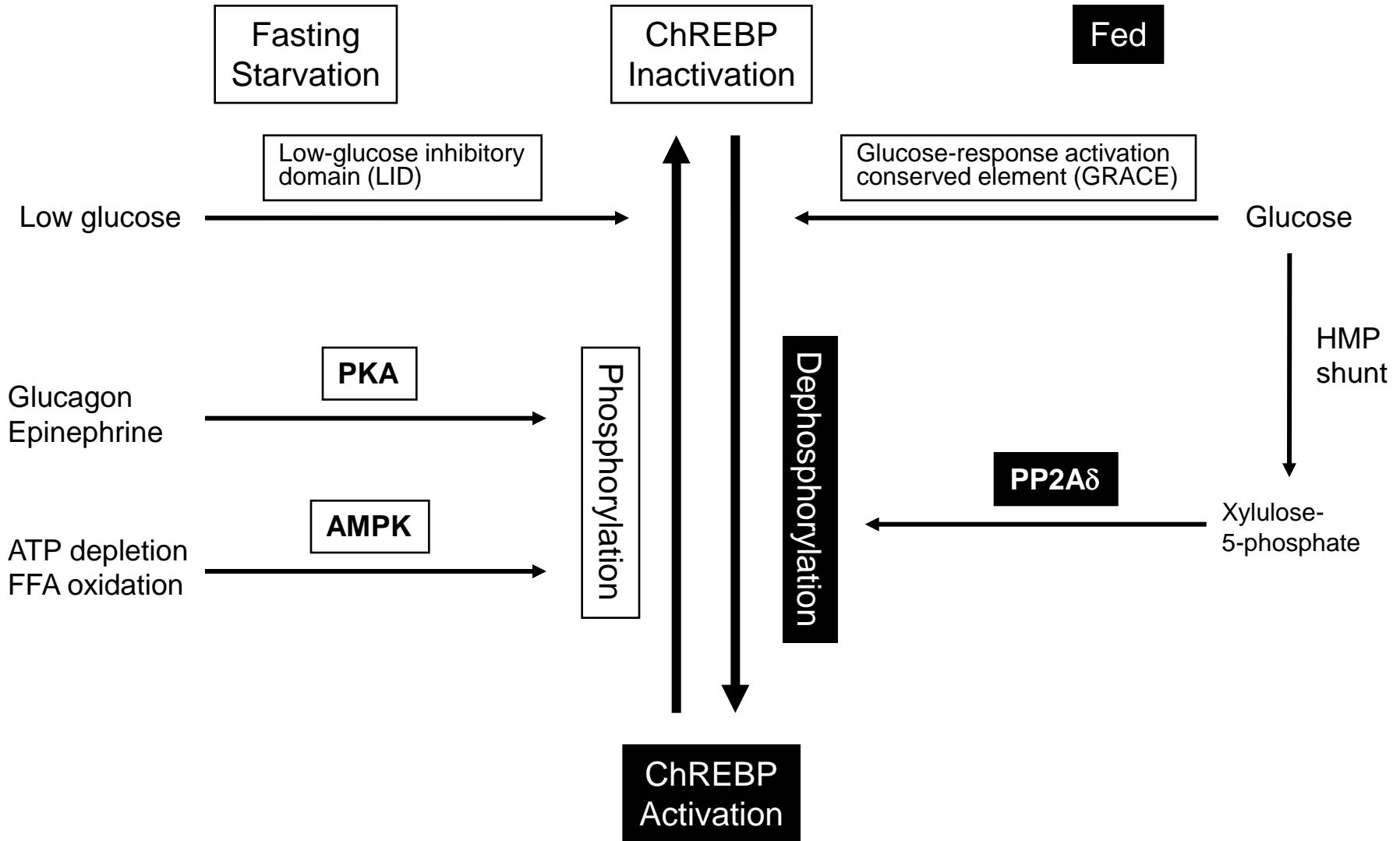
to the transfer  
factor  
(?)



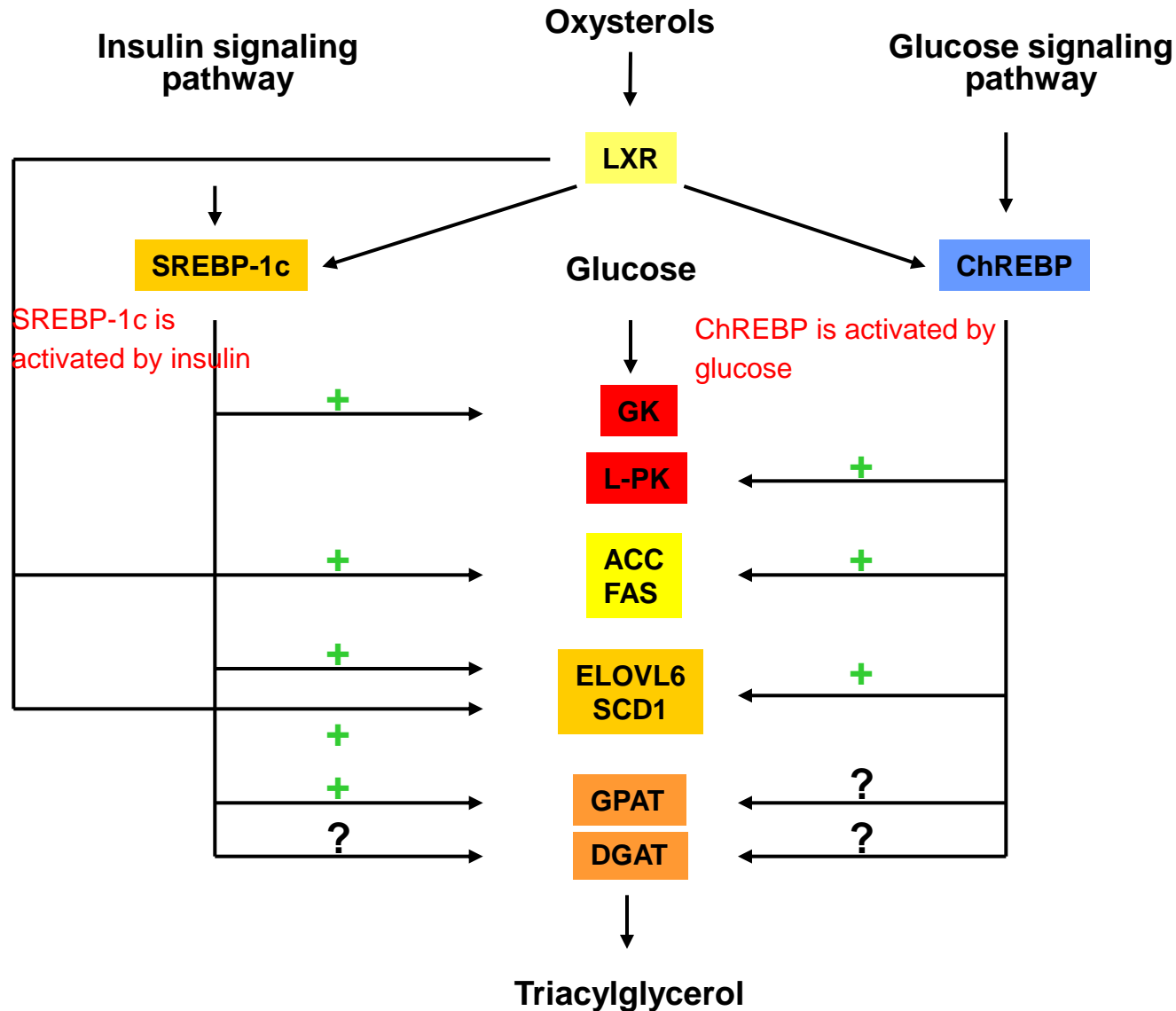
# Subcellular localization of GFP-ChREBP under low or high glucose



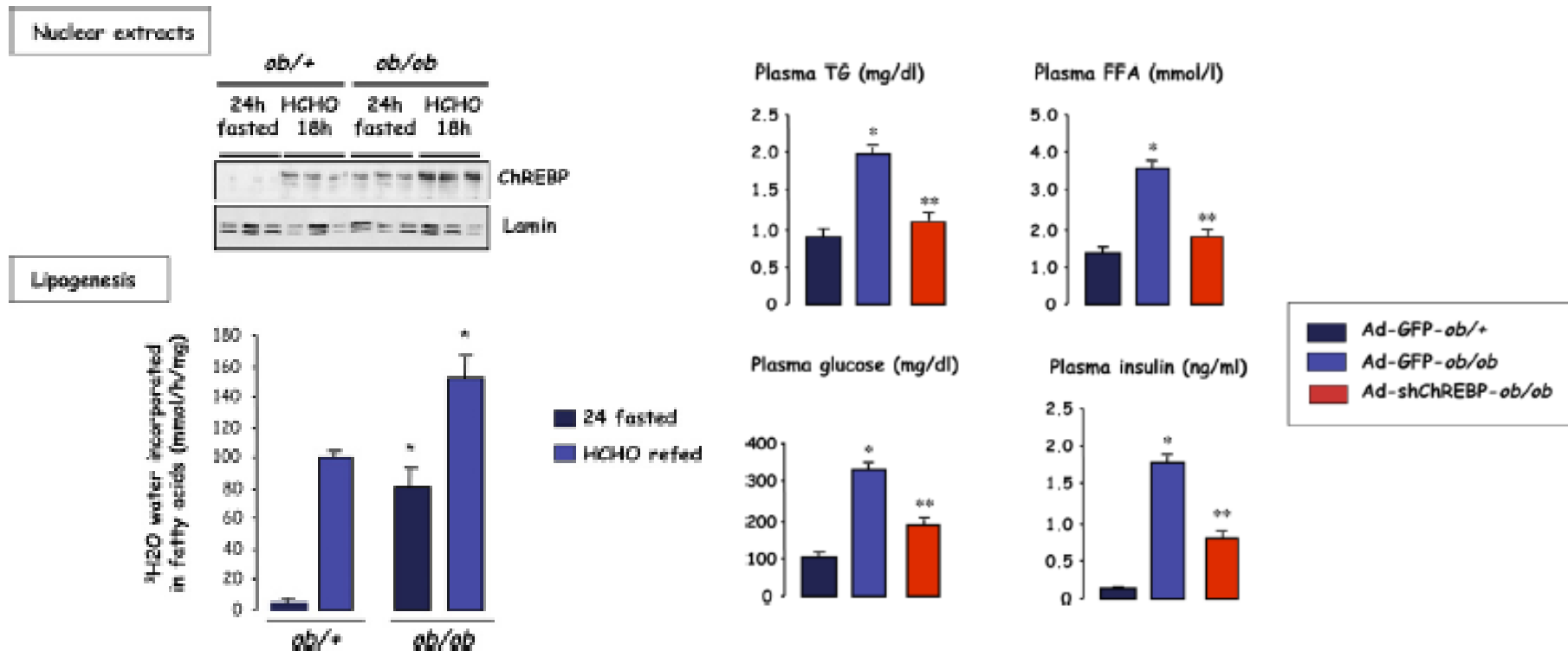
# Nutrient/hormone-mediated changes in protein phosphorylation determine ChREBP transactivity



