

Autophagy and human diseases

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Autophagy is a major intracellular degradative process that delivers cytoplasmic materials to the lysosome for degradation. Since the discovery of autophagy-related (Atg) genes in the 1990s, there has been a proliferation of studies on the physiological and pathological roles of autophagy in a variety of autophagy knockout models. However, direct evidence of the connections between ATG gene dysfunction and human diseases has emerged only recently. There are an increasing number of reports showing that mutations in the ATG genes were identified in various human diseases such as neurodegenerative diseases, infectious diseases, and cancers. Here, we review the major advances in identification of mutations or polymorphisms of the ATG genes in human diseases. Current autophagy-modulating compounds in clinical trials are also summarized.

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Introduction

Half a century ago, Christian de Duve coined the term "autophagy" (literally, "self-eating" in Greek) to describe a process where the cell digests its cytoplasmic materials within lysosomes [1]. At least three major types of autophagy have been identified: macroautophagy, characterized by the formation of a unique double-membrane organelle called the autophagosome; microautophagy, where lysosomes engulf cytoplasmic materials by inward invagination of the lysosomal membrane; and chaperonemediated autophagy, mediated by the chaperone hsc70, co-chaperones, and the lysosomal-associated membrane protein type 2A [2, 3]. This review focuses on the role of macroautophagy (hereafter referred to as autophagy) in human diseases.

In recent years, genetic deletion of the autophagy-related (*Atg*) genes in various model organisms, including mammals, has revealed that autophagy plays critical roles in adaptive responses to starvation and other forms of stress, homeostasis, and cellular differentiation and development [2, 4-7]. In addition, analysis of mice with systemic or tissue-specific deletion of *Atg* genes has re-

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vealed the connection between dysregulated autophagy and various kinds of disease-like phenotypes including cancer, neurodegenerative diseases, infectious diseases, and metabolic diseases [2, 6-11]. However, these experimental results do not directly demonstrate that defects in autophagy contribute to pathogenesis of human diseases. Thus, it has become particularly important to understand the genetic basis of putative human autophagy-related diseases.

With the completion of the Human Genome Project in 2003 and the International HapMap Project in 2005, researchers now have a powerful set of research tools, including the high-speed DNA sequencing technology that make it possible to identify the genetic contributions to specific diseases, even if they are rare. Indeed, genomewide studies have identified disease-associated loci and genes in many human diseases. Table 1 summarizes the association between genetic variants of autophagy-related genes and selected human diseases.

Static encephalopathy of childhood with neurodegeneration in adulthood (SENDA)

Recently, two groups identified *de novo* mutations in *WDR45*, an autophagy-related gene located at Xp11.23, in individuals with SENDA by whole-exome sequencing using next-generation sequencing technologies [12, 13]. SENDA is a recently established subtype of neurode-

Table 1 Human diseases associated with defective autophagy

Genes	Functions in autophagy	Associated human diseases
ATG5	Autophagosome formation	Genetic polymorphisms are associated with asthma [132, 133] and enhanced
		risk of systemic lupus erythematosus [134, 135]
ATG16L1	Autophagosome formation	T300A mutation is associated with increased risk of Crohn's disease [90, 91, 136]
BECN1	Autophagosome formation	Monoallelic deletion is associated with risk and prognosis of human breast,
		ovarian, prostate, and colorectal cancers [70-73, 75]
EI24/PIG8	Autophagosome formation	Mutations and deletions are associated with human early onset breast
	and/or degradation	cancers [32, 84,137]
EPG5	Autophagosome maturation	Recessive mutations are associated with Vici syndrome [27]
	and degradation	
IRGM	Phagosome degradation	Single-nucleotide polymorphisms (SNPs) and deletion mutation are
		associated with enhanced risk of Crohn's disease [101-103, 136]
NOD2/CARD15	Xenophagy induction	SNPs and mutational variants are associated with enhanced risk of Crohn's
		disease [104-106, 136]
PARK2/Parkin	Mitophagy induction	Mutations are associated with autosomal recessive or sporadic early-onset
		Parkinson's disease [51, 52]
PARK6/PINK1	Mitophagy induction	Mutations are associated with autosomal recessive or sporadic early-onset
		Parkinson's disease [51, 53, 54]
SMURF1	Selective autophagy	SNP is associated with enhanced risk of ulcerative colitis [138]
SQSTM1/p62	A selective substrate	Mutations are associated with Paget disease of bone [139] and amyotrophic
	An adaptor protein for	lateral sclerosis [140, 141]
	selective autophagy	
TECPR2	Autophagosome formation	A frameshift mutation is associated with an autosomal-recessive form of
		hereditary spastic paraparesis [35]
UVRAG	Autophagosome degradation	Deletion mutation is associated with human colorectal cancer [88]
WDR45/WIPI4	Autophagosome formation	Heterozygous mutations are associated with static encephalopathy of
		childhood with neurodegeneration in adulthood (SENDA) [12, 13]
ZFYVE26/SPG15	Autophagosome maturation	Mutations are associated with hereditary spastic paraparesis type 15 [44, 45]

