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SHEDDING NEW LIGHT ON NEURODEGENERATIVE DISEASES THROUGH THE MAMMALIAN TARGET OF RAPAMYCIN

Zhao Zhong Chong^{1,3}, Yan Chen Shang^{1,3}, Shaohui Wang^{1,3}, and Kenneth Maiese^{*,1,2,3}

¹Laboratory of Cellular and Molecular Signaling, New Jersey 07101

²Cancer Institute of New Jersey, New Jersey 07101

³New Jersey Health Sciences University Newark, New Jersey 07101

Abstract

Neurodegenerative disorders affect a significant portion of the world's population leading to either disability or death for almost 30 million individuals worldwide. One novel therapeutic target that may offer promise for multiple disease entities that involve Alzheimer's disease, Parkinson's disease, epilepsy, trauma, stroke, and tumors of the nervous system is the mammalian target of rapamycin (mTOR). mTOR signaling is dependent upon the mTORC1 and mTORC2 complexes that are composed of mTOR and several regulatory proteins including the tuberous sclerosis complex (TSC1, hamartin/ TSC2, tuberin). Through a number of integrated cell signaling pathways that involve those of mTORC1 and mTORC2 as well as more novel signaling tied to cytokines, Wnt, and forkhead, mTOR can foster stem cellular proliferation, tissue repair and longevity, and synaptic growth by modulating mechanisms that foster both apoptosis and autophagy. Yet, mTOR through its proliferative capacity may sometimes be detrimental to central nervous system recovery and even promote tumorigenesis. Further knowledge of mTOR and the critical pathways governed by this serine/threonine protein kinase can bring new light for neurodegeneration and other related diseases that currently require new and robust treatments.

Keywords

apoptosis; autophagy; mTOR; neurodegeneration; rapamycin; stem cells

1. Introduction

As a serine/threonine protein kinase, mammalian target of rapamycin (mTOR) oversees a number of cellular pathways that involve transcription, cytoskeletal organization, cell maturation, cell proliferation, and survival. The activity of mTOR is modulated through phosphorylation of its specific residues in response to the alteration of nutritional status, growth factors, mitogens, and hormones (Floyd *et al.*, 2007; Good *et al.*, 2008; Recchia *et al.*, 2009) and has been implicated in a variety of diseases (Benjamin *et al.*, 2011; Chong *et*

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***Corresponding Author:** Kenneth Maiese, MD, Laboratory of Cellular and Molecular Signaling, Cancer Center, F 1220, New Jersey Health Sciences University, 205 South Orange Avenue, Newark, NJ 07101. wntin75@yahoo.com.

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Conflicts

There are no conflicts to disclose.

et al., 2010b; Hwang and Kim, 2011; Vigneron *et al.*, 2011; Zoncu *et al.*, 2011). mTOR was initially isolated in *Saccharomyces cerevisiae* through the analysis of rapamycin toxicity using rapamycin-resistant TOR mutants in yeast that resulted in the identification of the genes *TOR1* and *TOR2* (Heitman *et al.*, 1991). The gene *TOR* is present as a single gene in higher organisms (Weber and Gutmann, 2012).

The mTOR protein is the catalytic component of two mTOR complexes termed mTOR Complex 1 (mTORC1) and mTOR Complex 2 (mTORC2) (Loewith *et al.*, 2002), each of which contains mTOR and several regulatory proteins. mTORC1 and mTORC2 have different sensitivities to rapamycin. Rapamycin (sirolimus) is metabolite that was isolated from the bacterial strain *Streptomyces hygroscopicus* found in a soil sample from Rapa Nui Island (Easter Island) in the South Pacific (Sehgal *et al.*, 1975; Vezina *et al.*, 1975). The metabolite can specifically inhibit the activity of mTOR was found to have the macrocyclic lactone and identified as macrolide antibiotic, which then was designated as rapamycin in honor of the original point of discovery. mTORC1 is more sensitive and is acutely inhibited by rapamycin treatment, while mTORC2 is relatively resistant to rapamycin and prolonged treatment is required for rapamycin to inhibit mTORC2 (Sarbasov *et al.*, 2006). Rapamycin inhibits mTORC1 by binding to immunophilin FK-506-binding protein 12 (FKBP12) and thereby attaches to mTOR at the C-terminal to prevent mTOR activation (Chen *et al.*, 1995). Rapamycin inhibits mTORC2 *via* disrupting the assembly and the integrity of mTORC2 (Sarbasov *et al.*, 2006).

2. Molecular Domains and Cellular Expression of mTOR

2.1 Molecular Domains of mTOR

mTOR is a 289 kDa, multiple domain-protein that can undergo post-translational changes through phosphorylation and association with multiple proteins. The carboxy-terminal (C-terminal) kinase domain consists of a conserved sequence with homology to the catalytic domain of phosphoinositide 3-kinase (PI 3-K) (Abraham, 2004) (Table 1). The C-terminal also contains a small regulatory domain for the phosphorylation sites of mTOR that involve serine²⁴⁴⁸ (Reynolds *et al.*, 2002), serine²⁴⁸¹ (Peterson *et al.*, 2000), threonine²⁴⁴⁶, serine²¹⁵⁹, and threonine²¹⁶⁴ (Ekim *et al.*, 2011) which function to regulate mTOR activity. Serine²⁴⁴⁸ is an important target for protein kinase B (Akt) and the p70 ribosomal S6 kinase (p70S6K) (Chiang and Abraham, 2005; Reynolds *et al.*, 2002). An autocatalytic site of mTOR phosphorylation that is rapamycin insensitive is serine²⁴⁸¹ (Soliman *et al.*, 2010). Threonine²⁴⁴⁶ is phosphorylated by AMP activated protein kinase (AMPK) and p70S6K (Holz and Blenis, 2005). Combined phosphorylation at serine²¹⁵⁹ and threonine²¹⁶⁴ increases mTOR activity by modulating the mTOR-Raptor and Raptor-PRAS40 interactions and promotes autophosphorylation of serine²⁴⁸¹ (Ekim *et al.*, 2011). Other domains of the C-terminal are FKBP12 (FK506 binding protein 12)-rapamycin-binding domain (FRB) that is the docking site for FKBP12- rapamycin complex, FAT domain [FKBP associated protein (FRAP), ataxia-telangiectasia (ATM), transactivation/transformation domain-associated protein (TRRAP)], and FATC domain (FRAP, ATM, TRRAP, Carboxy terminal) (Takahashi *et al.*, 2000). The FAT domain is adjacent to the FKBP12-rapamycin binding domain (FRB) and promotes interaction between mTOR and FKBP12 protein when bound to rapamycin (Chen *et al.*, 1995).

The N-terminal of mTOR contains at least a 20 HEAT (Huntingtin, Elongation factor 3, A subunit of protein phosphatase-2A (PP2A), and TOR1) repeat (Table 1). This region provides the site of protein interaction between mTOR and Raptor or the rapamycin-insensitive companion of mTOR (Rictor) and has been associated with multimerization of mTOR (Takahara *et al.*, 2006). Serine¹²⁶¹ within the HEAT domain in mTORC1 and mTORC2 can be phosphorylated during insulin signaling through PI 3-K to lead to an

increase in the activity of mTOR. Serine¹²⁶¹ phosphorylation also is required for mTOR serine²⁴⁸¹ autophosphorylation (Acosta-Jaquez *et al.*, 2009).

2.2 Cellular Expression of mTOR

Alterations in the exposure to growth factors, hormones, or mitogens (Carriere *et al.*, 2008; Mounier *et al.*, 2006; Shang *et al.*, 2012) as well as changes in cellular metabolism (Gwinn *et al.*, 2008) can influence the expression and activity of mTOR through its multiple domains. mTOR is ubiquitously expressed in most cells and tissues. mTOR transcript expression has been demonstrated in both differentiated and undifferentiated embryonic stem cells and in the cells of mouse brain, lung, heart, liver, testis, stomach, kidney, spleen, thymus, small intestine, muscle, and skin. The highest expression has been observed in the testis and kidney (Murakami *et al.*, 2004).

In the central nervous system (CNS), mTOR and its signaling components are present in brain endothelial cells (ECs) (Galan-Moya *et al.*, 2011; Land and Tee, 2007), neurons (Cota *et al.*, 2006; Li *et al.*, 2005b), inflammatory microglia (Chong *et al.*, 2007b; Dello Russo *et al.*, 2009; Shang *et al.*, 2011, 2012), and astrocytes (Codeluppi *et al.*, 2009; Pastor *et al.*, 2009). Under normal physiological conditions, cell expression of mTOR and its signaling pathways may be held at low levels of expression, such as in astrocytes and the dorsal root ganglion (Codeluppi *et al.*, 2009; Xu *et al.*, 2010). However, during periods of injury such as ischemia to the spinal cord, mTOR signaling can become highly active (Codeluppi *et al.*, 2009). Exposure to toxic β -amyloid (A β) can initially increase and subsequently decrease mTOR signaling that may ultimately determine cell survival. For example, inhibition of mTOR signaling with rapamycin may exacerbate amyloid toxicity (Lafay-Chebassier *et al.*, 2006), amyloid may block mTOR activity that can be protective (Chen *et al.*, 2009b; Lafay-Chebassier *et al.*, 2005), and in several scenarios mTOR activity is required for protection against A β toxicity (Lafay-Chebassier *et al.*, 2005; Ma *et al.*, 2010; Shang *et al.*, 2012). In addition, neurodegenerative cell injury during oxidative stress may be influenced by alterations in mTOR expression and activity (Malagelada *et al.*, 2006).

3. Cellular Signaling and Functional Targets of the mTOR Complexes

3.1 mTORC1

The main feature of mTORC1 is that mTOR Complex 1 (mTORC1) uses the rapamycin sensitive scaffolding protein of mTOR, Raptor, to allow mTORC1 to bind to its substrates (Kim *et al.*, 2002). Raptor is a 150 kDa mTOR binding protein, an essential component of the mTORC1, and functions to recruit the mTOR substrates the eukaryotic initiation factor 4E-binding protein 1 (4EBP1) and the serine/threonine kinase ribosomal protein p70S6K to the mTORC1 complex (Hara *et al.*, 2002; Kim *et al.*, 2002). The binding of Raptor to mTOR is necessary for the mTOR-catalyzed phosphorylation of 4EBP1 *in vitro* and raptor strongly enhances mTOR kinase activity toward p70S6K (Hara *et al.*, 2002). Phosphorylation of Raptor regulates the activity of mTORC1. Activation of the Ras- extracellular signal-regulated kinase (ERK) pathway leads to high Raptor phosphorylation on RXRXXpS/T consensus motifs. The ribosomal S6 kinase 1 (RSK1) and RSK2 are required for Raptor phosphorylation, since Raptor mutants lacking RSK-dependent phosphorylation sites markedly reduce mTOR phosphotransferase activity (Carriere *et al.*, 2008). Ras homologue enriched in brain (Rheb) over-expression also increases phosphorylation on Raptor residue serine⁸⁶³ as well as on five other identified residues that include serine⁸⁵⁹, serine⁸⁵⁵, serine⁸⁷⁷, serine⁶⁹⁶, and threonine⁷⁰⁶. In addition, Raptor leads to mTORC1 activity through serine⁸⁶³ phosphorylation, since the site-directed mutation of Raptor on serine⁸⁶³ reduces mTORC1 activity (Wang *et al.*, 2009). mTOR, once activated, also controls Raptor activity and phosphorylates Raptor that can be stimulated by insulin and inhibited by rapamycin.