# Transcriptional regulation of hepatic lipogenesis by insulin and glucose via ChREBP, SREBP-1c, and LXR



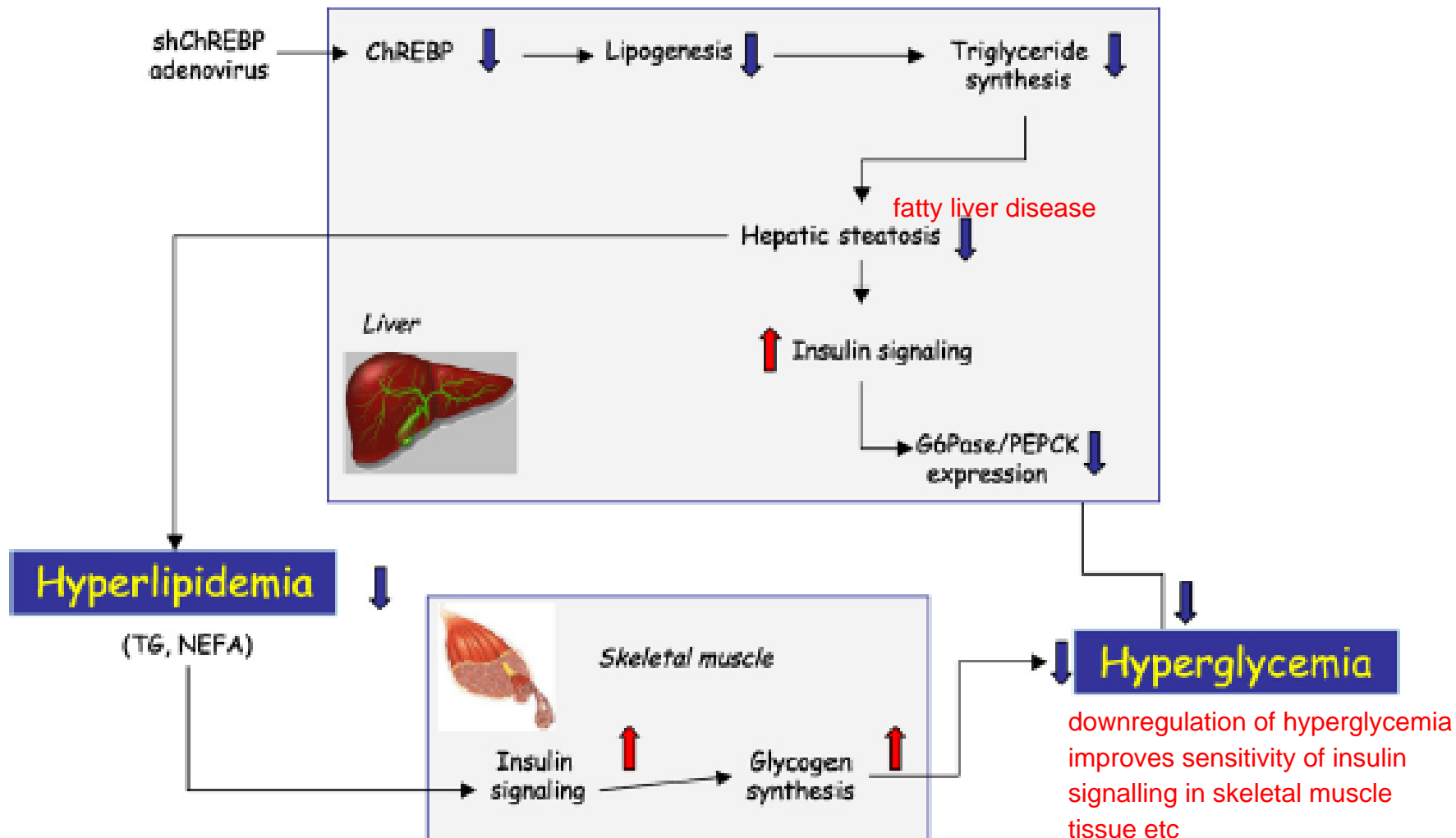
# ChREBP knockdown in liver



infect adenovirus with other encoded DNA in the virus. Adenovirus is not integrated in the genome! But it helps with up- and downregulation

HCHO: high-carbohydrate diet

# Summary of ChREBP knockdown in liver





# **LIPID METABOLISM IN CANCER**

## **A limited set of phenotypes exists in virtually all aggressive cancers:**

- Metabolic reprogramming in tumors occurs as a consequence of mutations in cancer genes and alterations in cellular signaling.
- Aerobic glycolysis (Warburg effect): Cancer cells consume high amounts of glucose and produce lactic acid; provides cancer cells growth advantages in the tumor microenvironment.
- Increased glutamine metabolism; glutamine-derived  $\alpha$ -ketoglutarate contributes to the production of citrate.
- High rate of energy-consuming processes driving increased protein synthesis (e.g., mTOR pathway) and more active DNA synthesis.
- **Increased *de novo* fatty acid synthesis, which is functionally related to the glycolytic pathway (glycolysis provides energy and precursors for FA synthesis).**

# Tumors as complex tissues

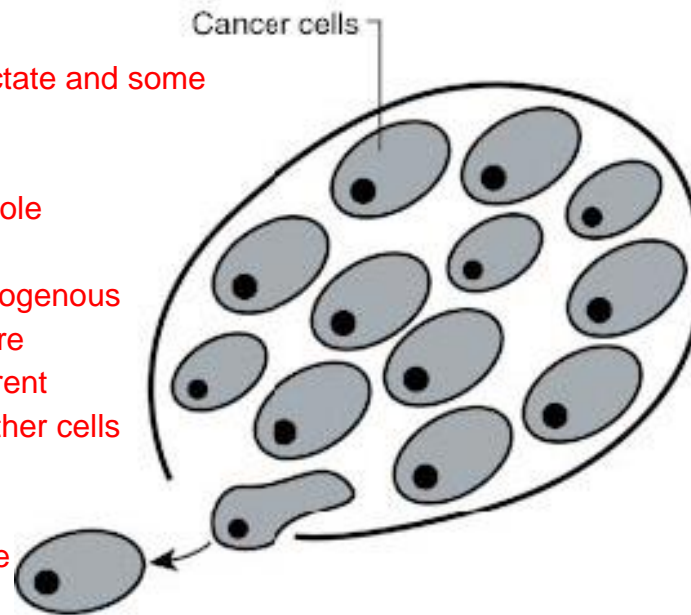
## The Reductionist View

side note: some cells produce lactate and some other cells use it

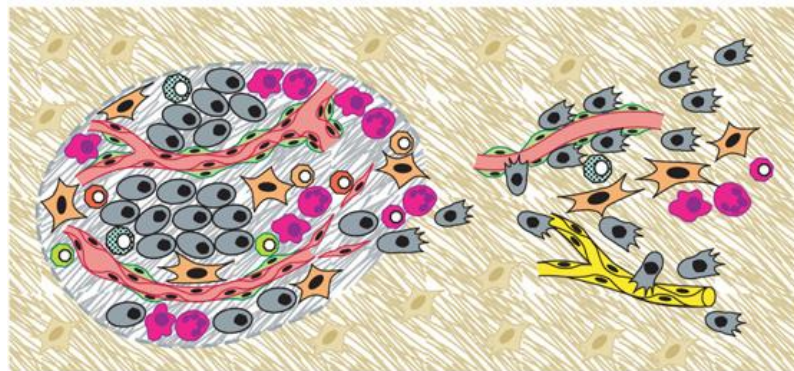
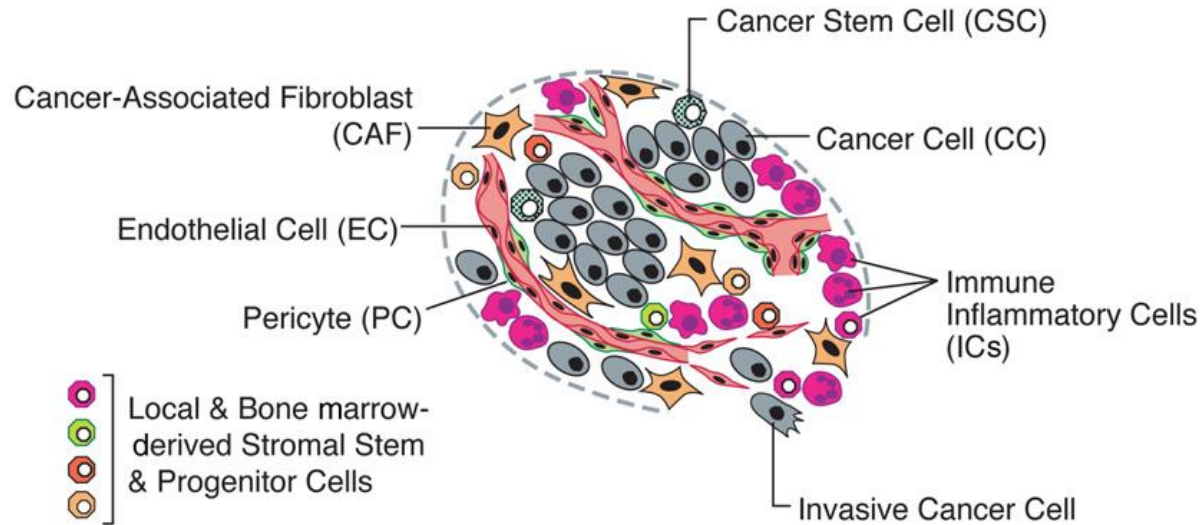
keep in mind that a tumor is a whole microenvironment with its own "rules and laws". it's nothing homogenous at all, more like a population where different tumor cells take on different functions in order to supply the other cells and be supplied by other cells.

A tumor environment can become indefinitely complex.

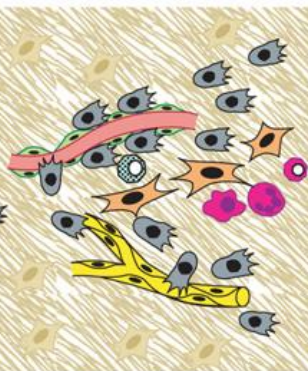
Ex. periphery is less hypoxia, those cells might produce lactate; the cells in the middle use lactate etc.



