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Cancer therapy-induced PAFR ligand expression: any role for caspase activity?

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Our recent Opinion article discussed the oncogenic effects of engaging apoptosis and their impact on cancer (Nat. Rev. Cancer 16, 539–548; 2016)¹. We would like to thank Roger Chammas, Luciana Nogueira de Sousa Andrade and Sonia Jancar for their correspondence on our article (Nat. Rev. Cancer (2017) doi:10.1038/nrc.2017.15)². Caspase protease activity is essential for apoptotic cell death. Among hundreds of diverse substrates, caspases cleave Ca2+-independent phospholipase A2 (iPLA2) leading to its activation^{3,4}; active iPLA2 cleaves phosphatidylcholine to give arachidonic acid and lysophosphatidylcholine (LPC). Through cyclooxygenase enzymatic activity, arachidonic acid can be converted into prostaglandin E2 (PGE2) — a prostanoid that has tumour-promoting properties. Consequently, this provides one means whereby caspase-dependent apoptosis could promote cancer⁵.

Chammas and colleagues² highlight oncogenic functions for platelet-activating factor receptor (PAFR) signalling; this is mediated following receptor binding to plateletactivating factor (PAF) and related PAFR ligands. Various cell-killing anticancer therapies, notably radiation, are strong inducers of PAF and PAFR ligands. As the authors discuss, during apoptosis PAF might be produced from LPC (generated by caspaseactivated iPLA2) through the action of lysophosphatidylcholine acyltransferases (LPCATs). Although we find this possibility interesting, it is unknown whether apoptotic cells generate PAF in a caspase-dependent manner. Indeed, radiation and chemotherapies induce PAF and PAFR ligands in a nonenzymatic manner (dependent on phospholipid oxidation)^{6,7}, arguing against a major role for caspase-dependent generation of PAF. Given this, the rationale for directly targeting PAFR signalling in cancer therapy seems more compelling than that for inhibiting putative, caspase-dependent PAF generation.

¹ Ichim, G. & Tait, S. W. A fate worse than death: apoptosis as an oncogenic process. Nat. Rev. Cancer 16, 539–548 (2016).

² Chammas, R., Andrade, L. N. D. S. & Jancar, S. Oncogenic effects of PAFR ligands produced in the tumor microenvironment exposed to chemo- and radiotherapy. Nat. Rev. Cancer http://dx.doi. org/10.1038/nrc.2017.15 (2017).

³ Zhao, X. et al. Caspase-3-dependent activation of calcium-independent phospholipase A2 enhances cell migration in non-apoptotic ovarian cancer cells. J. Biol. Chem. 281, 29357–29368 (2006).

⁴ Lauber, K. et al. Apoptotic cells induce migration of phagocytes via caspase-3-mediated release of a lipid attraction signal. Cell 113, 717–730 (2003).

⁵ Huang, Q. et al. Caspase 3-mediated stimulation of tumor cell repopulation during cancer radiotherapy. Nat. Med. 17, 860–866 (2011).

⁶ Sahu, R. P. et al. Radiation therapy generates plateletactivating factor agonists. Oncotarget 7, 20788–20800 (2016).

⁷ Sahu, R. P. et al. Chemotherapeutic agents subvert tumor immunity by generating agonists of plateletactivating factor. Cancer Res. 74, 7069–7078 (2014).