Raptor also can be phosphorylated through protein p90 ribosomal S6 kinase (RSK). RSK can phosphorylate three evolutionarily conserved Raptor serine residues including serin⁷¹⁹, serine⁷²¹, and serine⁷²² to activate mTORC1 (Carriere *et al.*, 2008). Yet, mutation of Raptor at RSK-dependent phosphorylation sites dose not affect the interaction between mTOR and its substrates, suggesting that RSK induced Raptor phosphorylation modulates mTORC1 activity without altering the scaffolding function between mTOR and its substrates (Carriere *et al.*, 2008).

Raptor also can regulate mTORC1 activity through other signaling pathways. For example, I κ B kinase (IKK) is a downstream target of Akt that regulates the transcriptional activity of nuclear factor- κ B (NF- κ B). Among three subunits of IKK, IKK α and IKK β are the catalytic subunits that have serine/threonine kinase activity and IKK γ is a regulatory unit that is essential for IKK function (Maiese *et al.*, 2008c; Maiese *et al.*, 2008e). In resting cells, NF- κ B is held captive by proteins of the I κ B family and sequestered in the cytoplasm. Tumor necrosis factor- α (TNF- α) or oxidative stress stimulate the activation of the IKK complex, which phosphorylate I κ B, ensuring that it is ubiquitinated by the addition of a ubiquitin group, degraded, leading to the release of the bound NF- κ B. The liberated NF- κ B can then translocate to the nucleus and activate its target genes (Maiese *et al.*, 2005; Teng and Tang, 2010). IKK α can regulate mTOR activity through its association with Raptor. IKK α expression can promote mTORC1 activation that is downstream from Akt (Dan *et al.*, 2007). Of note, IKK β can physically interact with and phosphorylate TSC1 (hamartin) on serine⁴⁸⁷ and serine⁵¹¹, resulting in the suppression of TSC1 and the subsequent activation of mTOR (Figure 1). The IKK β -mediated TSC1 phosphorylation impairs the integrity of the tuberous sclerosis complex (TSC1, hamartin/ TSC2, tuberin) complex and activates the mTOR pathway (Lee *et al.*, 2007). Raptor also has been identified as a direct substrate of AMPK. AMPK phosphorylates Raptor at serine⁷²² and serine⁷⁹². The phosphorylation of Raptor results in its dissociation from mTOR and switches the binding of Raptor to the cytoplasmic docking protein 14-3-3, leading to the inhibition of mTORC1 (Gwinn *et al.*, 2008). In addition, Ras small GTPase (Rag) proteins lead to mTORC1 activation through Raptor (Figure 2). Rag proteins are a family of four related guanosine phosphatases (GTPases) that have been linked to the regulation of mTORC1 signaling (Li *et al.*, 2010; Sancak *et al.*, 2010). The expression of a Rag mutant that is constitutively bound to GTP within cells results in the resistance of the mTORC1 pathway to amino acid deprivation. In addition, expression of a GDP-bound Rag mutant prevents amino acid activation of mTORC1 (Sancak *et al.*, 2008). In mammalian cells, RagA or RagB form heterodimers with either RagC or RagD that strongly bind to Raptor. The binding of Rag GTPases to Raptor is necessary and sufficient to mediate amino acid activation of mTORC1 (Sancak *et al.*, 2008).

The remaining components of mTORC1 include the proline rich Akt substrate 40 kDa (PRAS40), mammalian lethal with Sec13 protein 8 (mLST8), and DEP domain-containing mTOR interacting protein (Deptor) (Guertin *et al.*, 2006; Oshiro *et al.*, 2007; Peterson *et al.*, 2009). PRAS40, also termed Akt1s1, contains up to 15% proline residues, a consensus sequence (RXRXXS/T) for protein kinase B (Akt), and a consensus sequence (RXXpS/pT) for protein 14-3-3 binding (Kovacina *et al.*, 2003). PRAS40 inhibits mTORC1 activity by associating with Raptor (Wang *et al.*, 2012a; Wang *et al.*, 2007) and can competitively inhibit the binding of mTORC1 substrates p70S6K and 4EBP1 to Raptor (Sancak *et al.*, 2007; Wang *et al.*, 2007) (Figure 2). Over-expression of PRAS40 can reduce phosphorylation of p70S6K and 4EBP1. Depletion of PRAS40 through RNA interference enhances amino-acid induced phosphorylation of p70S6K and 4EBP1 (Oshiro *et al.*, 2007). In contrast, over-expression of p70S6K or 4EBP1 prevents phosphorylation of PRAS40 and leads to the inability of PRAS40 to bind to Raptor.

PRAS40 activity is regulated by phosphorylation on serine¹⁸³, serine²¹², serine²²¹, and threonine²⁴⁶ (Oshiro *et al.*, 2007; Wang *et al.*, 2008). Akt phosphorylates threonine²⁴⁶ on PRAS40 and results in the dissociation of PRAS40 from mTORC1 (Sancak *et al.*, 2007). This ultimately leads to the binding of phosphorylated PRAS40 to protein 14-3-3 to inhibit PRAS40 and activate mTORC1 (Kovacina *et al.*, 2003; Vander Haar *et al.*, 2007). mTORC1 can phosphorylate PRAS40 at the serine residues. Phosphorylation of PRAS40 on threonine²⁴⁶ may be required for mTOR phosphorylation of serine¹⁸³, since inhibition of threonine²⁴⁶ phosphorylation diminishes insulin-induced phosphorylation of PRAS40 on serine¹⁸³ by mTORC1 (Nascimento *et al.*, 2010). mTORC1 phosphorylation of PRAS40 on serine²²¹ also leads to PRAS40 dissociation from mTORC1 and the binding to protein 14-3-3 (Nascimento *et al.*, 2010; Wang *et al.*, 2008). Phosphorylation of PRAS40 on serine²²¹ and serine¹⁸³, but not serine²¹² is sensitive to rapamycin (Wang *et al.*, 2008).

Deptor negatively regulates the activity of mTORC1 and binds to the FAT domain of mTOR (Peterson *et al.*, 2009). Growth factors can lead to the activation of RSK1 and S6K1 kinases to phosphorylate Deptor that is subsequently ubiquitinated and degraded by SCF (Skp, Cullin, F-box)- β TrCP E3 ligase. This process requires mTOR dependent phosphorylation of Deptor, in conjunction with casein kinase I, to generate a phosphodegron that binds protein β TrCP to control the degradation of Deptor (Duan *et al.*, 2011; Gao *et al.*, 2011). Without β TrCP, Deptor can accumulate and inactivate mTORC1 (Zhao *et al.*, 2011).

mLST8, also termed G protein β -subunit like protein (G β L), is a 36 kDa peripheral membrane protein that contains 7 repeats of tryptophan and aspartate residues (WD-40 repeats) and localizes to endosomal or Golgi membranes (Chen and Kaiser, 2003). mLST8 promotes the stabilization of the Raptor and mTOR association and is a necessary component for rapamycin to disrupt the interaction between Raptor and mTOR (Kim *et al.*, 2003). mLST8 can control insulin signaling through FoxO3 (Guertin *et al.*, 2006).

3.2 mTORC2

mTORC2 is different from mTORC1 since it contains the rapamycin insensitive protein Rictor instead of Raptor. mTORC2 shares several common components with mTORC1, such as mTOR, mLST8, and Deptor. Yet, mTORC2 also associates with mammalian stress-activated protein kinase interacting protein (mSIN1), protein observed with Rictor-1 (Protor-1), and proline rich protein 5 (PRR5) like protein (PRR5L). The primary functions of mTORC2 are to modulate cytoskeleton organization cytoskeleton organization (Jacinto *et al.*, 2004), endothelial cell survival and migration (Dada *et al.*, 2008), and cell cycle progression (Rosner *et al.*, 2009). mTORC2 may regulate the organization of actin cytoskeleton by phosphorylating and activating protein kinase C alpha (PKC α) (Sarbasov *et al.*, 2004) and Akt signaling involving Rho GTPase (Hernandez-Negrete *et al.*, 2007; Jacinto *et al.*, 2004; Sarbasov *et al.*, 2005). Rho signaling pathways through mTORC2 regulate cell-to-cell contact (Gulhati *et al.*, 2011). Expression of the constitutive active forms of the Rho GTPases promote organization of the actin skeleton and prevent the actin defect due to loss of mTORC2. P-Rex1 and P-Rex2 are also targets of mTORC2. P-Rex1 and P-Rex2 are linked to Rac activation and cell migration (Hernandez-Negrete *et al.*, 2007). In addition, serum- and glucocorticoid-induced protein kinase 1 (SGK1) appears to be another mTORC2 substrate. SGK1 is a member of the protein kinase A/protein kinase G/protein kinase C (AGC) family of protein kinases (Maiese *et al.*, 2010) and is activated by growth factors. mTORC2 can control the hydrophobic motif phosphorylation and activity of SGK1 leading to the activation of SGK1 that can control ion transport and cell growth (Garcia-Martinez and Alessi, 2008). mTORC2 also may regulate Rac activation and cell migration through activating Rac guanine exchange factors P-Rex1 (Hernandez-Negrete *et al.*, 2007).

Rictor is relatively insensitive to rapamycin and is essential for the assembly and the activity of mTORC2 to activate Akt (Masri *et al.*, 2007; Sarbassov *et al.*, 2005). The Rictor-mTORC2 complex phosphorylates Akt on serine⁴⁷³ and facilitates threonine³⁰⁸ phosphorylation by phosphoinositide-dependent kinase 1 (PDK1) (Hresko and Mueckler, 2005; Sarbassov *et al.*, 2005). Acetylation of Rictor also has been demonstrated to promote the activity of mTORC2. In addition to a stability region that is critical for interaction with mSIN1 and mLST8, Rictor also contains a region for acetylation (Glidden *et al.*, 2012). The transcriptional coactivator p300-mediated acetylation of Rictor increases mTORC2 activity toward Akt and inhibition of deacetylases promotes insulin-like growth factor (IGF) induced Akt phosphorylation. In contrast, site-directed mutants within the acetylation region of Rictor prevent IGF induced mTORC2 activation (Glidden *et al.*, 2012). In contrast, phosphorylation of Rictor negatively regulates mTORC2 activity. Serum, insulin and IGF can result in the phosphorylation of Rictor that can be blocked by rapamycin, mTOR knockdown, or expression of integrin-linked kinase (Akcanat *et al.*, 2007; Boulbes *et al.*, 2010). Phosphorylation of Rictor on threonine¹¹³⁵ is dependent upon p70S6K that is downstream of mTORC1 signaling (Dibble *et al.*, 2009; Julien *et al.*, 2010). In relation to mLST8 and Rictor, mLST8 maintains the Rictor-mTORC2 interaction along with the phosphorylation of Akt and PKC α by Rictor (Guertin *et al.*, 2006).