# The tumor microenvironment



Core of Primary Tumor microenvironment



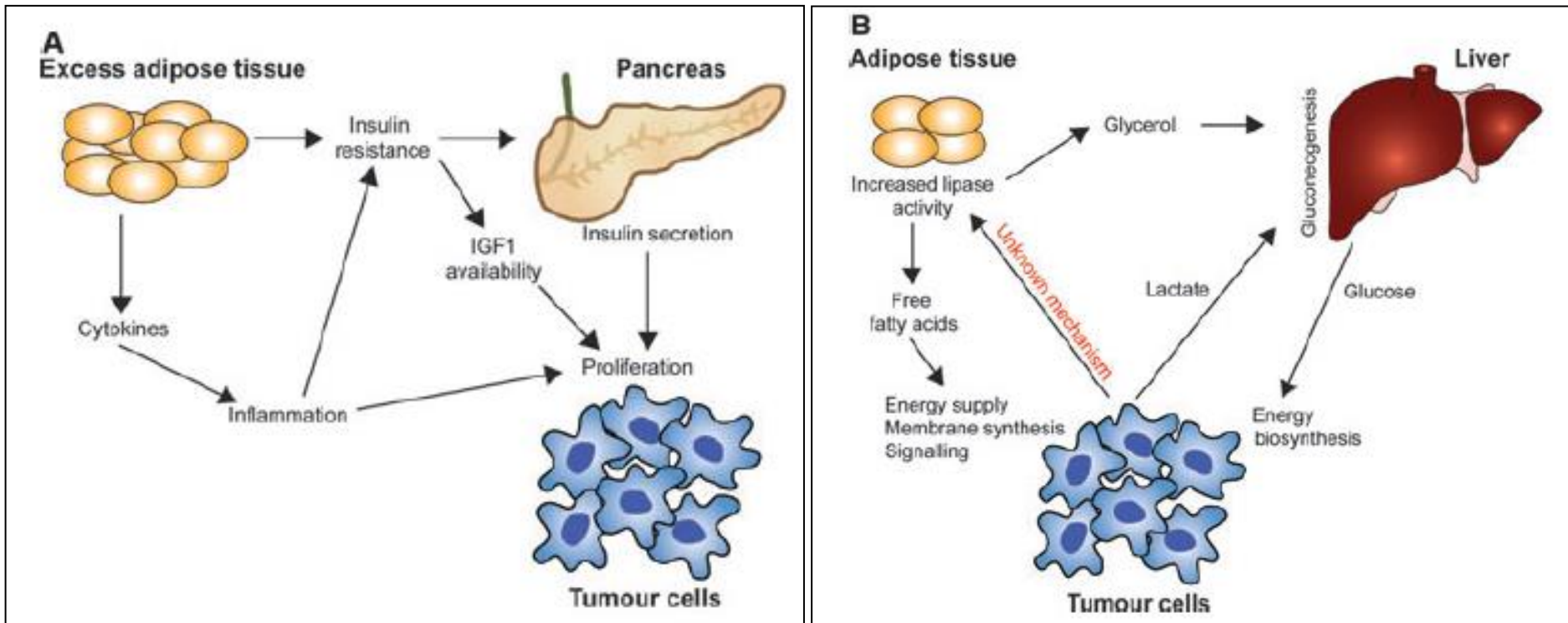
Invasive Tumor microenvironment



Metastatic Tumor microenvironment

# Whole-body lipid metabolism and cancer

depending at which functional site (organ) a tumor occurs, it will intuitively manipulate those typical pathways for its own need. but dont forget that mutations can make anything possible.



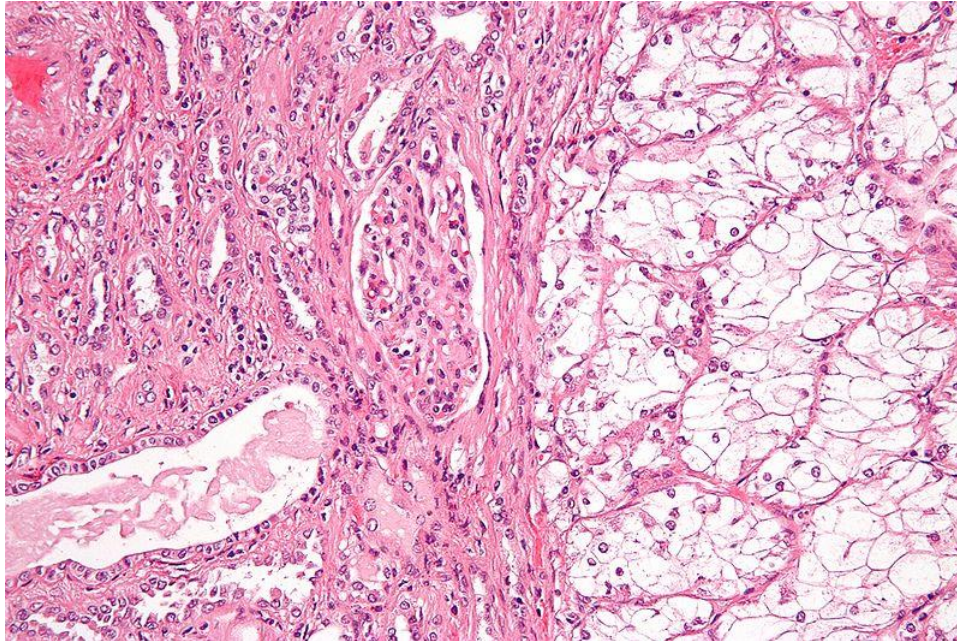
cachexia

adipose tissue: loose connective tissue, or simply body fat.  
when tumor uses up adipose tissue, it starts making use of muscle.

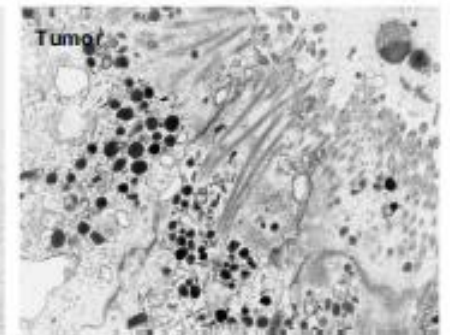
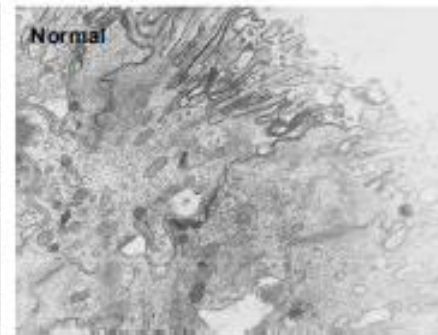
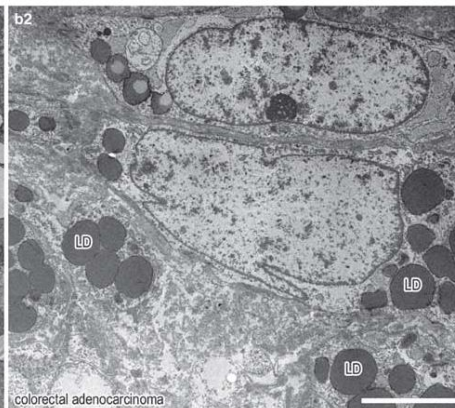
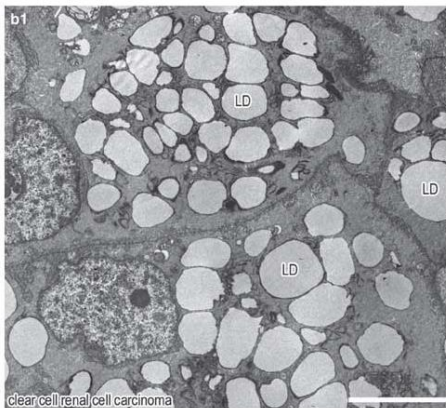
tumor cells somewhere may create own pathways. in the upper pic, tumor cells started signaling to the adipose tissue (unknown mechanism) to enhance lipase activity and get free fatty acid (energy supply; membrane synthesis for tumor cells)



# The lipogenic phenotype in cancer pathogenesis



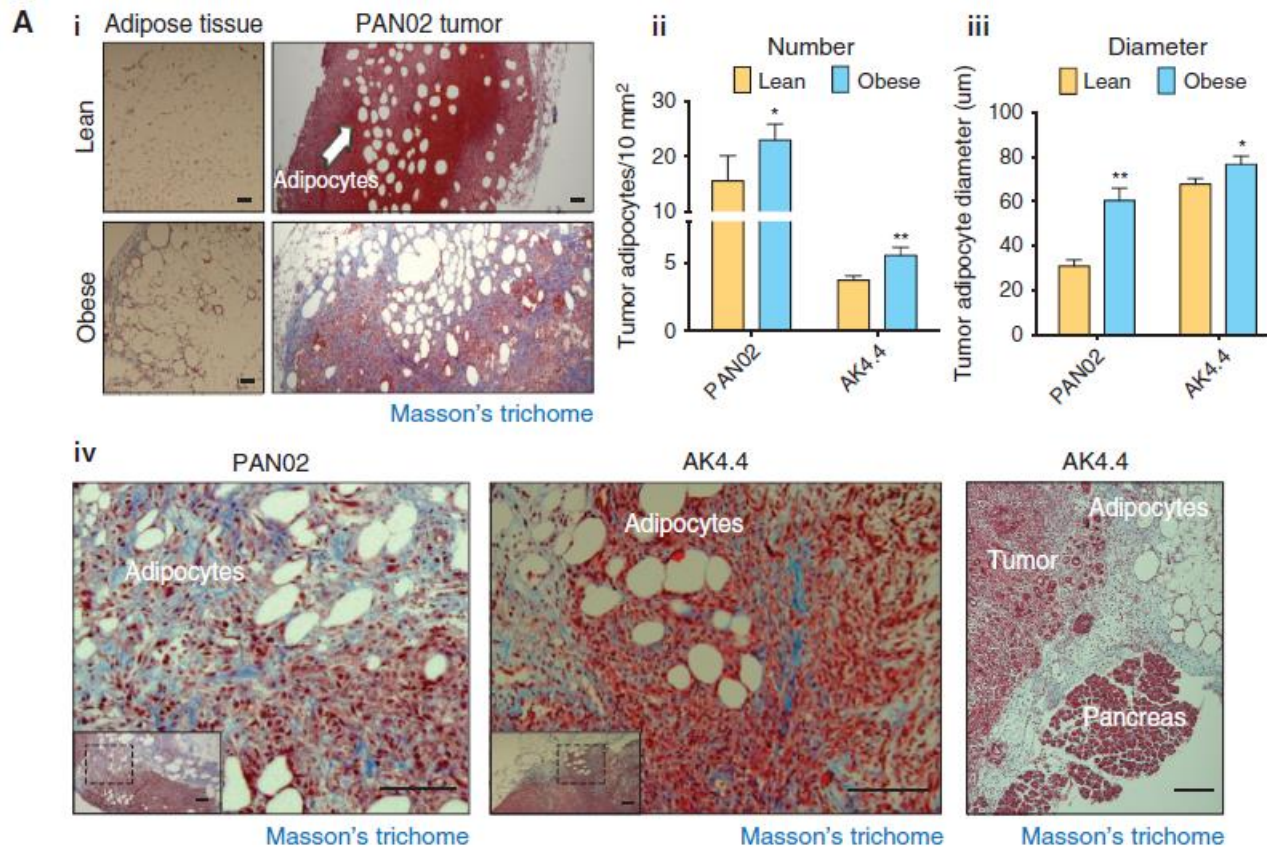
Clear cell renal cell carcinoma  
(ccRCC) (kidney cancer)