generation with brain iron accumulation [14] that begins with early-onset spastic paraplegia and mental retardation, which remain static until adulthood. Patients subsequently develop sudden-onset parkinsonism and dystonia during their late 20s to early 30s. Additional features include eye movement abnormalities, frontal release signs, sleep disorders, and dysautonomia. Brain magnetic resonance imaging has revealed iron accumulation in the globus pallidus and hypointensity in the substantia nigra, as well as white matter changes [14, 15].

The hit gene *WDR45* (also known as *WIPI4*) is one of the four mammalian homologues of yeast *Atg18*, which plays an important role in autophagosome formation [16-19]. Atg18/WIPIs belong to the PROPPIN family of proteins. They contain seven-bladed β-propellers formed by seven WD40 repeats and bind to phosphatidylinositol 3-phosphate and the lysosomal/vacuolar lipid phosphatidylinositol 3,5-bisphosphate (PtdIns(3,5)P₂) [17, 20].

Atg18/WIPIs also interact with Atg2 [20-22]. The crystal structure of Hsv2, a yeast Atg18 paralogue, shows two phosphoinositide-binding sites at blades five and six, and an Atg2-binding region at blade 2 [23-25]. Atg18/ WIPIs are recruited to the autophagosome formation site through binding to phosphatidylinositol 3-phosphate, which is synthesized by the class III PtdIns 3-kinase complex [18, 21]. Caenorhabditis elegans has two Atg18 homologues, ATG-18 and EPG-6 [19]. Interestingly, C. elegans requires both ATG-18 and EPG-6 for autophagy because the two molecules function sequentially, not redundantly. Human WDR45/WIPI4 shows a higher similarity to EPG-6 than to ATG-18, and loss of epg-6/ WIPI4 causes the accumulation of premature autophagic structures in both C. elegans and mammalian cells [19]. In fact, by using lymphoblastoid cell lines derived from SENDA patients, Saitsu et al. confirmed that the protein expression of WIPI4 was severely reduced in



affected individuals. Specifically, blocked autophagic flux and accumulation of abnormal ATG9A- and LC3double-positive structures, which may represent aberrant early autophagic structures, were observed in the lymphoblastoid cell lines of affected individuals [13]. Since WDR45/WIPI4 is encoded by the X chromosome and one of the X chromosomes is subjected to X inactivation. female patients should possess mosaic loss of function of WDR45/WIPI4. It is unclear, however, whether hemizygous mutations in male patients are lethal. Hayflick's group reported three male SENDA patients with similar phenotypes [12, 26]; all three may have had somatic mosaicism.

These studies provided the first direct evidence that the deficiency of a core autophagy factor is indeed a contributing factor to human neurodegenerative diseases. However, the exact mechanism of brain iron accumulation due to an autophagy defect and why only the brain is affected remain to be clarified. Further investigation of these aspects is needed.

Vici syndrome

A recent study by Cullup *et al.* showed that recessive mutations in EPG5, a key factor implicated in the maturation of autolysosomes, play a causative role in Vici syndrome [27]. Vici syndrome is a recessively inherited multisystem disorder characterized by callosal agenesis, cataracts, hypopigmentation, cardiomyopathy, psychomotor retardation, and immunodeficiency with cleft lip and palate [28-31].

EPG5 is a metazoan-specific autophagy gene first identified by genetically screening C. elegans for mutants with defective degradation of autophagy substrates. C. elegans epg-5 mutant and knockdown of mEPG5 in mammalian cells show accumulation of non-degradative autolysosomes, indicating the role of EPG-5/mEPG5 in autolysosome maturation [32]. It was later shown that knockdown of EPG5 in HeLa cells results in another defect in the endocytic pathway [33]. By using fibroblasts derived from patients with Vici syndrome, Cullup et al. showed that autophagic flux is blocked and the autophagy adapters NBR1 and SQSTM1/p62 accumulate, confirming the decreased autophagic activity in Vici syndrome [27]. However, as EPG5 is also involved in the endocytic pathway, it is important to examine whether dysregulated endocytic trafficking also contributes to the pathogenesis of Vici syndrome. Furthermore, the Epg5deficient mice display only some features of Vici syndrome [33, 34]. For example, although patients with Vici syndrome demonstrate facial dysmorphism and cataracts, these features are not marked in the Epg5-deficient mice. In addition, psychomotor abnormalities appear to be milder in mice than in humans. Further studies are needed to elucidate the reason for phenotypic differences between mice and humans as well as the exact molecular role of EPG5 in the autophagy and endocytic pathways.