Similar to its effect on mTORC1, Deptor also can negatively regulate the activity of mTORC2 (Peterson *et al.*, 2009). mTORC1 and mTORC2 can inhibit Deptor expression (Benjamin *et al.*, 2011; Chong *et al.*, 2010b; Hwang and Kim, 2011). Deletion of Deptor leads to the activation of mTORC1, mTORC2, and their downstream targets such as p70S6K, Akt, and SGK1. Deptor over-expression suppresses p70S6K, but activates Akt by relieving feedback inhibition from mTORC1 through the PI 3-K signaling pathway. In addition, in some forms of cancer, Deptor expression is necessary for Akt signaling (Peterson *et al.*, 2009).

mSIN1 is necessary for the assembly of mTORC2 and for the ability of mTORC2 to phosphorylate Akt (Frias *et al.*, 2006; Yang *et al.*, 2006). Genetic ablation of *msin1* abolishes Akt serine⁴⁷³ residue phosphorylation and disrupts the Rictor-mTOR interaction, suggesting that the mSIN1-Rictor-mTOR complex is necessary for Akt serine⁴⁷³ residue phosphorylation that is required for mTORC2 to support cell survival (Jacinto *et al.*, 2006). Rictor and mSIN1 have been shown to stabilize each other to form the structural basis of mTORC2 (Frias *et al.*, 2006). The residue of glycine⁹³⁴ in Rictor may play an important role for the interaction between Rictor and mSIN1 and for the maintenance of the mTORC2 integrity, since point mutation of glycine⁹³⁴ prevents the binding of Rictor to mSIN1 and the assembly of mTORC2 (Aimbetov *et al.*, 2011). Recently, mTOR has been shown to phosphorylate mSIN1 to prevent its lysosomal degradation, suggesting that mTOR kinase activity is required for mSIN1 stability (Chen and Sarbassov *et al.*, 2011).

Protor-1 and PRR5L also play a role in modulating mTORC2 function. Protor-1 is a Rictor-binding subunit of mTORC2 that does not appear to alter other mTORC2 components to phosphorylate Akt or PKC α (Pearce *et al.*, 2007). Yet, Protor-1 may function to activate SGK1. In experimental models, loss of Protor-1 leads to a reduction in the hydrophobic motif phosphorylation of SGK1 and its substrate N-Myc downregulated gene 1 in the kidney (Pearce *et al.*, 2011). PRR5L interacts with Rictor and also acts downstream of mTORC2. PRR5L binds specifically to mTORC2 via Rictor and/or mSIN1. Yet, PRR5L does not appear to be necessary for the mTOR-Rictor interaction or for mTOR activity toward Akt phosphorylation (Thedieck *et al.*, 2007). PRR5L is pro-apoptotic and its knockdown prevents TNF- α /cycloheximide induced apoptosis (Thedieck *et al.*, 2007). In addition, PRR5L knockdown inhibits platelet-derived growth factor receptor beta induced Akt and

p70S6K phosphorylation and reduces cell proliferation rates, suggesting a role of PRR5L in cell growth and mTORC2 signaling pathways (Woo *et al.*, 2007).

3.3 4EBP1 and p70S6K

Two well-established downstream targets of mTORC1 are 4EBP1 and p70S6K (Figure 2). As previously noted, mTORC1 binds to Raptor to promote the mTOR-catalyzed phosphorylation of 4EBP1 that also increases the kinase activity of mTORC1 toward p70S6K (Hara *et al.*, 2002). Binding of 4EBP1 and p70S6K to Raptor can be prevented during activation of PRAS40. During periods of hypophosphorylation, 4EBP1 can block protein translation by binding to eukaryotic translation initiation factor 4 epsilon (eIF4E) through the eukaryotic translation initiation factor 4 gamma (eIF4G), a protein that transfers mRNA to the ribosome. mTORC1 phosphorylation of 4EBP1 leads to the dissociation of 4EBP1 from eIF4E to allow eIF4G to begin mRNA translation (Bhandari *et al.*, 2001; Gingras *et al.*, 1998). mTORC1 also promotes mRNA biogenesis, translation of ribosomal proteins, and cell growth through the phosphorylation of p70S6K (Fingar *et al.*, 2004; Jastrzebski *et al.*, 2007).

3.4 Tuberous sclerosis complex (TSC1, hamartin/ TSC2, tuberin)

Tuberous sclerosis complex (TSC1, hamartin/ TSC2, tuberin) is closely integrated in the regulation of mTORC1 and mTORC2 (Figure 1). The TSC1/TSC2 complex is a negative regulator of mTORC1 by controlling the activity of Ras homologue enriched in brain (Rheb). Rheb-GTP can directly interact with Raptor and activate mTORC1 complex. Rheb also regulates the binding of 4EBP1 to mTORC1 (Sato *et al.*, 2009). In addition, Rheb can regulate mTOR through FKBP38, a member of FKBP family that is structurally related to FKBP12. FKBP38 is an endogenous inhibitor of mTOR and reduces the activity of mTOR through association with mTORC1. Rheb interacts directly with FKBP38 and prevents its association with mTOR in a guanosine 5'-triphosphate (GTP)-dependent manner (Bai *et al.*, 2007). TSC2 functions as a GTPase-activating protein (GAP) to convert active Rheb-GTP to the inactive GDP-bound form (Rheb-GDP) resulting in the inhibition of mTORC1 (Inoki *et al.*, 2002).

TSC1/TSC2 activity is regulated by phosphorylation with the identification of several sites in TSC1 that include threonine⁴¹⁷, threonine¹⁰⁴⁷, and serine⁵⁸⁴ (Astrinidis *et al.*, 2003). However, phosphorylation of TSC2 by Akt, extracellular signal-regulated kinases (ERK), RSK1, AMPK, or glycogen synthase kinase -3 β (GSK-3 β) may be more important to block TSC1/TSC2 activity (Cai *et al.*, 2006; Inoki *et al.*, 2002; Ma *et al.*, 2005; Nellist *et al.*, 2005). Akt is a central mediator for cell growth and survival (Chong and Maiese, 2007; Faghiri and Bazan, 2010; Fokas *et al.*, 2012; Hou *et al.*, 2010a; Maiese *et al.*, 2009b), cellular metabolism (Chen *et al.*, 2012; Deblon *et al.*, 2012; Hou *et al.*, 2010a; Maiese *et al.*, 2007a; Saha *et al.*, 2010), mitochondrial signaling (Campos-Esparza *et al.*, 2009; Das *et al.*, 2011; Hou *et al.*, 2011; Li *et al.*, 2006a; Wang *et al.*, 2012d; Zeng *et al.*, 2011), and tumorigenesis (Chong *et al.*, 2005a; Chung *et al.*, 2012; Heublein *et al.*, 2010; Janku *et al.*, 2012; Zou *et al.*, 2012). Akt phosphorylates TSC2 on multiple sites resulting in the destabilization of TSC2 and disruption of its interaction with TSC1 (Inoki *et al.*, 2002; Potter *et al.*, 2002). The phosphorylation of TSC2 by Akt on the residues of serine⁹³⁹, serine⁹⁸¹, and threonine¹⁴⁶² can result in the sequestration of TSC2 by the anchor protein 14-3-3. Once sequestered, TSC2 cannot suppress Rheb and this leads to the activation of Rheb and mTORC1 (Cai *et al.*, 2006). Loss of Akt phosphorylation of TSC2 also inhibits p70S6K activation (Manning *et al.*, 2002). In regards to ERK signaling, Ras-ERK has been associated with the activation of mTORC1. ERK is activated upon Ras induced activation of mitogen activated kinase/ERK kinase (MEK) and the phosphorylation of TSC. ERK-dependent phosphorylation on serine⁶⁶⁴ of TSC2 leads to the dissociation of TSC1-TSC2

and impairment of TSC2 to inhibit mTOR signaling (Ma *et al.*, 2005). ERK activated kinase, p90 RSK1, phosphorylates TSC2 on serine¹⁷⁹⁸, inhibits the function of the TSC1/TSC2 complex, and leads to an increase in activity of mTOR and p70S6K phosphorylation (Roux *et al.*, 2004).

Interestingly, phosphorylation of the TSC1/TSC2 complex may represent one of several mechanisms to control mTORC1. AMPK phosphorylates TSC2 on serine¹³⁸⁷ (human) or serine¹³⁴⁵ (rat) to foster GAP activity and turn Rheb-GTP into Rheb-GDP, thus inhibiting the activity of mTORC1 (Inoki *et al.*, 2003). During periods of impaired cellular energy production, AMPK serves as a sensor for cellular energy status and can be activated by increased levels of AMP or the AMP/ATP ratio (Kahn *et al.*, 2005). Low energy activates AMPK and subsequently blocks mTORC1 by phosphorylating TSC2 (Inoki *et al.*, 2003; Sofer *et al.*, 2005). AMPK also can modulate TSC1/2 activity through RTP801 (REDD1/product of the *Ddit4* gene). During hypoxia, AMPK activity can promote REDD1 expression (Schneider *et al.*, 2008) that can suppress mTORC1 activity by releasing TSC2 from its inhibitory binding to protein 14-3-3 (DeYoung *et al.*, 2008). Disruption of REDD1 blocks the hypoxia-induced inhibition of mTOR (Brugarolas *et al.*, 2004). The tumor suppressor liver kinase B1 (LKB1) also can regulate the activation of AMPK and mTORC1. LKB1 is a serine/threonine kinase and a major kinase that phosphorylates AMPK under the conditions of cellular energy deficiency (Kahn *et al.*, 2005). LKB1 phosphorylates AMPK on the residue of threonine¹⁷² resulting in AMPK activation followed by mTORC1 inhibition (Shaw *et al.*, 2004). In addition, the tumor suppressor p53 has been demonstrated to activate AMPK under oxidative and genotoxic stress (Budanov and Karin, 2008). Two p53 target genes, *sestrin 1* and *sestrin 2*, have been identified to suppress mTORC1. Over-expression of Sestrin1 and Sestrin 2 activates AMPK, which phosphorylates TSC2 that subsequently inhibits the activity of mTORC1 (Budanov and Karin, 2008).

In contrast to mTORC1, the TSC1/2 complex appears to promote the activity of mTORC2. Loss of a functional TSC1/TSC2 complex can lead to the loss of mTORC2 kinase activity *in vitro* (Huang *et al.*, 2008; Huang *et al.*, 2009a). Studies suggest that the TSC1/2 complex can directly stimulate the *in vitro* kinase activity of mTORC2 through the interaction between the N-terminal region of TSC2 and the C-terminal region of Rictor (Huang *et al.*, 2009a).