Colon cancer

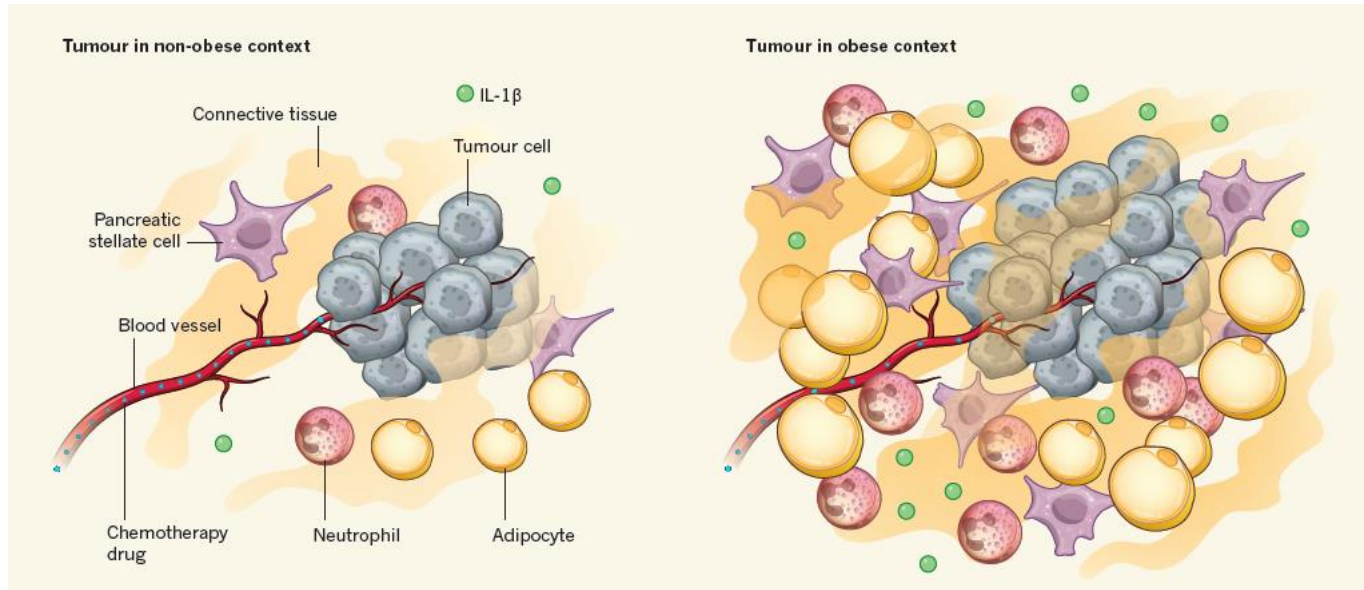
# Fat cells remodel the microenvironment around pancreatic tumors

- PDAC: pancreatic ductal adenocarcinoma
- Obesity is a major risk factor for PDAC
- PDAC is fourth most-common cause of cancer-associated death



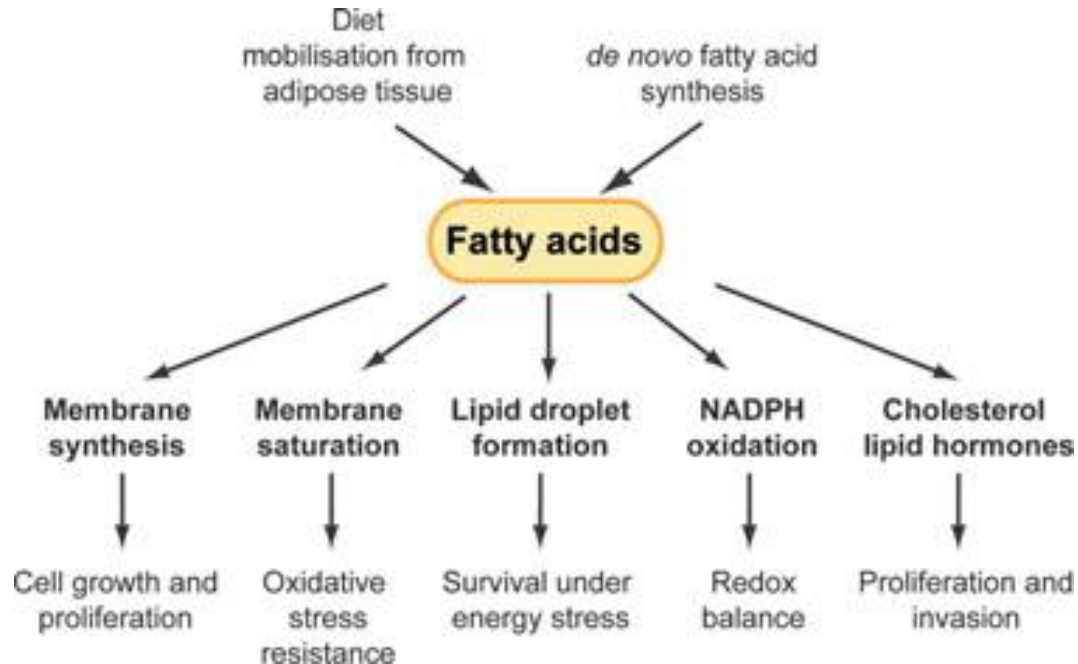


# Fat cells remodel the microenvironment around pancreatic tumors



- Adipocytes, immune cells and pancreatic stellate cells signal through IL-1 $\beta$  and the AT1 angiotensin receptor to drive migration of neutrophils to the tumor microenvironment
- This increases the inflammatory and fibrotic response in the tumor microenvironment
- Denser cellular microenvironment puts extra mechanical tension on the tissue and may restrict blood-vessel perfusion
- Associated with poor response to chemotherapy and poor prognosis
- Depletion of neutrophils or blocking activity of IL-1 $\beta$  reduce cancer progression

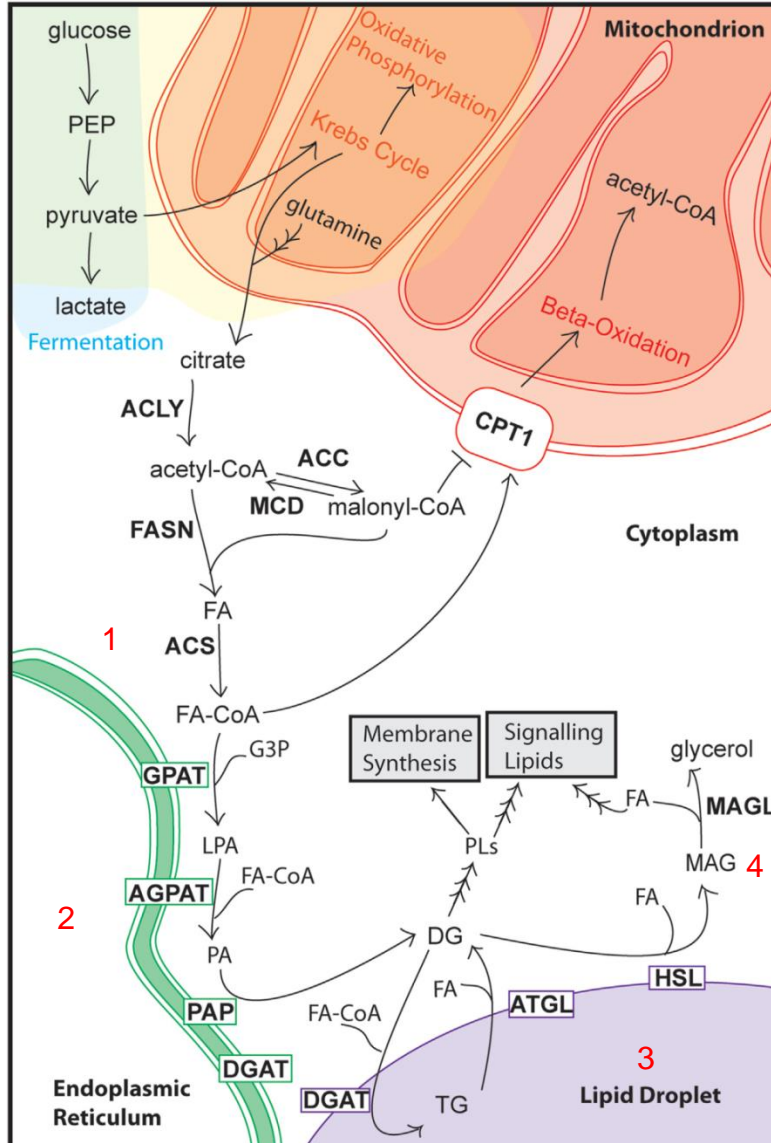
# Lipids can promote different aspects of cancer development



# Cellular fatty acid metabolism

uptake of fatty acids

CD36 (what is that?)



FA, fatty acid

LPA, lysophosphatidic acid

PA, phosphatidic acid

MAG, monoacylglycerol

DG, diacylglycerol

TG, triacylglycerol

ACLY: ATP citrate lyase

ACC: acetyl-CoA carboxylase

FASN: fatty acid synthase

ACS: fatty acid-CoA ligase

MCD: malonyl-CoA decarboxylase

CIC, citrate carrier

CPT1: carnitine palmitoyl transferase

GPAT: glycerol-3-phosphate acyltransferase

AGPAT: acylglycerolphosphate acyltransferase

PAP: phosphatidic acid phosphohydrolase

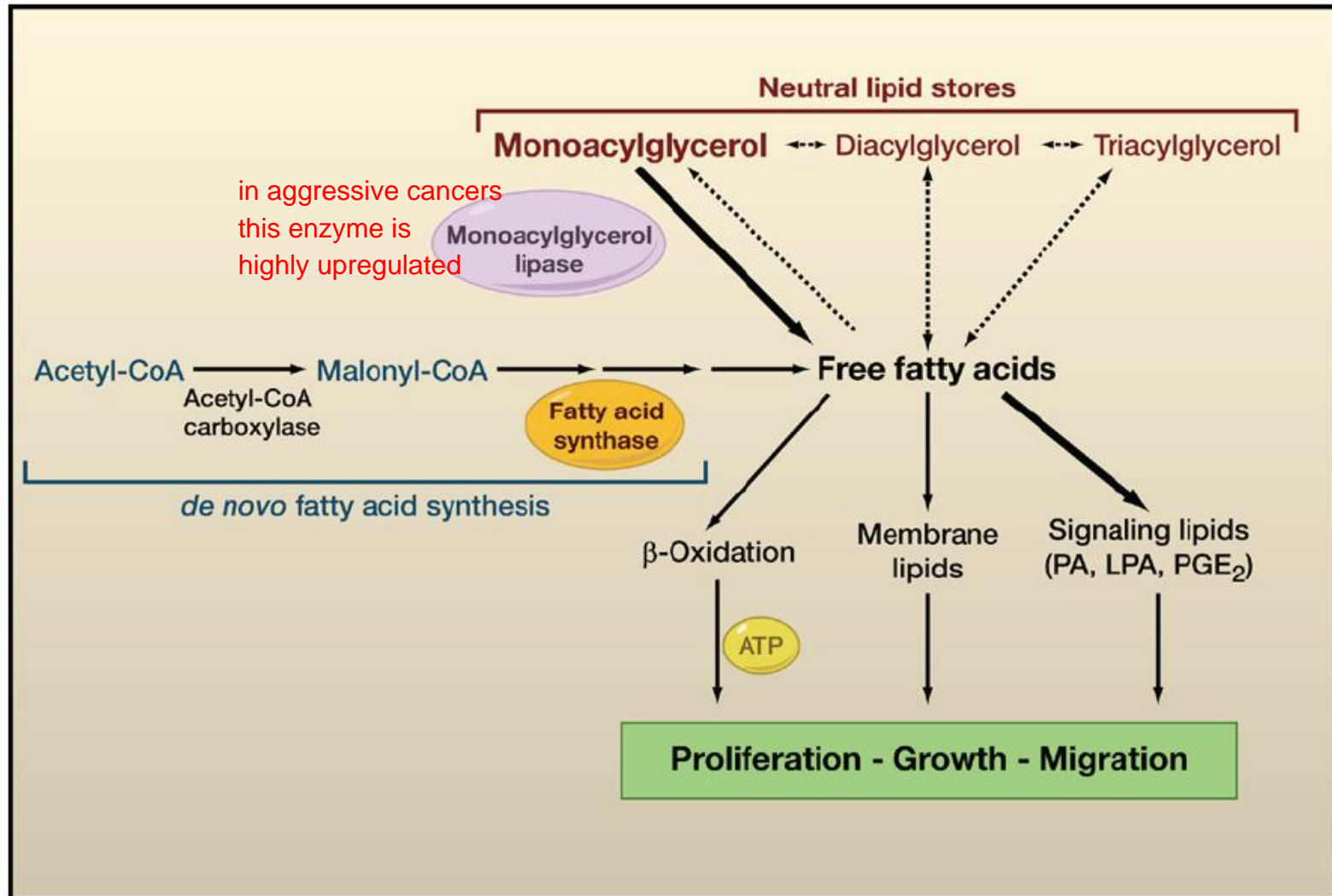
DGAT: diacylglycerol acyltransferase

ATGL: adipose triglyceride lipase

HSL: hormone sensitive lipase

MAGL: monoacylglycerol lipase

## Free fatty acids and tumorigenesis



# Model showing how limiting fatty acids in the cell might limit cancer cell proliferation

ECAM: wont ask all those enzymes, but questions like the one answered here in more or less detail

how can we interfere? inhibit/activate pathways etc.?

inhibit uptake of fatty acids. prob: there are many uptake enzymes that can compensate (to some extent)

ACLY: ATP citrate lyase

ACC: acetyl-CoA carboxylase

FASN: fatty acid synthase

ACS: fatty acid-CoA ligase

MCD: malonyl-CoA decarboxylase

CIC, citrate carrier **EXAM: focus on interactions and networks, not on enzymes and name that much**

CPT1: carnitine palmitoyl transferase

ch.)