Hereditary spastic paraparesis

Oz-Levi et al. reported a recessive mutation in TECPR2, an autophagy-related WD repeat-containing protein, in five individuals with SPG49, a novel form of recessive hereditary spastic paraparesis (HSP) [35]. HSP is a diverse group of neurodegenerative disorders characterized by axonal degeneration of the corticospinal or pyramidal motor and sensory tracts that control the lower extremities. It leads to progressive spasticity and hyperreflexia of the lower limbs [36-38]. The newly characterized HSP subtype, accompanied by lower-limb spasticity and other neurological symptoms, appears to be an autosomalrecessive form of complicated HSP that is caused by a single base deletion in the TECPR2 gene, resulting in a premature stop codon accompanied by full degradation of its protein product [35].

TECPR2, an uncharacterized protein belonging to the tectonin β-propeller repeat-containing protein family, was previously found to interact with ATG8 orthologues, suggesting a possible role in the autophagy pathway [39]. Skin fibroblasts from an HSP patient showed decreased autophagic flux, but no accumulation of the autophagic substrate SQSTM1/p62, implying that some autophagic activity could be maintained in affected individuals. Knockdown of TECPR2 in HeLa cells also reduced autophagic activity, suggesting that TECPR2 is a bona fide autophagy factor [35]. However, the exact role of TECPR2 in the autophagy pathway warrants further examination. The fact that TECPR2 shows some similarity to two autophagy-involved proteins — TECPR1 and HPS5 [35, 40-43] — is expected to shed new light on this issue.

Recently, Vantaggiato et al. reported that ZFYVE26/ SPG15, the causative gene of another recessive complicated form of HSP (HSP type 15), is also involved in the autophagy process [44]. ZFYVE26/SPG15 encodes a zinc-finger protein with a FYVE domain and a leucine zipper, termed spastizin [45]. Spastizin interacts with the Beclin 1-UVRAG-Rubicon complex and mediates autophagosome maturation. Both spastizin-mutated fibroblast cells derived from HSP patients and spastizin knockdown cells showed impaired autophagic flux and accumulation of autophagosomes due to reduced autophagosome-lysosome fusion [44]. However, as this complex also plays an important role in the endocytic

pathway [46-49], and as spastizin is not present on the autophagic membranes [44], whether spastizin specifically regulates autophagosome-lysosome fusion needs to be clarified.

Parkinson's disease

Parkinson's disease is the most common form of a group of progressive neurodegenerative disorders characterized clinically by bradykinesia (paucity and slowness of movement), rest tremor, muscular rigidity, shuffling gait, and flexed posture. It can also be accompanied by various non-motor symptoms, including sleep, autonomic, sensory, cognitive, and psychiatric disturbances. Nearly all forms of Parkinson's disease result from reduced dopaminergic transmission in the basal ganglia [50, 51]. Many genes, mutations, and polymorphisms have been implicated in the pathogenesis of the disease. Among them, mutations in the *PARK2/Parkin* and *PARK6/PINK1* have been shown to lead to autosomal recessive or sporadic juvenile-onset Parkinson's disease [52-54].

PTEN-induced putative kinase protein 1 (PINK1, encoded by PARK6/PINK1) is a mitochondria-associated protein kinase that acts upstream of Parkin (encoded by PARK2/Parkin), an E3 ubiquitin ligase implicated in the selective degradation of damaged mitochondria by autophagy, a process termed "mitophagy" [55-57]. When mitochondria are damaged and lose their membrane potential, mitochondrial PINK1 is stabilized and recruits Parkin, which ubiquitinates a number of mitochondrial membrane proteins, resulting in selective mitophagy. Consistent with this finding, excessive mitochondrial damage has been linked to Parkinson's disease [58]. Thus, this type of Parkinson's disease can be caused by the accumulation of mitochondrial damage. However, Parkin is also reported to mediate other biological processes, including translocation of some mitochondrial outer membrane proteins to the endoplasmic reticulum to escape autophagic degradation [59]. Furthermore, other studies have shown that Parkin also mediates proteasome-dependent degradation of outer membrane proteins of depolarized mitochondria, although it is controversial whether this process is required for mitophagy [60-62], these findings suggest that an autophagic defect may not be the only factor contributing to the pathogenesis of PINK1/Parkin-related Parkinson's disease. It would also be important to know whether PINK1/Parkin-mediated mitophagy occurs under physiological conditions, because most previous studies were performed in cells overexpressing Parkin, and PINK1/Parkin knockout mice failed to faithfully recapitulate Parkinson's disease in humans [63-65].