4. Stem Cell Proliferation and Differentiation with mTOR

In the nervous system, mTOR signaling provides the necessary guidance for neuronal stem cell development and migration (Table 2). mTOR signaling is necessary for insulin-induced neuronal differentiation in neuronal progenitor cells (Han *et al.*, 2008). In addition, mTOR pathways involving REDD1 can control neuronal migration and cortical patterning (Malagelada *et al.*, 2011). Without mTOR signaling, stem cell development can be halted. Deletion of the C-terminal six amino acids of mTOR, which are essential for kinase activity, leads to a decrease in proliferation of embryonic stem cells (Murakami *et al.*, 2004). Complete ablation of *mTOR* leads to lethality and arrest of embryonic stem cell proliferation (Gangloff *et al.*, 2004). As a downstream target of mTOR, p70S6K is vital for protein translational control and stem cell differentiation. Expression of constitutively active p70S6K or the siRNA-mediated knockdown of both TSC2 and Rictor to increase p70S6K activation results in the differentiation of human embryonic stem cells (Easley *et al.*, 2010). The activity of mTOR is also essential for the long-term undifferentiated growth of human embryonic stem cell, since inhibition of mTOR impairs pluripotency, prevents cell proliferation, and enhances mesoderm and endoderm activities in embryonic stem cells (Zhou *et al.*, 2009). However, the timing and degree of mTOR signaling also can impact neuronal stem cell development. Sustained activation of the mTOR pathway can lead to neuronal stem cell premature differentiation and impaired maturation (Magri *et al.*, 2011).

mTOR signaling also can govern stem cell proliferation in vascular cells and human amniotic fluid stem cells (hAFSCs). hAFSCs may represent a promising research field for tissue regeneration, since hAFSCs usually harbor a lower risk for tumorigenesis, have high proliferation rates, and increased differentiation potential when compared to adult stem cells. The activation of mTOR is essential for hAFSCs to form embryoid bodies, the three-dimensional aggregates that are essential step for the differentiation of pluripotent embryonic stem cells (Valli *et al.*, 2010). In addition, renal tissue formation through hAFSCs is regulated by both mTORC1 and mTORC2 (Siegel *et al.*, 2010). mTOR signaling is also important for the development of the vascular system, since inhibition of mTOR pathways lead to endothelial progenitor cell death that may result from inhibiting growth factor signaling (Miriuka *et al.*, 2006). Growth factors, such as erythropoietin (EPO), can form a vital component for both neuronal and vascular cells and rely upon mTOR pathway signaling. EPO controls neuronal, inflammatory cell, and endothelial cell survival (Brunner *et al.*, 2012; Caprara and Grimm, 2012; Chalhoub *et al.*, 2012; Chong *et al.*, 2002, 2003a; Eipel *et al.*, 2012; Maiese *et al.*, 2008b; Maiese *et al.*, 2008d; Okaji *et al.*, 2012; Shang *et al.*, 2012; Talving *et al.*, 2012). EPO governs mTOR signaling for microglia survival during oxidative stress (Shang *et al.*, 2011) and for osteoblastogenesis and osteoclastogenesis (Kim *et al.*, 2012). Yet, mTOR may be associated with aging, since in hematopoietic stem cells mTOR activity is increased in the hematopoietic stem cells of older mice (Chen *et al.*, 2009a).

In addition to mTOR, pathways that involve PI 3-K and wingless can integrate with mTOR signaling to promote stem cell proliferation and maintain cellular homeostasis. Loss of either PI 3-K or mTOR alone results in reduced proliferation of neural stem cells during growth factor exposure without affecting the capacity to self-renew, illustrating that both PI 3-K and mTOR are dual factors necessary for the maintenance of neural stems (Sato *et al.*, 2010). In consideration of Wnt proteins and the wingless pathway, Wnt signaling oversees a host of cell process that include stem cell proliferation, cell development, cellular survival, and cellular aging (Fernandez-Martos *et al.*, 2011; L'Episcopo *et al.*, 2012; Li *et al.*, 2006c; Maiese *et al.*, 2008f; Maiese *et al.*, 2008h; Shang *et al.*, 2011; Su *et al.*, 2012; Vigneron *et al.*, 2011; Wang *et al.*, 2012c). The Wnt pathway can increase the activity of mTOR through GSK-3 β (Li *et al.*, 2005a; Maiese, 2008). GSK-3 β phosphorylates TSC2 on serine¹³³⁷ and serine¹³⁴¹ in combination with AMPK phosphorylation of TSC2 on serine¹³⁴⁵. These post-translation phosphorylations result in the inhibition of mTOR activity (Inoki *et al.*, 2006). As a result, Wnt proteins foster mTOR activation by inhibiting GSK-3 β through phosphorylation. In hematopoietic stem cells, a fine balance between Wnt and GSK-3 β activation is necessary to control self-renewal and lineage commitment (Huang *et al.*, 2009b).

5. mTOR and Cellular Demise with Oxidant Stress, Apoptosis, and Autophagy

5.1 Oxidant Stress and mTOR

Oxidative stress affects multiple systems of the body and can lead to the induction of both cellular apoptosis and autophagy (Chong *et al.*, 2012a; Maiese *et al.*, 2011b). Diseases associated with aging, cardiac disorders, immune system impairment, gastrointestinal disease, or cellular metabolism may be the result of the release of reactive oxygen species (ROS) that lead to oxidative stress (Ammar *et al.*, 2011; Chong *et al.*, 2005d; Du *et al.*, 2012; Escobar *et al.*, 2012; Rjiba-Touati *et al.*, 2012). In regards to the nervous system, cell injury related to toxin exposure (Wang *et al.*, 2012b; Xie *et al.*, 2012), cerebral ischemia (Chong *et al.*, 2010a; Du *et al.*, 2012; Li *et al.*, 2006b; Simao *et al.*, 2011), inflammation (Kato *et al.*, 2011; Kigerl *et al.*, 2012; L'Episcopo *et al.*, 2012; Shang *et al.*, 2009b, 2010), and A β

exposure (Chong *et al.*, 2005c; Lee *et al.*, 2012; Liu *et al.*, 2010b; Shang *et al.*, 2012; Zeng *et al.*, 2011) can be the result of oxidant stress. Oxidative stress in conjunction with mitochondrial dysfunction (Chong *et al.*, 2004b; Escobar *et al.*, 2012; Ghosh *et al.*, 2011; Jayaram *et al.*, 2011; Kang *et al.*, 2003b; Maiese and Chong, 2004) can lead to neurovascular diabetic complications (Jiang *et al.*, 2011; Maiese *et al.*, 2008g, 2011a; Yang *et al.*, 2011; Zengi *et al.*, 2011), cognitive disorders (Chong *et al.*, 2005b; Leuner *et al.*, 2007; Maiese *et al.*, 2009d; Zhang *et al.*, 2011), Alzheimer's disease (AD) (Bajda *et al.*, 2011; Maiese *et al.*, 2009a; Srivastava and Haigis, 2011), Parkinson's disease (PD) (Asaithambi *et al.*, 2011; Chong *et al.*, 2005d; Khan *et al.*, 2010; Park *et al.*, 2011), and epilepsy (Lehtinen *et al.*, 2009; Maiese *et al.*, 2009c; Sales Santos *et al.*, 2009).

ROS can be generated in excessive quantities through agents such as superoxide free radicals, hydrogen peroxide, singlet oxygen, nitric oxide (NO), and peroxynitrite (Chong *et al.*, 2012a; Maiese *et al.*, 2011a). Once generated, ROS alter mitochondrial function, DNA integrity, and the misfolding of proteins leading to cellular injury and the progression of aging mechanisms (Jayaram *et al.*, 2011; Maiese *et al.*, 2010; Yang *et al.*, 2011). Detrimental effects of ROS are usually prevented by endogenous antioxidant systems that include superoxide dismutase, glutathione peroxidase, catalase, and vitamins that include C, D, E, and K (Chong *et al.*, 2005e; Goffus *et al.*, 2010; Herbas *et al.*, 2011; Kuypers and Hoane, 2010; Lappas and Permezel, 2011; Maiese and Chong, 2003; Maiese *et al.*, 2009b; Suzen *et al.*, 2012; Vonder Haar *et al.*, 2011; Wang *et al.*, 2012b; Yuan *et al.*, 2012). During exposure to oxidative stress, mTOR pathways can become depressed and lead to cell injury (Andreucci *et al.*, 2009; Chen *et al.*, 2010; Shang *et al.*, 2011). Oxidative stress that impairs mTOR signaling not only may lead to acute or chronic cell injury (Basile *et al.*, 2012; Chalkias and Xanthos, 2012; Maiese *et al.*, 2009e; Yoo *et al.*, 2012), but also lead to changes in metabolism and cell longevity (Chong *et al.*, 2012b; Maiese *et al.*, 2011a; Maiese *et al.*, 2011b; Wang *et al.*, 2011b). Restoration of mTOR signaling pathways during oxidative stress can preserve cellular function and survival (Chong *et al.*, 2007b; Di Nardo *et al.*, 2009; Shang *et al.*, 2011).

5.2 Apoptosis and mTOR

Apoptosis involves both an early phase consisting of the exposure of membrane phosphatidylserine (PS) residues and a late phase that involves the destruction of genomic DNA (Chong *et al.*, 2005d; Maiese *et al.*, 2008c). The early phase is energy dependent and involves the externalization of PS residues on the surface of cells that can be a signal for inflammatory cells to engulf and dispose of injured cells (Bailey *et al.*, 2010; Maiese *et al.*, 2008c; Schutters and Reutelingsperger, 2010). This process occurs with the expression of the phosphatidylserine receptor (PSR) on microglia during oxidative stress (Hong *et al.*, 2004; Kang *et al.*, 2003a; Li *et al.*, 2006b). Blockade of PSR function in microglia prevents the activation of microglia (Chong *et al.*, 2003b; De Simone *et al.*, 2004; Lin *et al.*, 2000). Membrane PS residue externalization occurs in neuronal, vascular, and inflammatory cells during multiple generators of oxidant stress, such as ischemia (Chong *et al.*, 2004a; Zwaal *et al.*, 2005), A β exposure (Chong *et al.*, 2007a; Lee *et al.*, 2002; Shang *et al.*, 2009a), pH disturbance (Czene *et al.*, 1997; Vincent and Maiese, 1999), free radical exposure (Aksu *et al.*, 2011; Balan *et al.*, 2008; Banach *et al.*, 2011; Chong *et al.*, 2003c), and infection (Maiese *et al.*, 2004; Soares *et al.*, 2008). Exposure of membrane PS residues also occurs on platelets and has been associated with clot formation in the vascular system (Popescu *et al.*, 2010). The disposal of "tagged" cells may assist with the repair and regeneration of injured tissues to remove non-functional dying cells, but also at times may lead to the removal of otherwise functional cells if not kept in-check (Koh, 2012; Maiese *et al.*, 2007b). The late phase of apoptosis that involves the cleavage of genomic DNA into fragments usually does not allow for the repair or recovery of cells (Chong *et al.*, 2011a; Kook *et al.*, 2011; Solling, 2011;

Ullah *et al.*, 2012). Several enzymes responsible for DNA degradation include the acidic, cation independent endonuclease (DNase II), cyclophilins, and the 97 kDa magnesium-dependent endonuclease (Chong *et al.*, 2005d; Maiese *et al.*, 2008a). Three separate endonuclease activities have been found in neurons that include a constitutive acidic cation-independent endonuclease, a constitutive calcium/magnesium-dependent endonuclease, and an inducible magnesium dependent endonuclease (Tominaga *et al.*, 1993; Vincent *et al.*, 1999a, b).