GPAT: glycerol-3-phosphate acyltransferase

AGPAT: acylglycerolphosphate acyltransferase

PAP: phosphatidic acid phosphohydrolase

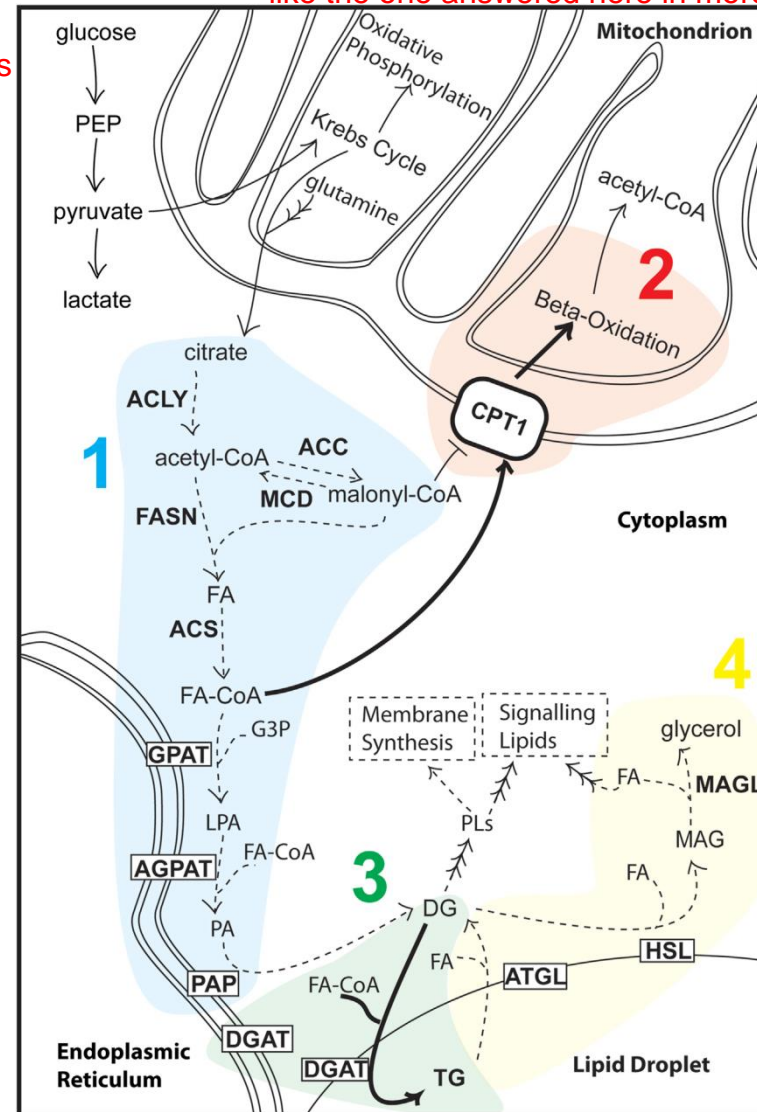
DGAT: diacylglycerol acyltransferase

ATGL: adipose triglyceride lipase

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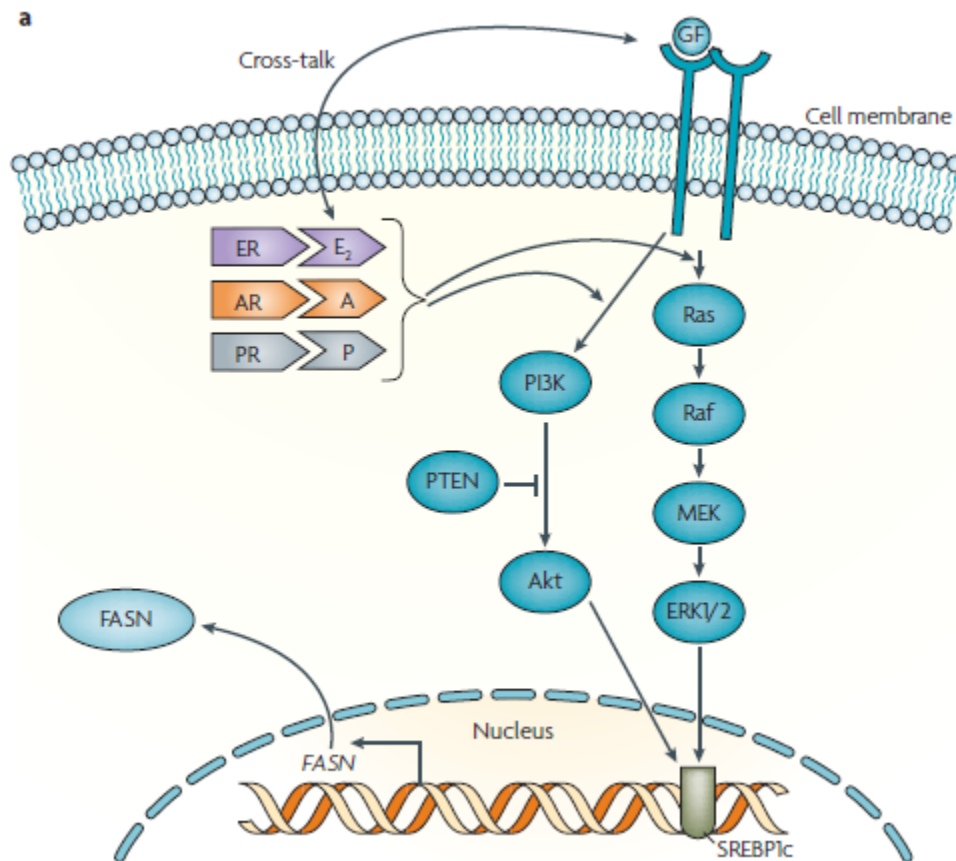
MAGL: monoacylglycerol lipase

Can we also affect a normal cells? normal cell will be satisfied of uptake of fatty acids (costs energy for de novo synthesis)

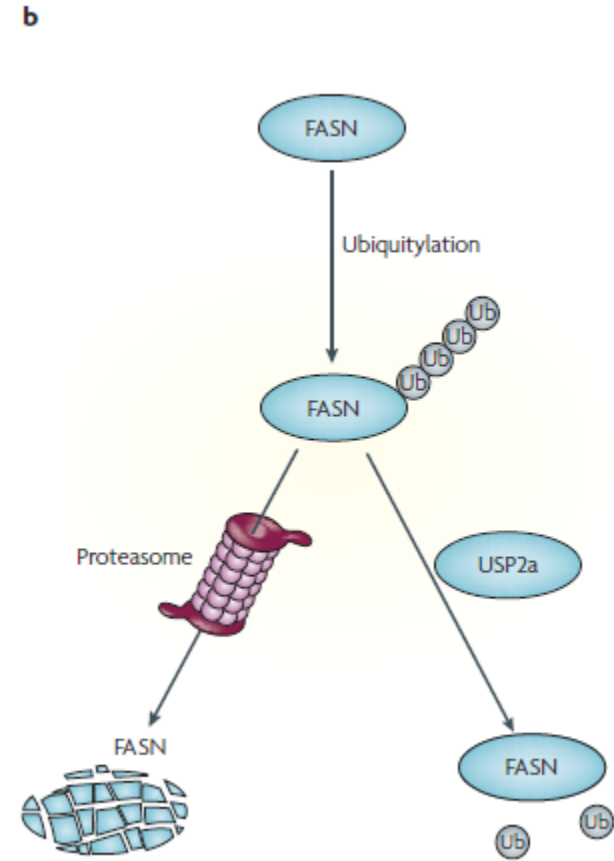




## Two main pathways regulate the expression of tumor-associated FASN



ER, oestrogen receptor  
E<sub>2</sub>, oestradiol  
AR, androgen receptor  
A, androgens  
PR, progesterone receptor  
P, progestins



USP2a, ubiquitin-specific protease 2a

## De novo fatty acid synthesis

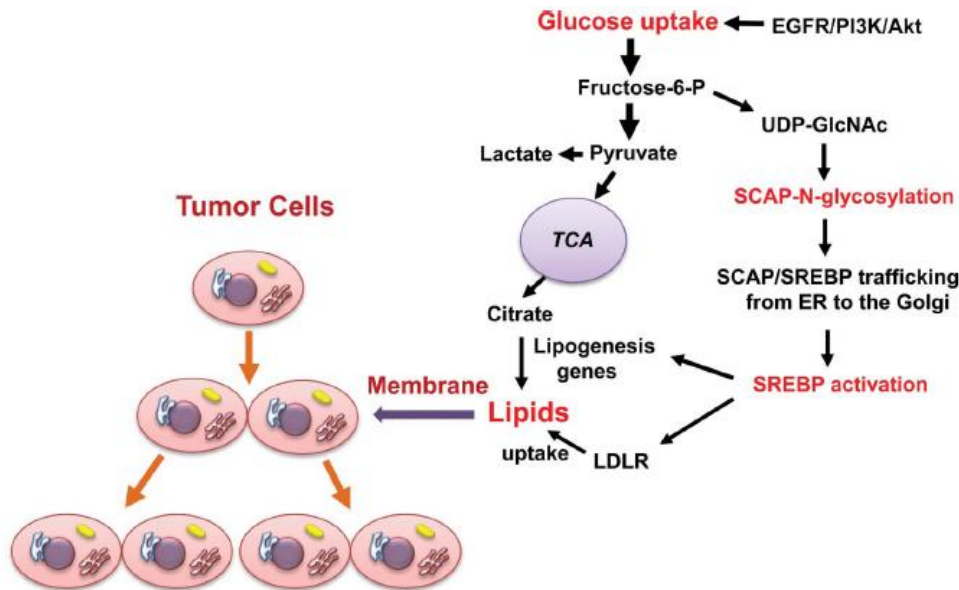
- Two sources: exogenously-derived (dietary) FAs and endogenously-synthesized FAs
- Biosynthesis is catalysed by the multifunctional, homodimeric fatty acid synthase (FASN)
- Predominant product of FASN is palmitate (C16:0)
- In well-nourished individuals the role of FASN is of minor importance owing to sufficient levels of dietary fat.
- Most normal cells and tissues, even those with high cellular turnover, seem to preferentially use circulating lipids for the synthesis of new structural lipids.
- In normal conditions FASN converts excess carbohydrate into FAs that are then esterified to storage TAGs.
- De novo FA synthesis is very active during embryogenesis and in fetal lungs (production of lung surfactant).