In the nervous system, activation of mTOR is usually protective against apoptosis during oxidative stress (Figure 3). Exposure to the oxidant hydrogen peroxide impairs mTOR kinase activity and leads to apoptotic cell death in neuronal cells (Chen *et al.*, 2010). In addition, central nervous system inflammatory cells can succumb to the toxic effects of oxidative stress if deprived of mTOR activation (Chong *et al.*, 2007b; Shang *et al.*, 2012). In contrast, mTOR activation through application of nutrients such as phosphatidic acid can limit oxidative stress and prevent apoptotic cell injury (Taga *et al.*, 2011). Oxidative stress and cell death such as in dopaminergic neurons also can be blocked during application of agents that increase mTOR activity (Choi *et al.*, 2010). Activation of mTOR appears vital for pathways that are known to be cytoprotective. During periods of serum deprivation that prevent mTOR activation, insulin has been shown to be unable to rescue cell survival unless mTOR activity is restored (Wu *et al.*, 2004). Other growth factors that are independent for insulin, such as EPO, have been shown also to be dependent upon mTOR activation (Shang *et al.*, 2011). However, in some instances, inhibition of mTOR activity may provide cytoprotection for post-mitotic neurons that attempt to enter the cell cycle (Maiese *et al.*, 2008e). During neurodegenerative disorders such as AD, post-mitotic neurons that attempt to enter the cell cycle do not replicate, but ultimately succumb to apoptotic cell death (Chong *et al.*, 2006; Lin *et al.*, 2001; Majd *et al.*, 2008; Yu *et al.*, 2012). In studies that examine A β oligomer exposure, neurons can be prevented from entering into cell cycle events during the inhibition of mTOR and related pathways of Akt and PI 3-K (Bhaskar *et al.*, 2009).

mTOR depends upon the modulation of p70S6K and 4EBP1 to prevent cell death during apoptosis (Figure 3). Depression of mTOR signaling by siRNA interference inhibits phosphorylation of both p70S6K and 4EBP1 to lead to apoptosis (Hou *et al.*, 2007) (Table 2). Apoptosis in astrocytes is prevented following activation of p70S6K by mTOR that can lead to increased expression of Bcl-2/Bcl-x_L expression to block BAD activity that can result in apoptosis (Pastor *et al.*, 2009). In the absence of mTOR activity, 4EBP1 has increased binding to eIF4E that can lead to the translation of apoptotic promoting proteins and also initiate autophagy (Zhang *et al.*, 2010). Inhibition of apoptosis through mTOR also relies upon Akt activation. Cytoprotection through Akt can occur at several levels to foster cell survival through the maintenance of mitochondrial membrane potential, prevention of cytochrome c release and caspase activation, and regulate inflammatory cell activation (Hou *et al.*, 2010a, b; Su *et al.*, 2011; Zhang *et al.*, 2012; Zhou *et al.*, 2011). mTOR has been shown to require Akt activation to block apoptotic cell death (Hernandez *et al.*, 2011; Magri *et al.*, 2011; Shang *et al.*, 2011, 2012) and require the inactivation of forkhead transcription factors, such as FoxO3a (Chong *et al.*, 2011a; Dormond *et al.*, 2007). Akt also may modulate apoptosis through the inhibition of PRAS40. Activation of PRAS40 can lead to the induction of apoptotic pathways (Thedieck *et al.*, 2007). In the mTOR pathway, phosphorylation of PRAS40 by Akt can inhibit the activity of this substrate and lead to its dissociation from mTORC1 and binding to cytoplasmic 14-3-3 proteins (Nascimento *et al.*, 2010).

5.3 Autophagy and mTOR

Autophagy differs from apoptosis by allowing cells to recycle cytoplasmic components, remove defective organelles, and maintain important cytoskeletal structures during development, cell differentiation, and tissue remodeling (Gumy *et al.*, 2010). Autophagy can be considered under three different categories termed microautophagy, macroautophagy, and chaperone-mediated autophagy (Yamada and Singh, 2012). The process of macroautophagy, usually considered to represent autophagy in general, includes the bulk degradation of cytoplasmic material and the sequestration of the cytoplasmic protein and organelles into autophagosomes. The autophagosomes fuse with lysosomes for degradation and reuse by essential cellular processes (Silva *et al.*, 2011). Microautophagy involves the sequestration of cytoplasmic components by invagination of the lysosomal membrane. The vesicle formed is then transferred to the lumen of the lysosomes for digestion. During chaperone mediated autophagy, the cytoplasmic component is delivered by cytosolic chaperones to the receptors on the lysosomal membranes. Subsequently, the cellular organelle is translocated across lysosomal membranes into the lumen.

Autophagy is maintained at basal levels in most tissues. It can be up-regulated by factors such nutrient depletion (Han *et al.*, 2011), oxidative stress (Deruy *et al.*, 2010), decreased mTOR signaling (Wang *et al.*, 2012e), and growth factor depletion (Bains *et al.*, 2010). In some scenarios, progression of apoptosis may conversely require the inhibition of autophagy (Carayol *et al.*, 2010; Luo and Rubinsztein, 2010; Maiese, 2012), suggesting that autophagy may not be a principal component of cell death in some models of neuronal injury (Wang *et al.*, 2012c). Autophagy also can lead to cell death and be a contributing factor to several disorders. Growth factor deprivation in purkinje neurons (Canu *et al.*, 2005) and sympathetic neurons (Xue *et al.*, 1999) leads to accumulation of autophagic vesicles and cell death. Exposure to glutamate, potassium deprivation, and staurosporine can result in cell death through autophagy (Canu *et al.*, 2005; Kim *et al.*, 2009; Maycotte *et al.*, 2010). Methamphetamine leads to neuronal cell death not only through apoptosis, but also through autophagy by inhibiting the disassociation of the Bcl-2/Beclin 1 complex (Nopparat *et al.*, 2010). Bcl-2/Bcl-x_L is both an antiapoptotic protein and a protein that blocks autophagy through its inhibitory interaction with Beclin 1 (Pattingre *et al.*, 2005) (Table 2). During acute events such as cerebral ischemia, autophagy can lead to injury in cerebral astrocytes (Qin *et al.*, 2010), motor neurons in the spinal cord (Baba *et al.*, 2009), neurons in the cortex (Wang *et al.*, 2011a). However, activation of autophagy may be beneficial as suggested in models of PD (Spencer *et al.*, 2009), AD (Spilman *et al.*, 2010), and prion protein mediated neurotoxicity (Jeong *et al.*, 2012).

Among the thirty-three autophagic related genes (*Atg*) that have been identified in yeast, Atg1, a serine/threonine kinase is a downstream target of TOR. Atg1 has been associated with other autophagic related genes including Atg13 and Atg17 (Kabeya *et al.*, 2005; Kamada *et al.*, 2000; Scott *et al.*, 2007). Atg13 is phosphorylated through an mTORC1 dependent mechanism, resulting in its disassociation with Atg1 and a reduction in Atg1 activity. In contrast, upon starvation and rapamycin application, Atg13 is dephosphorylated, binds to, and activates Atg1, leading to autophagosome formation (Kamada *et al.*, 2000). In mammals, a similar regulation of autophagy by mTOR exists. Two mammalian homologues of Atg1, UNC-51 like kinase 1 (ULK1) and ULK2, have been identified (Kuroyanagi *et al.*, 1998; Yan *et al.*, 1998; Yan *et al.*, 1999). Mammalian Atg13 binds to ULK1, ULK2, and FIP200 (FAK-family interacting protein of 200 kDa) to activate ULKs and facilitate the phosphorylation of FIP200 by ULKs (Hosokawa *et al.*, 2009; Jung *et al.*, 2009). Similar to TOR in yeast, mTOR phosphorylates the mammalian homologue Atg13 and the mammalian Atg1 homologues ULK1 and ULK2 to block autophagy. During inhibition of mTOR, dephosphorylation of ULKs and Atg13 ensues leading to the induction of autophagy (Hosokawa *et al.*, 2009; Jung *et al.*, 2009).

In early studies, activation of mTOR signaling pathways has been demonstrated to block autophagy (Blommaert *et al.*, 1995) (Figure 3). During the early phases of autophagy, mTOR activity can be inhibited (Yu *et al.*, 2010). Re-activation of mTOR appears necessary to continue with the processes of autophagy, but increased mTOR activity can then attenuate autophagy (Yu *et al.*, 2010), suggesting that mTOR may play an important role in maintaining the balance between lysosomal consumption and reconstruction. mTOR activation can prevent neurodegeneration during oxidative stress mediated autophagy in dopamine neurons (Choi *et al.*, 2010). In contrast, loss of mTOR activity can lead to autophagic cell death (Le *et al.*, 2010). However, some chronic disease processes in the nervous or vascular systems may benefit from inhibition of mTOR to allow the progression of autophagy, as suggested in some models of Alzheimer's disease (Spilman *et al.*, 2010) and during normal physiology to prevent cardiomegaly and decreased cardiac contractility (Jaber *et al.*, 2012) (Figure 3). Furthermore, the benefits of exercise may require a brief inactivation of mTOR for autophagic pathways to proceed (Ogura *et al.*, 2011). In addition, during nutrient deprivation, mTOR may modulate pathways that promote autophagy (Chong *et al.*, 2011b). For example, death-associated protein 1 (DAP1) has been identified as a novel substrate of mTOR that inhibits autophagy. Knockdown of DAP1 increases autophagic flux (Koren *et al.*, 2010). mTOR phosphorylates DAP1 to inactivate it. Reduction in mTOR activity, such as during starvation, activates DAP1 that functions as an active suppressor of autophagy.

6. mTOR in the Nervous System

6.1 Cognitive Disease

Greater than twenty-four million people suffer from AD, pre-senile dementia, and other disorders of cognitive loss worldwide and at least five million people have AD in the United States (Maiese *et al.*, 2009d; Maiese *et al.*, 2007c). mTOR and its signaling pathways play an important role during memory formation, fear, cognitive loss, and AD (Figure 4). mTOR may be necessary for synaptic plasticity and memory formation in the hippocampus. Loss of mTOR activity can impair late phase long-term potentiation (Tang *et al.*, 2002) and memory consolidation (Slipczuk *et al.*, 2009). Disruption in mTOR signaling also prevents long-term retention of fear memory, suggesting a potential clinical application for mTOR inhibition during post-traumatic stress and anxiety disorders (Blundell *et al.*, 2008; Parsons *et al.*, 2006; Sui *et al.*, 2008).

Although activation of mTOR appears necessary to maintain memory function, it is not entirely clear of the level of mTOR activity that may be required to be beneficial in AD (Chong *et al.*, 2010b; Pei and Hugon, 2008) (Table 2). In some scenarios, mTOR activation has been considered as a contributor to AD progression. Studies have reported increases in the level of phosphorylation of mTOR in conjunction with tau phosphorylation in AD neurons (Griffin *et al.*, 2005; Li *et al.*, 2005b). In brains from AD patients, p70S6K activation has been associated with hyperphosphorylated tau formation and potential neurofibrillary accumulation (An *et al.*, 2003). During mTOR inhibition that is associated with autophagy in murine models of AD, cognition is improved and A β levels are reduced (Spilman *et al.*, 2010).

Yet, other studies suggest that some level of activation of mTOR is necessary to prevent pathology during AD. In AD, A β is toxic to cells (Chong *et al.*, 2005c; Echeverria *et al.*, 2011; Kawamoto *et al.*, 2012; Lee *et al.*, 2012; Shang *et al.*, 2012; Silva *et al.*, 2011) through pathways that can involve oxidative stress (Bach *et al.*, 2011; Bajda *et al.*, 2011; Chong *et al.*, 2005b, 2007a). Loss of mTOR activity in peripheral lymphocytes has a positive correlation with the progression of AD in some studies (Paccalin *et al.*, 2006). Exposure to A β can inhibit phosphorylation and activation of mTOR and p70S6K in neuroblastoma cells

and in lymphocytes of patients with AD (Lafay-Chebassier *et al.*, 2005). Rapamycin treatment also may exacerbate amyloid toxicity (Lafay-Chebassier *et al.*, 2006). Activation of the mTOR and p70S6K pathways can protect microglia, inflammatory cells responsible for A β sequestration, from the toxic effects of A β exposure (Shang *et al.*, 2012). Loss of mTOR signaling also has been associated with impairments in long-term potentiation and synaptic plasticity in murine models of AD (Ma *et al.*, 2010). Up-regulation of mTOR signaling improves long-term potentiation in murine models of AD. In addition, genetic deletion of FKBP12 prevents impairment in long-term potentiation by A β (Ma *et al.*, 2010). Suppression of mTOR activity also may be associated with neuronal atrophy in AD. This has been attributed to the insufficiency of retinoblastoma tumor suppressor (RB1) inducible Coiled-Coil 1 (RB1CC1). In AD patients, RB1CC1 appears to be necessary for neurite growth and to maintain mTOR signaling, since lack of RB1CC1 expression results in mTOR repression, neuronal apoptosis, and neuronal atrophy (Chano *et al.*, 2007).

6.2 Parkinson's Disease

Similar to AD, mTOR activation may require a fine level of modulation to protect neurons during PD (Figure 4). Loss of mTOR activity may be detrimental during PD. REDD1, an inhibitor of mTORC1 activity (DeYoung *et al.*, 2008), has increased expression in the brains of patients with PD (Malagelada *et al.*, 2006). Loss of mTOR activity during REDD1 expression has been shown in animal models of PD to lead to the death of dopaminergic neurons (Malagelada *et al.*, 2006). Oxidative stress also may be a significant modulator of dopaminergic cell death in neurons that requires mTOR activation for cellular protection (Chong *et al.*, 2010b; Maiese *et al.*, 2011b), since inhibition of mTOR activity can result in autophagic death of dopaminergic neurons during oxidative stress (Choi *et al.*, 2010). In addition, 4EBP1, a downstream target of mTOR, can lead to protein translation when active. Loss of mTOR activity and the chronic activation of 4EBP1 by leucine-rich repeat kinase 2 (LRRK2), a site for dominant mutations PD, is believed to alter protein translation and lead to the loss of dopaminergic neurons (Imai *et al.*, 2008). In contrast, activation of 4EBP1 can suppress pathologic experimental phenotypes of PD including degeneration of dopaminergic neurons in *Drosophila* (Tain *et al.*, 2009).

Yet, excessive activation of mTOR may lead to disability in PD patients, since some studies have shown that treatment with derivatives a dopamine, such as L-DOPA, lead to dopamine D1 receptor-mediated activation of mTORC1 resulting in dyskinesia (Santini *et al.*, 2009) (Table 2). Other work suggests that mTOR inactivation may preserve dopaminergic neurons. In models of PD, rapamycin offers neuronal protection that is believed to function through the preservation of some signaling pathways of mTOR such as Akt to promote cell survival (Malagelada *et al.*, 2010). Administration of rapamycin to inhibit mTOR signaling in mice treated with 1-methyl-4-phenyl-1,2,3,6-tetrahydropyridine (MPTP) as a model for PD had decreased loss of dopaminergic neurons that was believed to be a result of autophagy pathway activation (Liu *et al.*, 2011).

6.3 Huntington's Disease

Inhibition of mTOR activity that fosters autophagy may provide treatment for Huntington's disease (HD) (Figure 4). Blockade of mTOR activity decreases huntingtin accumulation (Floto *et al.*, 2007) and limits polyglutamine expansions in *Drosophila* and mouse models of HD through autophagy (Ravikumar *et al.*, 2004). Interestingly in neuronal cell models of HD, inhibition of mTORC1 alone does not affect autophagy or huntingtin accumulation, but combined inhibition of mTORC1 and mTORC2 leads to the initiation of autophagy and reductions in huntingtin accumulation, suggesting that multiple components of the mTOR pathway may modulate the pathology observed in HD (Roscic *et al.*, 2011) (Table 2). For example, decreased phosphorylation and activity of p70S6K protects against early decline in

motor performance with beneficial effects on muscle, but mutant huntingtin levels in the brain were not affected (Fox *et al.*, 2010). Neuroprotection in the mTOR pathway may not only require mTORC1 and mTORC2, but also additional proteins such as growth arrest and DNA damage protein 34 (GADD34). Recent work illustrates that GADD34 leads to the dephosphorylation of TSC2 and induction of autophagy in cell models of HD with increased cell survival during GADD34 over-expression (Hyrskyluoto *et al.*, 2012).

6.4 Epilepsy

Increased activity of mTOR may contribute to epileptic discharges and subsequent seizure disorders (Chong *et al.*, 2010b; O'Dell *et al.*, 2012) (Figure 4). In addition, impairments in the regulation of mTOR occur in disorders that have an increased incidence of seizures and autism, such as tuberous sclerosis (TS) (Holmes and Stafstrom, 2007). In animal models, mTORC1 activation has been shown to peak at postnatal week three and yield susceptibility for the induction of seizures (Table 2). Blockade of mTORC1 activity with rapamycin reduces seizure susceptibility and decreases autistic-like behavior. These studies suggest that increased mTOR activity not only leads to seizure onset, but also may impact developmental epileptogenesis and altered social behavior (Talos *et al.*, 2012). Changes in TSC1 and TSC2 that ultimately result in increased activity of mTOR can lead to kindling and epileptic activity irrespective of structural changes that may be associated with TS (Meikle *et al.*, 2008; Waltereit *et al.*, 2006). In animal models of TS, early inhibition of mTOR signaling can prevent astrogliosis, neuronal disorganization, and seizures (Zeng *et al.*, 2008). Inhibition of mTOR pathways also may affect seizure development in other models, such as models of temporal lobe epilepsy. Treatment with rapamycin during kainate-induced epilepsy decreases neuronal cell death, neurogenesis, mossy fiber sprouting, and the development of spontaneous epilepsy (Zeng *et al.*, 2009). Chronic hippocampal infusion of rapamycin also reduces mossy fiber sprouting in a rat pilocarpine model of temporal lobe epilepsy (Buckmaster *et al.*, 2009). In this same model of epilepsy, blockade of mTOR activity can limit aggressive behavior as well as limit seizure activity, indicating that pathways responsible for aggressive behavior and epilepsy may be closely linked through mTOR signaling (Huang *et al.*, 2012).

6.5 Stroke and Trauma

During ischemic injury to the brain, several studies suggest that activation of mTOR signaling pathways may offer neuronal protection (Figure 4). In models of stroke using invertebrates, treatments that increased the expression of Raptor were associated with neuroprotection during hypoxia (Sheng *et al.*, 2012). In middle cerebral artery rat stroke models, agents such as melatonin can reduce stroke size that appears to rely upon mTOR, p70S6K, and Akt activation (Koh, 2008). In addition, inhibition of mTOR activity in primary cerebral microglia (Chong *et al.*, 2007b) and neurons (Chong *et al.*, 2010b) exposed to oxygen-glucose deprivation leads to neuronal cell death through apoptosis. Activation of mTOR is also necessary for the cytokine EPO to prevent microglial cell death during ischemic insults (Shang *et al.*, 2011) (Table 2). However, not all experimental models of stroke support the premise that mTOR activation leads to increased cell survival. Inhibition of PTEN (phosphatase and tensin homolog deleted on chromosome 10) has been demonstrated to lead to increased cerebral infarction that was associated with increased mTOR phosphorylation and activation (Shi *et al.*, 2011). Similar to current work that supports either activation or inhibition of mTOR signaling for cytoprotection during stroke, studies of trauma in the nervous system vary in outcome during mTOR activation (Table 2). Following spinal cord injury, enhanced spinal cord plasticity through exercise may require an increase in mTOR expression and increased p70S6K activity (Liu *et al.*, 2012). In addition, axonal regeneration in the nervous system may require mTOR activation in conjunction with signal transducers and activators of transcription (STAT) pathways (Sun *et*

et al., 2011). During loss of PTEN or TSC1, negative regulators of mTOR, axonal regeneration is fostered in adult retinal ganglion cells and in corticospinal neurons after optic nerve injury and spinal cord injury respectively (Liu *et al.*, 2010a; Park *et al.*, 2008). Exogenous ATP administration in a spinal cord injury model can significantly increase Akt/mTOR/p70S6K signaling that is accompanied by improved locomotor function (Hu *et al.*, 2010). In contrast, in some models of closed head injury, rapamycin treatment that inhibits mTOR activity significantly improves functional recovery that is also accompanied by loss of p70S6K activity (Erlich *et al.*, 2007).

6.6 Tumorigenesis

Given the proliferative role pathways of mTOR hold for cellular growth and expansion, multiple studies have focused on the impact of mTOR for tumors throughout the body (Benjamin *et al.*, 2011). Prevention of tumor progression during urothelial carcinoma, (Hansel *et al.*, 2010), neuroendocrine tumors (Pavel *et al.*, 2011), breast and gynecological malignancies (Janku *et al.*, 2012), and solid tumors (Bryce *et al.*, 2011) may result from the inhibition of mTOR activation. In addition, activation of mTORC1 and mTORC2 may contribute to leukemic cell resistance during chronic myelogenous leukemia (Carayol *et al.*, 2010) and colorectal cancer metastases (Gulhati *et al.*, 2011). Downstream pathways of mTOR that include p70S6K and 4EBP1 also may be considered as biomarkers of disease progression (Karlsson *et al.*, 2011).

In regards to the nervous system, hyperactivation of mTOR has been associated with inherited cancer syndromes such as neurofibromatosis type 1 (NF1), tuberous sclerosis (TS), and Lhermitte-Duclos disease (Figure 4). Work is progressing with disorders such as NF1, an autosomal dominant genetic disease characterized by tumor predisposition syndrome with the formation of neurofibromas and astrocytomas. Inhibition of mTOR with rapamycin suppresses the growth of aggressive NF1-associated malignancies in genetically engineered murine models of the disease (Johannessen *et al.*, 2008), suggesting that hyperactivation of mTOR may be responsible for this disorder (Dasgupta *et al.*, 2005). Although multiple cellular pathways may lead to the development of NF1, some studies report the occurrence of increased activity of mTORC1 with impairment of mTORC2 activity in human arachnoid and Schwann cells (James *et al.*, 2012). In addition, associated bone pathologies with NF1 also may be tied to increased mTOR activity (Ma *et al.*, 2012).

TS results from heterozygous mutations in the *TSC1* or *TSC2* gene. The disorder is characterized by neuropsychiatric symptoms, including intellectual disability, autism, other behavioral disorders, and epilepsy (Curatolo *et al.*, 2008). In the brain, TSC is associated with cortical tubers consisting of giant cells, dysmorphic neurons, and astrocytes. The *TSC1* and *TSC2* genes encode for proteins to form the TSC1/TSC2 complex. The TSC1/TSC2 complex regulates protein synthesis and cell growth by inhibiting mTORC1 signaling. In both healthy and lesioned skin of TS patients, increased mTOR activity has been reported with the up-regulation of p70S6K (Jozwiak *et al.*, 2009). In animal models of TS that use mTORC1 inhibitors, median survival, behavior, and weight gain are improved (Meikle *et al.*, 2008). Inhibition of mTOR with everolimus (RAD001) also is effective for subependymal giant cell astrocytomas associated with TS. The United States Food and Drug Administration has approved everolimus for the treatment of subependymal giant cell astrocytoma which can lead to reduction in tumor volume and hydrocephalus (Curran, 2012) as well as improvement in patient ambulation and cessation of seizures (Perek-Polnik *et al.*, 2012). Inhibition of mTOR with rapamycin in TS patients also can lead to the reduction of facial angiofibromas (Hofbauer *et al.*, 2008).

Lhermitte-Duclos disease (LDD) involves a rare cerebellar tumor associated with germline mutations in the PTEN gene, a negative regulator of PI-3 K and mTOR pathways.