## De novo fatty acid synthesis

- A wide variety of tumors and their precursor lesions undergo exacerbated de novo biogenesis of FAs irrespective of the levels of circulating lipids.
- Neoplastic lipogenesis is reflected by significantly increased activity and coordinate expression of several lipogenic enzymes in tumor cells [e.g., FASN, ATP citrate lyase (ACLY), acetyl-CoA carboxylase (ACACA)].
- Upregulation of FASN represents a nearly-universal phenotypic alteration in most human malignancies.
- FAs synthesized in cancer cells are esterified predominantly to phospholipids and incorporated into membrane lipids by proliferating cells.
- Many of the genes that encode the enzymes of the FA biosynthetic pathway, including ACLY, ACACA, FASN, reside on human chromosome 17q. This is a common site for gene rearrangement and is the location of many oncogene amplifications. However, only one study evaluating the correlation of the expression levels of lipogenic enzymes with gene copy number alterations has detected a significant increase in FASN copy number in prostate cancer.
- Increased FA synthesis in tumor cells seems to involve the modulation of multiple lipogenic enzymes at various levels (e.g., increased transcription, enhanced protein stabilization).

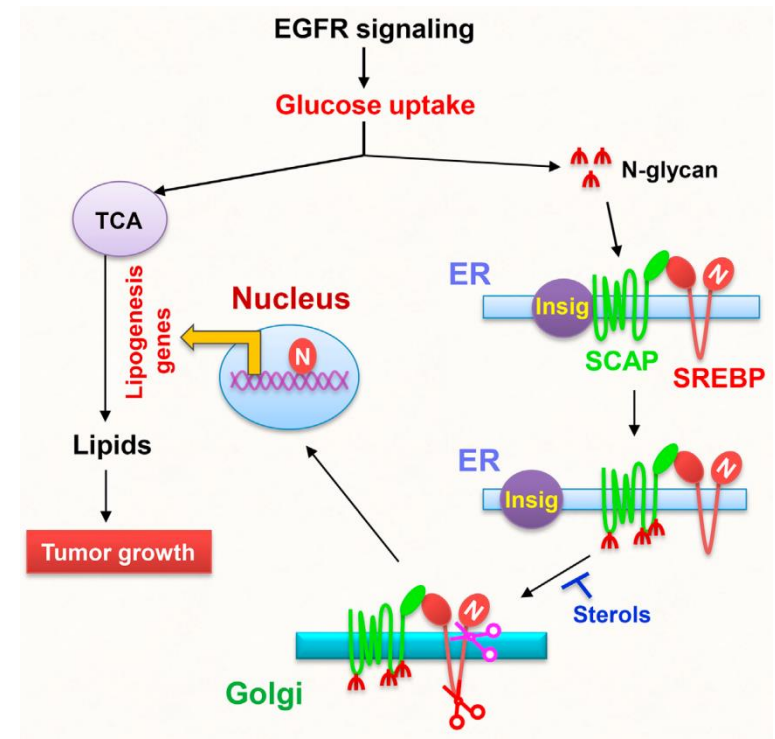
# SCAP links glucose to lipid metabolism in cancer cells

A



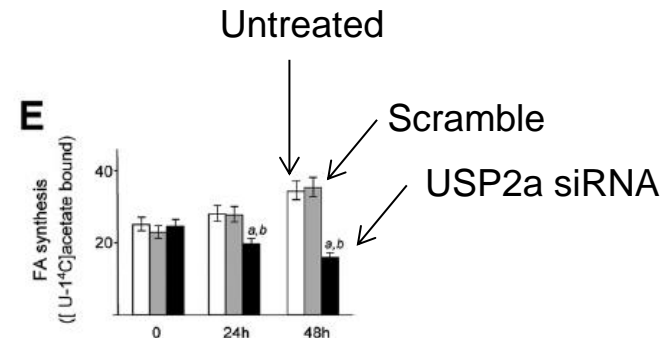
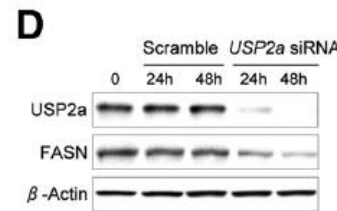
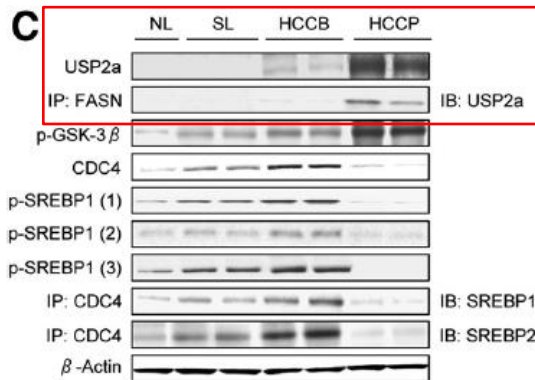
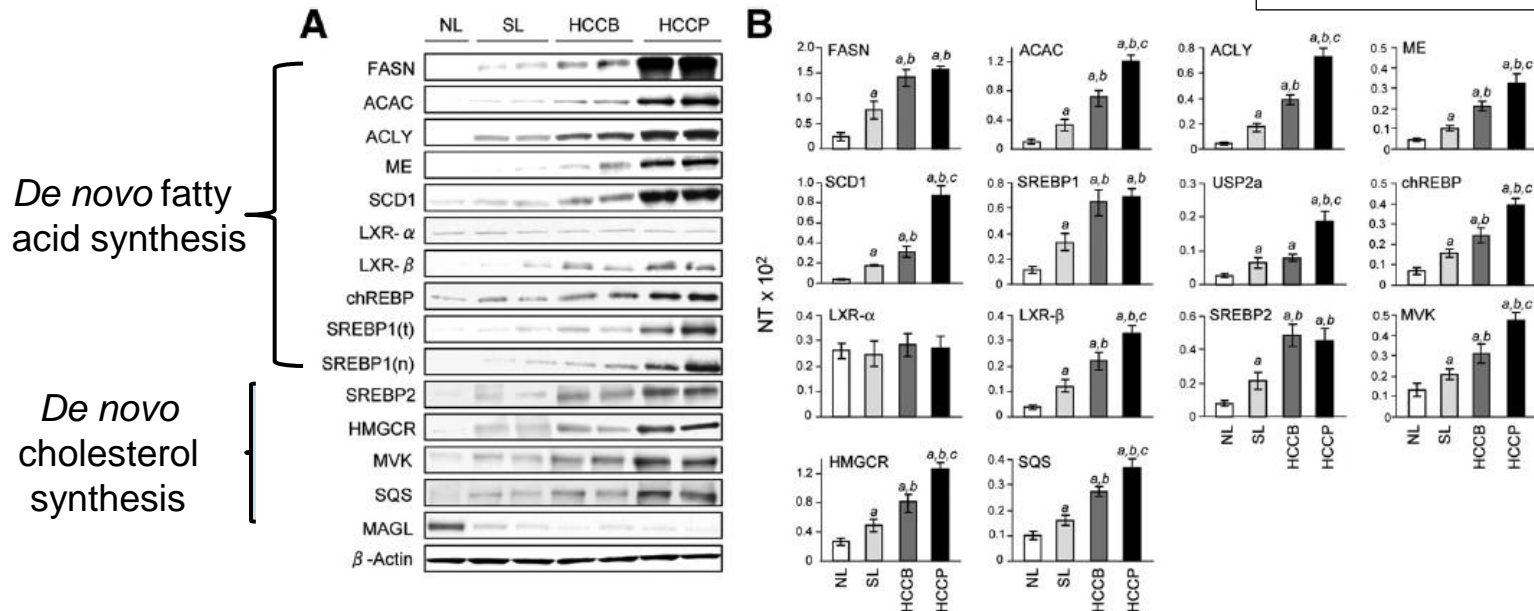
B

take place in very high  
glucose levels i think  
(glucose has regul. func.)



# Increased lipogenesis promotes development of human hepatocellular carcinoma (HCC)

NL, normal liver  
SL, surrounding liver  
HCCB, HCC with better outcome  
HCCP, HCC with poor outcome

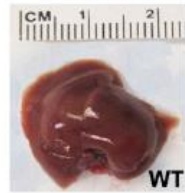




# Stepwise development of hepatocarcinogenesis in AKT-overexpressing mice

here, it was about introducing an oncogene.