Hyperactivation of mTOR may lead to posterior fossa tumor growth, since high levels of activated Akt and p70S6K are present in the ganglionic cells forming these tumors (Abel *et al.*, 2005). Additional immunohistochemical analyses of the cerebellar tumors support a role for mTOR in LDD with the observation of activation of the PI 3-K/Akt/mTOR signaling pathways (Takei *et al.*, 2007) (Table 2).

7. Future Perspectives

In the nervous system, mTOR can impact multiple disease entities that include AD, PD, HD, epilepsy, stroke, trauma, and tumors of the nervous system. mTOR signaling can affect the early development of cells through stem cell proliferation and differentiation as well as the end stages of cellular utility that leads to apoptosis and autophagy. Both traditionally known pathways of mTORC1 and mTORC2 that involve p70S6K, 4EBP1, PI 3-K, Akt, AMPK, GSK-3 β , REDD1, and the TSC1/TSC2 complex and newly recognized pathways that include wingless, growth factors, and forkhead transcription factors can significantly influence the biological outcome of mTOR signaling. Given the broad array of cellular pathways affected by mTOR, it is conceivable to predict that mTOR may influence not only cellular protection and survival, but also may prevent age related disorders and promote lifespan extension. A number of new studies provide support for this premise by suggesting a role for mTOR with increased longevity (Harrison *et al.*, 2009) and providing tolerance against insulin resistance (Selman *et al.*, 2009).

However, the role of mTOR in several disease entities is not always clear and may lead to variable outcomes. For example, in AD, activation of mTOR may be necessary to prevent neurodegeneration from A β exposure (Shang *et al.*, 2012), block neuronal atrophy (Chano *et al.*, 2007), and limit cognitive decline (Ma *et al.*, 2010). Yet, other studies suggest that activation of downstream pathways of mTOR are linked with hyperphosphorylated tau formation and neurofibrillary accumulation (An *et al.*, 2003). Furthermore, mTOR inhibition in some models of AD may improve cognition and limit A β levels (Spilman *et al.*, 2010). Other disorders of the nervous system can have similar outcome variability during modulation of mTOR. Loss of mTOR activity in animal models of PD can result in the death of dopaminergic neurons (Malagelada *et al.*, 2006). Yet, additional work suggests that mTOR be a significant factor for disability in PD patients, since treatment with L-DOPA leads to dopamine D1 receptor-mediated activation of mTORC1 resulting in dyskinesia (Santini *et al.*, 2009). As a result, unexpected or adverse consequences may ensue with strategies that modulate mTOR activity. In the most severe of circumstances, unchecked cell growth and tumorigenesis may result.

It is important to recognize that while targeting mTOR in the nervous system, other systems of the body also may be impacted that can be affected by the timing and degree of mTOR signaling. For example, sustained activation of the mTOR pathway can lead to neuronal stem cell premature differentiation and impaired maturation (Magri *et al.*, 2011). In addition, timing of treatments to alter mTOR activity may affect biological and clinical outcome. Early rather than late treatment with rapamycin can reduce plaques, tangles, and loss of cognition in murine models of AD (Majumder *et al.*, 2011). Similar to the nervous system, mTOR activation can protect cardiac tissue during ischemia (Hernandez *et al.*, 2011). Yet, prolonged activation of mTOR may have detrimental consequences to both the cardiac and nervous systems. Chronic activation of mTOR can promote vascular dysfunction (Popescu *et al.*, 2010) and lead to vasculopathy (Mancini *et al.*, 2003). In addition, during diabetes mellitus, mTOR has been shown with hyperleptinemia to stimulate excessive vascular smooth muscle cell proliferation (Shan *et al.*, 2008). Furthermore, mTOR can have a negative feedback loop and result in glucose intolerance through inhibition of the insulin receptor substrate 1 (Harrington *et al.*, 2004). These scenarios provide an important note of

caution since manipulation of mTOR in one system of the body for therapeutic benefits may unexpectedly lead to unwanted outcomes in other systems of the body. Targeting mTOR in the nervous system offers great excitement for the development of novel therapeutic strategies, especially for disorders that currently lack any effective treatment. Yet, it is vital to elucidate the complexity of mTOR and its signaling pathways to limit the potential for detrimental outcomes and bring forward robust and efficacious treatments for the nervous system.

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Abbreviations

Aβ	beta-amyloid
AD	Alzheimer's disease
AMPK	AMP activated protein kinase
Atg	autophagic related gene
CNS	central nervous system
Deptor	DEP-domain-containing mTOR-interacting protein
4EBP1	eukaryotic initiation factor 4E-binding protein 1
eIF4E	eukaryotic translation initiation factor 4E
EPO	erythropoietin
FIP200	FAK-family interacting protein of 200 kDa
GAP	GTPase-activating protein
HD	Huntington's disease
IKK	I-kappaB kinase
LKB1	tumor suppressor liver kinase B1
mLST8	mammalian lethal with Sec13 protein 8
mSIN1	mammalian stress-activated protein kinase interacting protein
OGD	oxygen glucose deprivation
p70S6K	p70 ribosome S6 kinase
PD	Parkinson's disease
PI 3-K	phosphoinositide 3 kinase
PDK1	phosphoinositide-dependent kinase 1
PRAS40	proline rich Akt substrate 40 kDa
Protor-1	protein observed with rictor-1
PTEN	phosphatase and tensin homolog deleted from chromosome 10
Rac1	Ras-related C3 botulinum toxin substrate 1
Raptor	the regulatory-associated protein of mTOR

REDD1	transcriptional regulation of DNA damage response 1
Rheb	Ras homologue enriched in brain
RhoA	Ras homolog gene family member A
Rictor	rapamycin-insensitive companion of mTOR
SREBP	sterol regulatory element-binding proteins
ROS	reactive oxygen species
TSC	tuberous sclerosis complex
ULK1	UNC-51 like kinase 1
WD-40 repeats	repeats of tryptophan and aspartate residues

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Article Highlights and Bullet Points

- mTOR is an integral component of mTORC1 and mTORC2
- mTOR modulates both apoptosis and autophagy during oxidative stress
- mTOR is vital for stem cell maturation, proliferation, and differentiation
- mTOR impacts both cognitive and motor disorders of the nervous system
- mTOR degree of activation can affect cellular survival, demise, and tumorigenesis

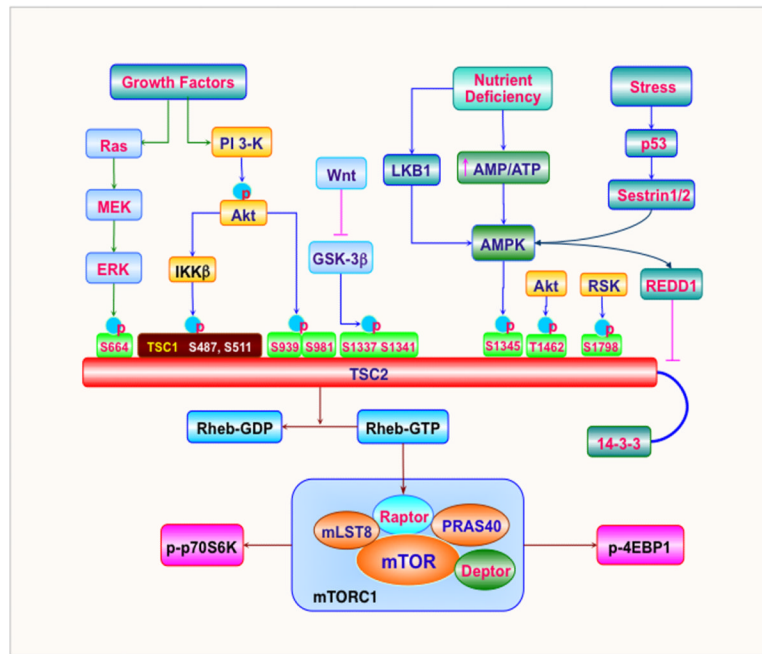


Figure 1. Pathways for TSC1/TSC2 dependent activation of mammalian target of rapamycin complex 1 (mTORC1)

Growth factors or cytokines can stimulate phosphoinositide-3-kinase (PI 3-K) and the activation of Akt. Once activated, Akt can phosphorylate tuberous sclerosis complex-2 (TSC2) on serine⁹³⁹ (S939), serine⁹⁸¹ (S981), and threonine¹⁴⁶² (T1462), resulting in the disruption of its interaction with TSC1, the loss of its ability to convert of Ras homologue enriched in brain active form (Rheb-GTP) to the inactive form (Rheb-GDP), and the subsequent activation of mTORC1. Akt also can activate IκB kinase-β (IKKβ) to phosphorylate TSC1 on serine⁴⁸⁷ (S487) and serine⁵¹¹ (S511) leading to the inhibition of the TSC1/TSC2 complex and activation of mTORC1. In the pathway involving extracellular signal related kinase (ERK), ERK is activated following Ras activation of mitogen activated kinase/ERK kinase (MEK) and phosphorylates TSC2 on serine⁶⁴⁴ (S664). Nutrient deficiency reduces cellular ATP levels and stimulates AMP activated protein kinase (AMPK) that can phosphorylate TSC2 on serine¹³⁴⁵ (S1345) promoting its GTPase activating protein activity and turning Rheb-GTP into Rheb-GDP. As a result, mTORC1 activity is inhibited. AMPK also can increase the expression of transcriptional regulation of DNA damage response 1 (REDD1), releasing TSC2 from the binding to protein 14-3-3 and inhibit mTORC1 activity. The tumor suppressor liver kinase B1 (LKB1) can activate AMPK through phosphorylation under conditions of cellular energy deficiency. In addition, the tumor suppressor p53 has been demonstrated to activate AMPK under oxidative and genotoxic stress through its two target genes, *sestrin 1* and *sestrin 2*. The glycoprotein Wnt phosphorylates glycogen synthase-3β (GSK-3β) resulting in the loss of the ability of GSK-3β to phosphorylate TSC2 on serine¹³³⁷ (S1337) and serine¹³⁴¹ (S1341). Upon activation, mTORC1 phosphorylates its two major downstream targets p70 ribosome S6 kinase (p70S6K) and eukaryotic initiation factor 4E-binding protein 1 (4EBP1). (p = phosphorylation).