**A**



WT



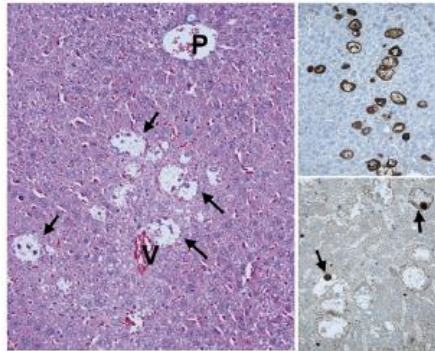
12w



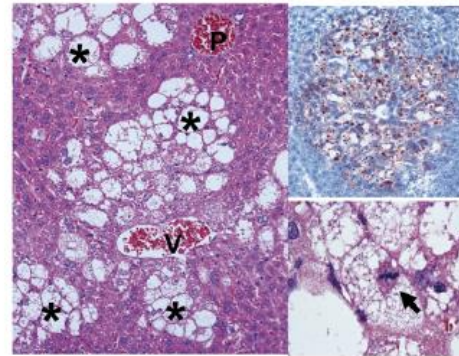
28w

somewhat whiteish liver can mean increased lipid accumulation

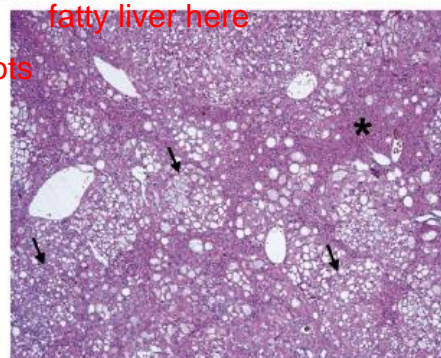
**B**



**C**



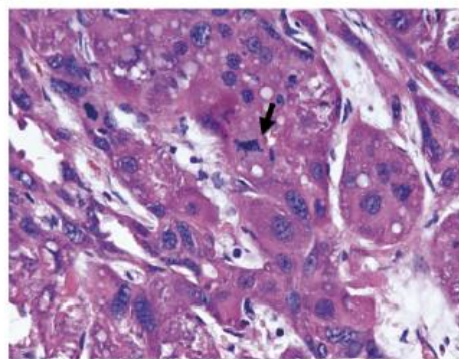
**D**



fatty liver here

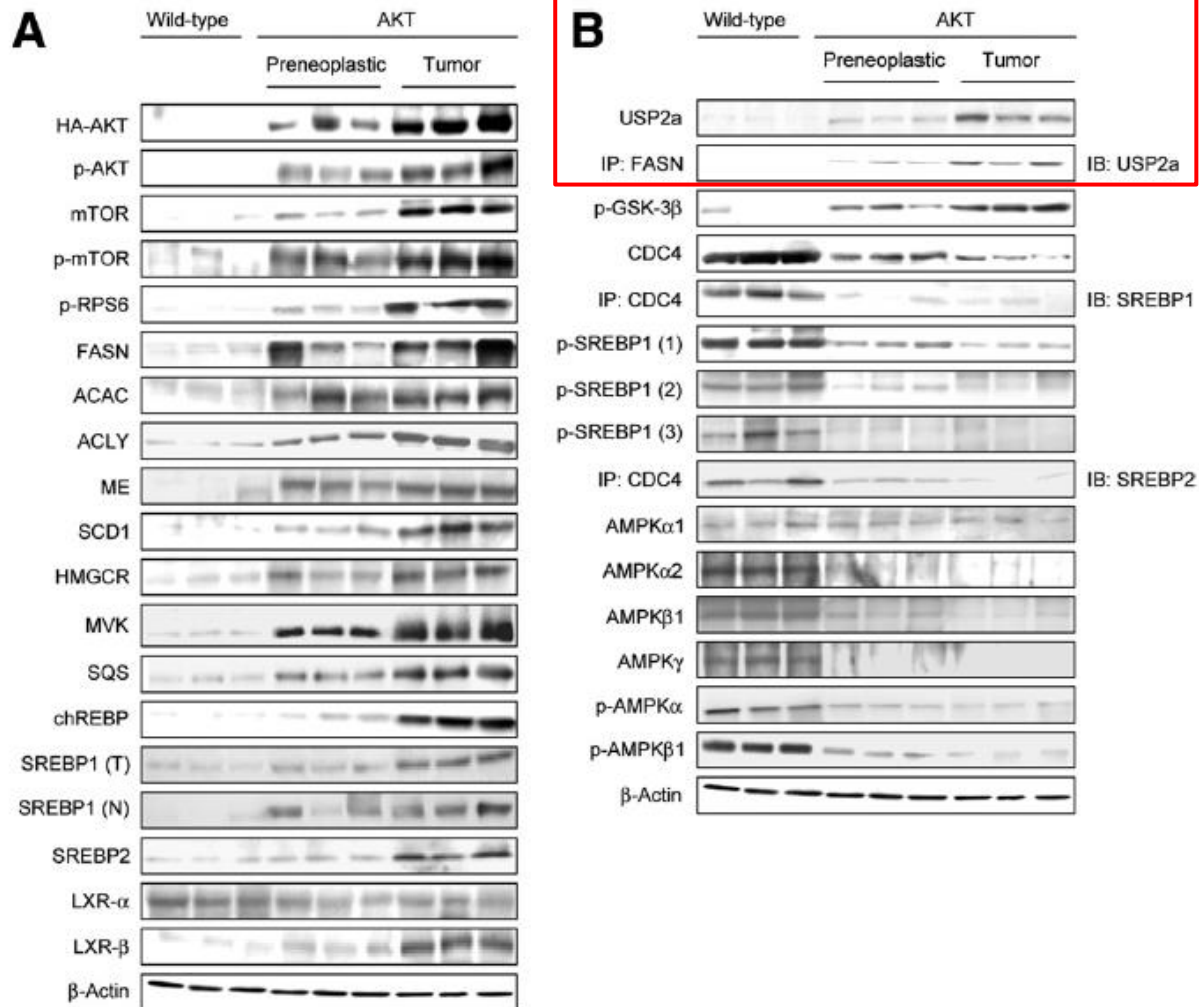
those big white spots are central veins in the liver

**E**





# Stepwise development of hepatocarcinogenesis in AKT-overexpressing mice



# Adipose Triglyceride Lipase Contributes to Cancer-Associated Cachexia

Suman K. Das,<sup>1</sup> Sandra Eder,<sup>2</sup> Silvia Schauer,<sup>1</sup> Clemens Diwoky,<sup>3</sup> Hannes Temmel,<sup>1</sup> Barbara Guertl,<sup>1</sup> Gregor Gorkiewicz,<sup>1</sup> Kuppusamy P. Tamilarasan,<sup>1</sup> Pooja Kumari,<sup>1,4</sup> Michael Trauner,<sup>4</sup> Robert Zimmermann,<sup>2</sup> Paul Vesely,<sup>1</sup> Guenter Haemmerle,<sup>2</sup> Rudolf Zechner,<sup>2\*</sup> Gerald Hoefler<sup>1\*</sup>

Cachexia is a multifactorial wasting syndrome most common in patients with cancer that is characterized by the uncontrolled loss of adipose and muscle mass. We show that the inhibition of lipolysis through genetic ablation of adipose triglyceride lipase (*Atgl*) or hormone-sensitive lipase (*Hsl*) ameliorates certain features of cancer-associated cachexia (CAC). In wild-type C57BL/6 mice, the injection of Lewis lung carcinoma or B16 melanoma cells causes tumor growth, loss of white adipose tissue (WAT), and a marked reduction of gastrocnemius muscle. In contrast, *Atgl*-deficient mice with tumors resisted increased WAT lipolysis, myocyte apoptosis, and proteasomal muscle degradation and maintained normal adipose and gastrocnemius muscle mass. *Hsl*-deficient mice with tumors were also protected although to a lesser degree. Thus, functional lipolysis is essential in the pathogenesis of CAC. Pharmacological inhibition of metabolic lipases may help prevent cachexia.

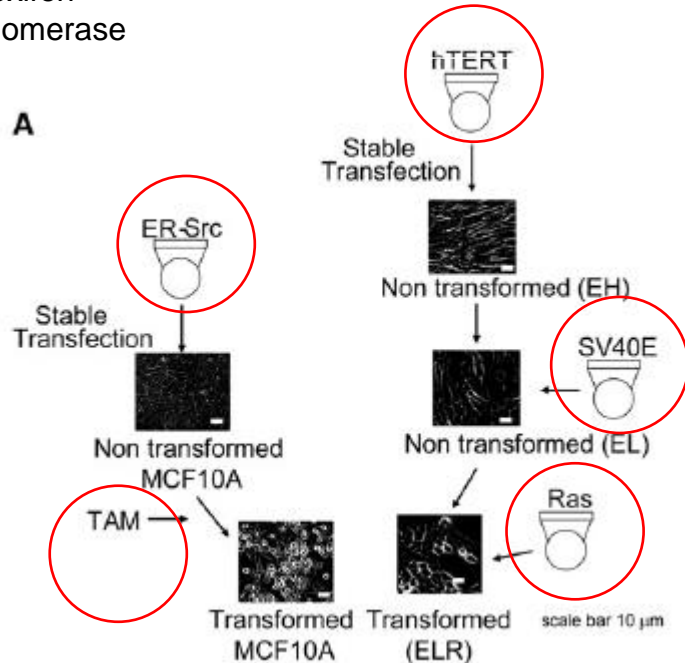
# A transcriptional signature and common gene networks link cancer with lipid metabolism

MCF10A, normal mammary epithelial cells

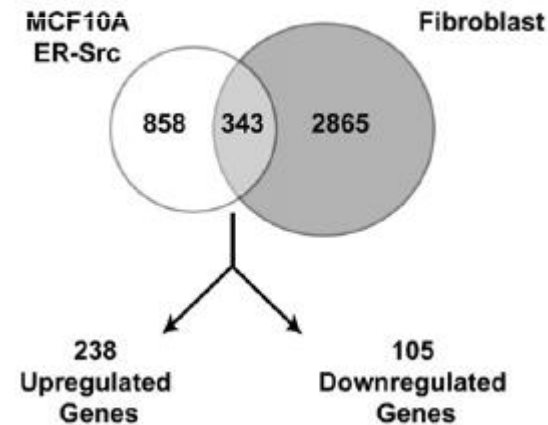
ER-Src, Src kinase oncoprotein fused to ligand-binding domain of estrogen receptor

TAM, tamoxifen

hTERT, telomerase

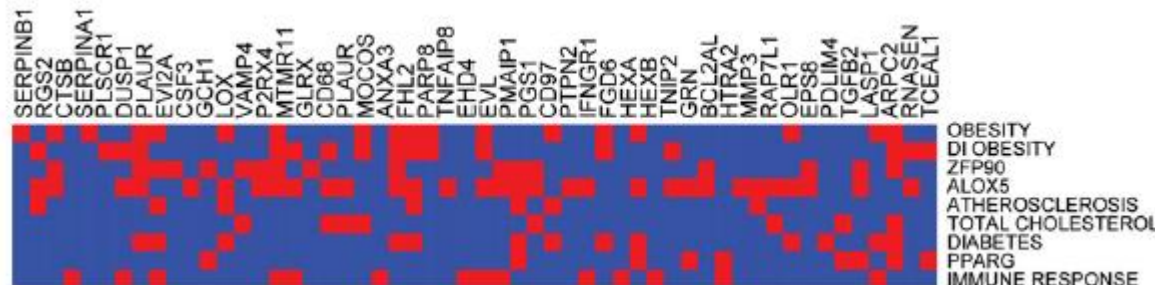
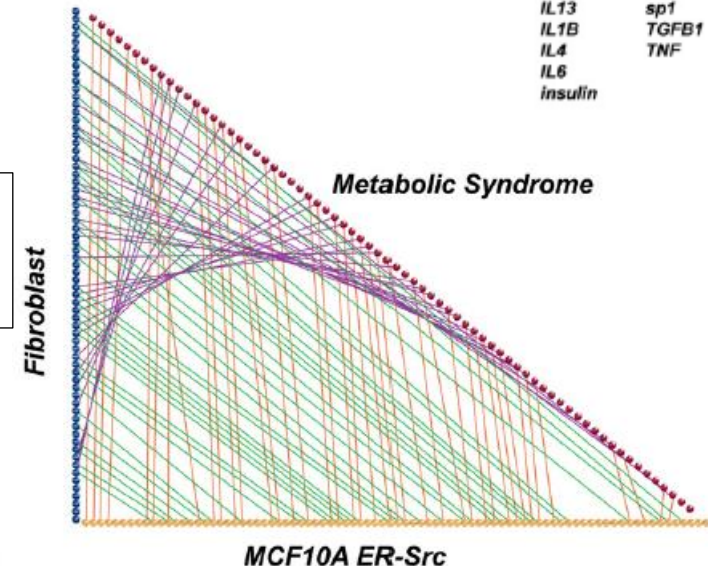


hTERT, telomerase  
SV40E, small T antigen of Simian virus 40  
Ras, Ras oncogene



## Common Nodes

AP1	LDL
CDKN1A	MAPK
CEBPA	myc
EGF	NFkB
ERBB2	NR3C1
HIF1A	p53
IFNB1	PDGF
IFNG	PI3K
IL13	sp1
IL1B	TGFB1
IL4	TNF
IL6	
insulin	