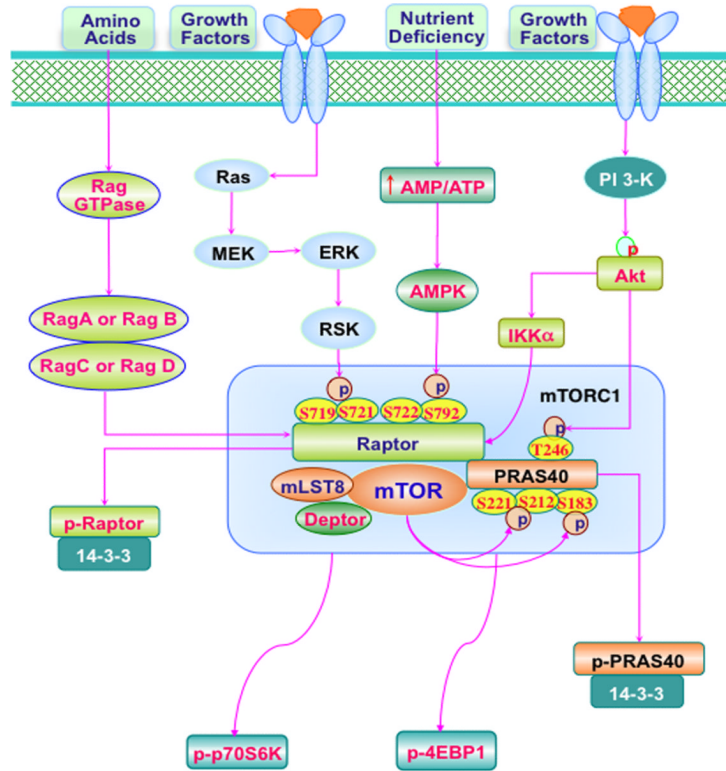


Figure 2. Activation of mammalian target of rapamycin complex 1 (mTORC1) that are independent of TSC1/TSC2

Growth factors activate phosphoinositide 3 kinase (PI 3-K) and Akt. Once active, Akt can directly phosphorylate proline rich Akt substrate 40 kDa (PRAS40) on threonine²⁴⁶ (T246), resulting in its dissociation from the regulatory associated protein of mTOR (Raptor) and preventing inhibition of mTORC1. Akt also can also activate IκB kinase-α (IKKα) to increase the activity of mTORC1 through its association with Raptor. In the extracellular signal related kinase (ERK) pathway, ERK is activated following Ras activation of mitogen activated kinase/ERK kinase (MEK). This leads to activation of ribosomal S6 kinase (RSK), which phosphorylates Raptor on the residues of serine⁷¹⁹, serine⁷²¹, and serine⁷²² (S719, S721, and S722) resulting in enhanced activation of mTORC1. Nutrient deficiency reduces cellular ATP level and stimulates AMP activated protein kinase (AMPK), which leads to the phosphorylation of Raptor on S722 and serine⁷⁹² (S792) and results in the binding of Raptor to the cytoplasmic docking protein 14-3-3. Amino acids can activate Rag GTPase. In mammalian cells, RagA or RagB forms heterodimers with either RagC or RagD. These heterodimers strongly bind to Raptor, which is necessary to initiate amino acid signaling for mTORC1. Upon activation, mTORC1 phosphorylates its two major downstream targets p70 ribosome S6 kinase (p70S6K) and eukaryotic initiation factor 4E-binding protein 1 (4EBP1). mTOR also can phosphorylate PRAS40 on the serine residues serine¹⁸³, serine²¹², and serine²²¹ (S183, S212, S221). Phosphorylation of PRAS40 on S221 or T246 promotes its binding to protein 14-3-3. (p = phosphorylation).

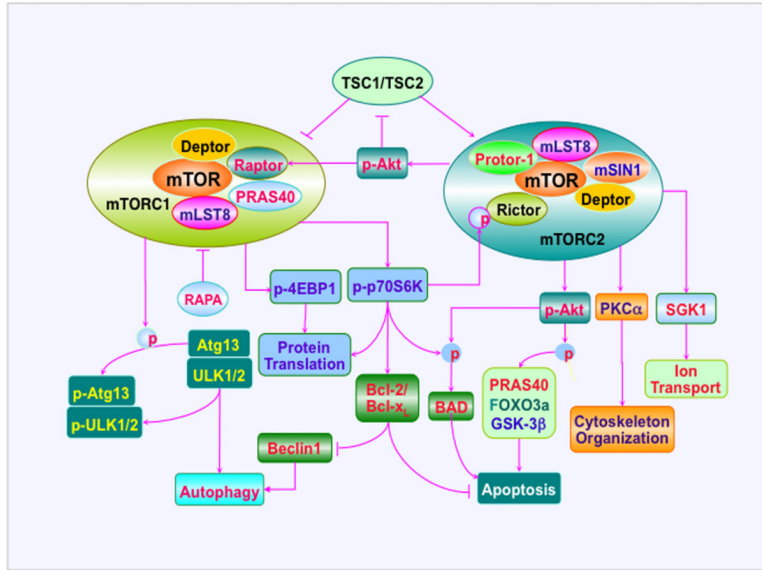


Figure 3. Regulatory pathways of mTORC1 and mTORC2 during apoptosis and autophagy
 mTORC1 promotes protein translation through phosphorylating its two major targets, p70 ribosome S6 kinase (p70S6K) and eukaryotic initiation factor 4E-binding protein 1 (4EBP1). The phosphorylation of p70S6K can then phosphorylate rapamycin insensitive companion of mTOR (Rictor) leading to a series of events that involve the inhibition of mTORC2, the phosphorylation of the pro-apoptotic protein BAD that leads to its inactivation, and increased expression of the anti-apoptotic protein complex Bcl-2/Bcl-x_L to prevent apoptosis. Activation of mTORC2 promotes protein kinase Cα (PKCα) activation to regulate cytoskeleton organization and serum- and glucocorticoid-induced protein kinase 1 (SGK1) control of ion transport. Phosphorylation of Akt leads to activation of mTORC1 through the regulatory-associated protein of mTOR (Raptor). Once activated, Akt can inhibit tuberous sclerosis complex (TSC1/TSC2), which is a negative regulator for mTORC1 but a positive regulator for mTORC2. Akt also phosphorylates and inactivates FoxO3a, glycogen synthase-3β (GSK-3β), BAD, and proline rich Akt1 substrate 40 kDa (PRAS40) contributing to the anti-apoptotic functions of mTOR. To prevent the induction of autophagy, mTORC1 phosphorylates mammalian homologues of autophagic related gene 13 (Atg13) and UNC-51 like kinase 1/2 (ULK1/2). Rapamycin (RAPA) can prevent mTORC1-mediated phosphorylation of Atg13 and ULK1/2 to promote autophagy. Activation of p70S6K also promotes the expression of Bcl-2/Bcl-x_L that inhibits Beclin1 to prevent autophagy. (p = phosphorylation).

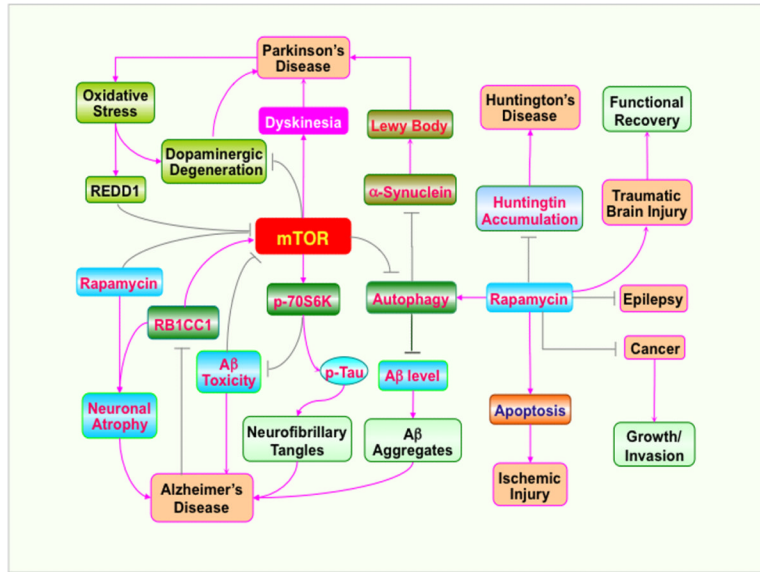


Figure 4. mTOR and disease of the nervous system

mTOR may modulate Alzheimer's disease (AD) through the phosphorylation of p70 ribosome S6 kinase (p70S6K). A number of outcomes may result that include the phosphorylation of tau and neurofibrillary accumulation, reduction in neuronal atrophy and cell injury. Rapamycin can block these processes and autophagy may influence amyloid (A β) aggregation. Neuronal atrophy in AD has been attributed to the insufficiency of retinoblastoma tumor suppressor (RB1) inducible Coiled-Coil 1 (RB1CC1), which functions to activate mTOR. Activation of mTOR prevents neurodegeneration of dopaminergic neurons during oxidative stress in Parkinson's disease (PD). The stress response protein REDD1 expressed during PD inhibits the activation of mTOR. In addition, rapamycin application that results in autophagy can accelerate the removal of α -synuclein, a major component of Lewy bodies. Yet, activation of mTOR could aggravate dyskinesia. Inhibition of mTOR activity, such as during rapamycin treatment, also can prevent the progression of Huntington's disease (HD) by autophagic clearance of huntingtin protein, reduce the occurrence of epilepsy, improve functional recovery following traumatic brain injury, increase ischemic neuronal apoptosis, and prevent tumor growth and invasion. (p = phosphorylation).

Table 1

The functional domains of mTOR

	Domain	Function
C-terminal	KD	Serine/threonine kinase activity
	RD	Contains phosphorylation sites for activation, including serine ²⁴⁴⁸ , serine ²⁴⁸¹ , serine ²¹⁵⁹ , threonine ²⁴⁴⁶ , and threonine ²¹⁶⁴
	FRB	The docking site for the FKBP12-rapamycin complex
	FAT	Mediates the activity of kinase domain
	FATC	Mediates the activity of kinase domain
N-terminal	HEAT repeats	Provides the site for interaction with Raptor or Rictor; contains the phosphorylation site serine ¹²⁶¹ that regulates the autophosphorylation on serine ²⁴⁸ of mTOR

Note: FAT: FKBP associated protein, Ataxia-telangiectasia, Transactivation/transformation domain-associated protein; FATC: FAT, Carboxy terminal; FRB: FK506 binding protein 12 -rapamycin-binding domain; HEAT: Huntingtin, Elongation factor 3, A subunit of protein phosphatase-2A, and TOR1; KD: kinase domain; RD: regulatory domain.

Table 2

The cellular function mTOR in specific disease entities

Diseases or targets	Biological activity of mTOR activation
Stem cells	Promotes the development, proliferation, and differentiation of stem cells
Apoptosis	Phosphorylates p70S6K, 4EBP1, Akt, and PRAS40 to prevent apoptosis
Autophagy	Phosphorylates the mammalian homologue of Atg13 and ULK1/2 and promotes the association between Bcl-2/Bcl-x _L and Beclin 1 to prevent autophagy.
Alzheimer's disease	Promotes Tau phosphorylation in neurons, reduces autophagic clearance of A β , but prevents neuronal atrophy and attenuates A β induced neurotoxicity
Parkinson's disease	Protects dopaminergic neurons, but potentiates dyskinesia and attenuates the clearance of α -synuclein protein
Huntington's disease	Impairs autophagic clearance of huntingtin aggregates. Rapamycin prevents the accumulation of huntingtin and its toxicity
Epilepsy	Increases the incidence of epilepsy. Inhibition of mTOR reduces seizures in TS, prevents acquired seizures, and reduces chronic spontaneous seizure activity
Traumatic brain injury	Traumatic brain injury enhances phosphorylated mTOR, p70S6K, and 4EBP1. Activation of the Akt/mTOR/p70S6K pathway improves functional recovery after spinal cord injury Rapamycin reduces microglial activation, protects neurons, and improves functional recovery after closed head injury
Ischemic stroke	Rapamycin increases apoptosis in neurons and microglia during OGD
Cancer	Promotes tumorigenesis, increases metastases, and enhances the resistance of cancer cells to chemotherapy in a broad scope of cancers Promotes tumor growth that is associated with CNS inherited cancer syndromes including tuberous sclerosis, neurofibromatosis type I, and Lhermitte-Duclos disease

A β : beta-amyloid; Atg: autophagy related gene; CNS: central nervous system; 4EBP1: eukaryotic initiation factor 4E-binding protein 1; OGD: oxygen glucose deprivation; p70S6K: p70 ribosomal S6 kinase; PRAS40: proline rich Akt substrate 40 kDa; TS: tuberous sclerosis; ULK1/2: UNC-51 like kinase 1/2,