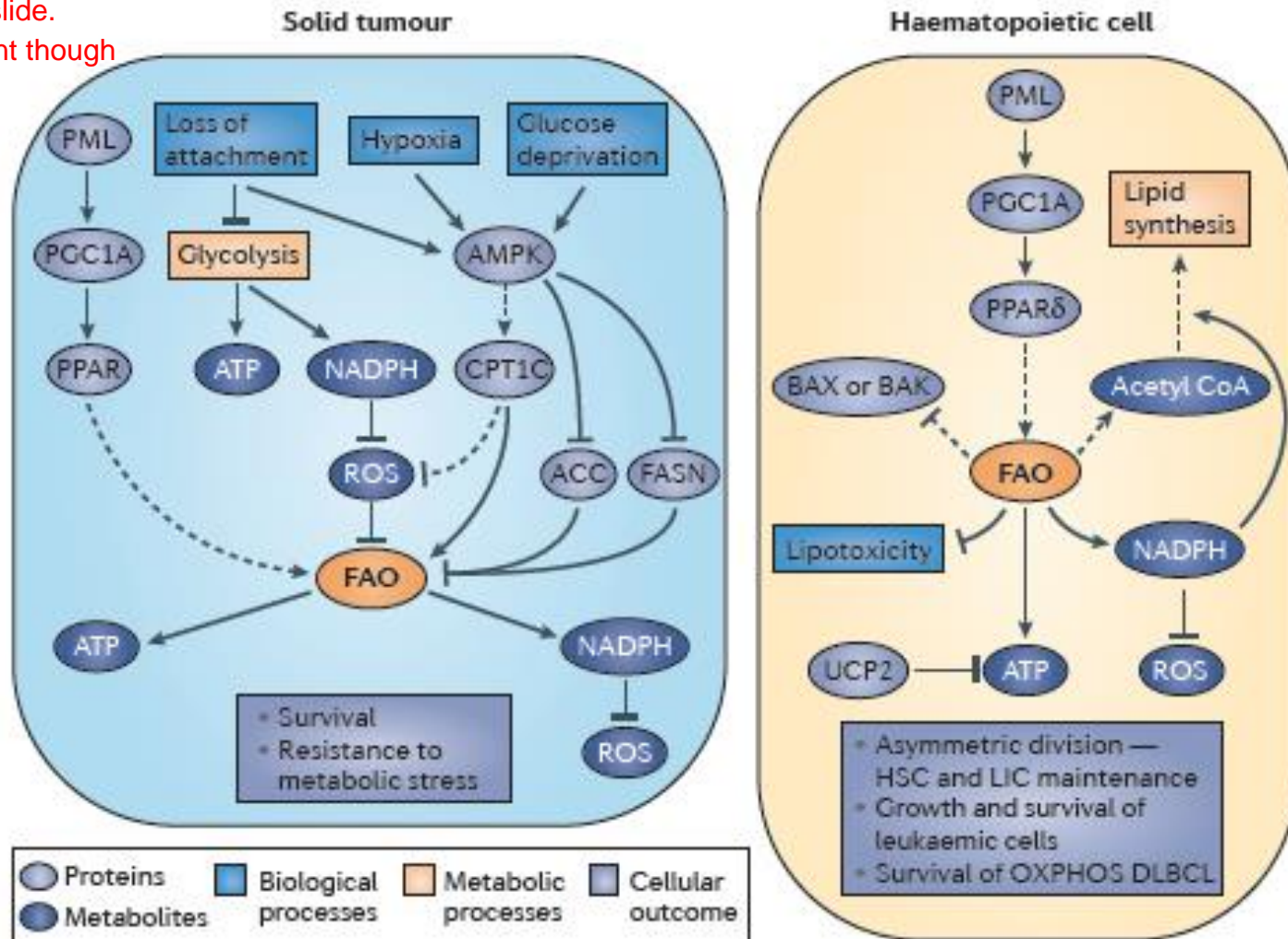
## **A transcriptional signature and common gene networks link cancer with lipid metabolism**

- Transcriptional profiling of two isogenic models of transformation identified a gene signature linking cancer with inflammatory and metabolic diseases
- Many drugs used for treatment of diabetes and cardiovascular diseases inhibit transformation and tumor growth.
- Lipid metabolism genes are important for transformation and are upregulated in cancer tissues.
- As in atherosclerosis, oxidized LDL and its receptor OLR1 activate the inflammatory pathway through NF- $\kappa$ B, leading to transformation.
- OLR1 is important for maintaining the transformed state in diverse cancer cell lines and for tumor growth, suggesting a molecular connection between cancer and atherosclerosis.



# Contribution of fatty acid oxidation to cancer cell function

we had no time to go into detail  
regarding this slide.  
still it's important though



## Cholesterol/isoprenoid biosynthesis and cancer

- Cancer cells have a deficient feedback control of HMGCR or increased HMGCR expression, suggesting that dysregulation of the mevalonate pathway might drive malignant transformation
- Statins might exert anticarcinogenic activity, however, the mechanisms do not necessarily involve cholesterol lowering
- Mevalonate is a precursor of several products regulating the cell cycle, including dolichol, geranylgeranyldiphosphate (GGPP) and farnesyldiphosphate (FPP).
- Dolichol has a stimulatory effect on DNA synthesis.
- GGPP and FPP cause isoprenylation of the intracellular G proteins Ras and Rho, which in turn regulate the signal transduction of several membrane receptors crucial for the transcription of genes involved in cell proliferation, differentiation, and apoptosis.

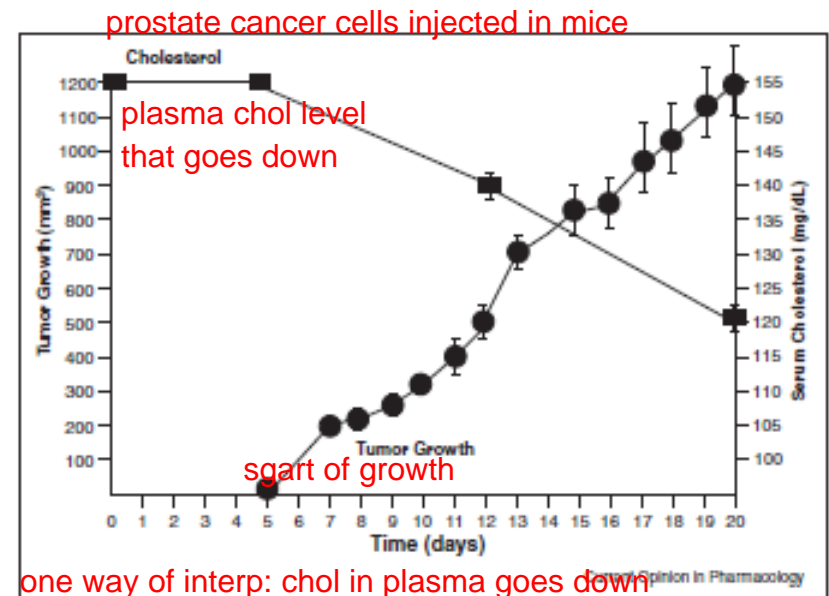
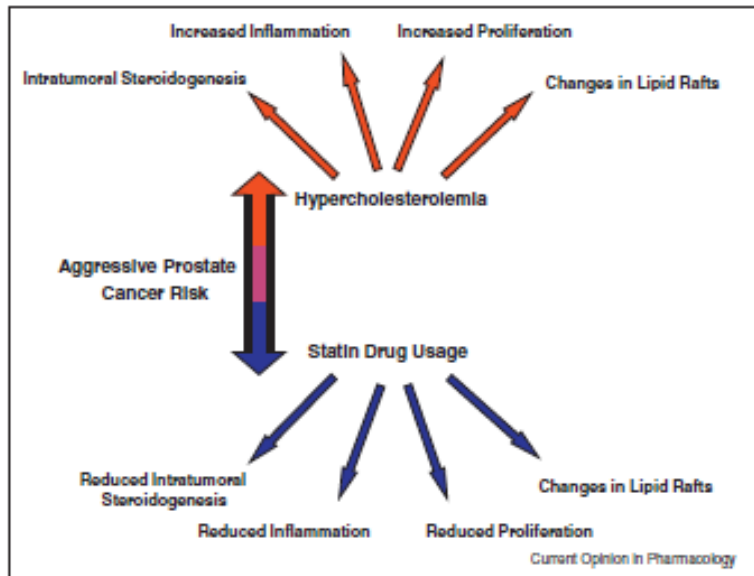
mevalonate probably more important than chol in cancer?



## Cholesterol and prostate cancer

- Prostate cancer has a genetic component, though it is not well defined.
- Environmental factors play a large role in prostate cancer risk (e.g., Western diet)
- Epidemiological studies suggest that men with hypercholesterolemia are at increased risk for prostate cancer or late stage, aggressive disease.
- Cholesterol-sensitive mechanisms in prostate cancer progression: cell proliferation, inflammation, steroidogenesis.

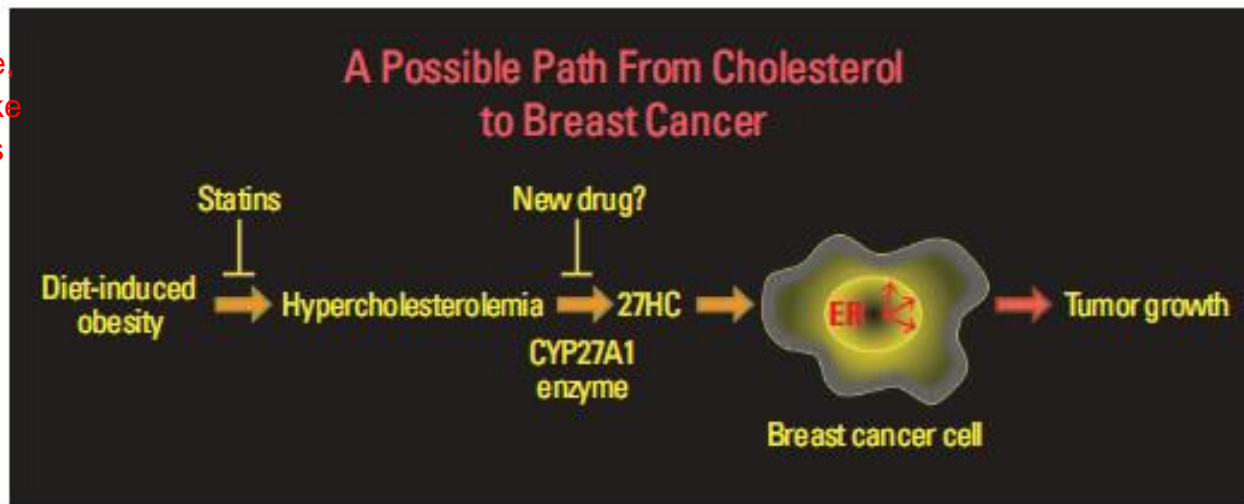
useful figure



## Cholesterol and breast cancer development

- Hypercholesterolemia and metabolic syndrome are risk factors for breast cancer.
- The cholesterol metabolite **27-hydroxycholesterol (27-HC)** mimics estrogen in certain tissues. Estrogen-driven breast tumors may rely on 27-HC to grow when estrogen isn't available.
- Aggressive breast tumors have higher levels of CYP27A1, which converts cholesterol into 27-HC. Breast cancer patients with low tumor levels of CYP7B1, an enzyme that breaks down 27-HC, didn't live as long as women with the highest levels.
- 27-HC may play a role in other hormone-driven cancers (e.g. Endometrial cancer).

in cancer (e.g.):  
when A is not available,  
cancer cells might make  
use of B, which mimics  
the function of A in  
certain areas (either  
a subset of all areas  
or all areas)



ER = estrogen receptor