Lysosomal storage disorders

Lysosomal storage disorders (LSDs), characterized by progressive accumulation of undigested macromolecules within the cell, are a family of disorders caused by inherited gene mutations that perturb lysosomal homeostasis. As lysosomes also play an important role in the autophagy pathway by fusing with autophagosomes and degrading autophagic cargo, lysosomal dysfunction in LSDs impacts the autophagy pathway. In fact, in most LSDs, the lysosomal dysfunction is accompanied by impaired autophagic flux, resulting in defective autophagosomelysosome fusion and secondary accumulation of autophagy substrates such as SQSTM1/p62, polyubiquitinated proteins, and damaged mitochondria [66]. In some sense then, LSDs can be regarded as "autophagy disorders". Some excellent reviews on the genetic basis of LSDs are available [11, 67, 68].

Cancer

An association between autophagy and cancer has long been proposed. The role of autophagy likely differs in different stages of cancer development; initially, autophagy probably has a preventive effect against cancer, but once a tumor develops, the cancer cells could utilize autophagy for their own cytoprotection [9, 69].

Monoallelic deletion of *BECN1* has been detected in human breast, ovarian, and prostate tumor specimens [70-73]. In particular, the aberrant expression of Beclin 1 (encoded by the human *BECN1* gene) in many kinds of tumor tissues correlates with poor prognosis [74-78]. Beclin 1, the mammalian orthologue of yeast Atg6/vacuolar protein sorting (Vps)-30, plays an essential role in autophagy. It interacts with the class III PtdIns 3-kinase, Vps34 (also known as PIK3C3 in mammals), to form the Beclin 1-Atg14-Vps34-Vps15 complex, which is important for the localization of downstream autophagic proteins to the autophagosome formation site to induce autophagy [73, 79]. Beclin 1 also has other important biological functions including roles in anti-apoptosis [80, 81] and endocytic trafficking [47, 82, 83].

A recent study in *C. elegans* identified EI24/PIG8, whose human homolog was reported to be mutated in breast cancers [84], as a critical factor of autophagic degradation [32]. However, it remains to be clarified whether EI24-mutated human breast cancer cells indeed show decreased autophagic activity. Furthermore, since EI24/PIG8 is also known as the proapoptotic factor [84, 85], this role may contribute to tumor suppression. Besides Beclin 1 and EI24, altered expression of several autophagy proteins such as ATG5 [86, 87], and UVRAG [88] are



reported to be associated with human cancers [7, 89].

Crohn's disease

Genome-wide association studies of non-synonymous SNPs have linked ATG16L1 variants with susceptibility to Crohn's disease [90, 91], a major type of inflammatory bowel disease that can affect any part of the digestive tract from the mouth to the anus. The disease causes a wide variety of symptoms including abdominal pain, diarrhea, vomiting, and weight loss, as well as complications outside the gastrointestinal tract such as fatigue, skin rash, inflammation of the eye, anemia, arthritis, and lack of concentration [92].

Atg16L1, a core component of the autophagy machinery, forms a complex with Atg12-Atg5 to induce LC3 lipidation and is essential for autophagosome formation [93, 94]. Recent studies have shown that the interaction between Atg16L1 and FIP200 is important for the localization of the Atg12-Atg5-Atg16L1 complex to the autophagosome formation site or isolation membrane [95, 96]. The Atg16L1 protein possesses a C-terminal WD repeat domain, and the Crohn's disease-associated mutation (T300A, also known as Ala197Thr) is within or immediately upstream of this domain. However, it was shown that the Atg16L1 WD repeat domain is not essential for autophagic activity [96, 97]. Thus, it is important to clarify how the ATG16L1 T300A mutation contributes to the pathogenesis of Crohn's disease in humans.

Investigations of mice carrying two distinct mutations that reduce or eliminate the expression of Atg16L1 have suggested potential links between Atg16L1 mutations and Crohn's disease. It was shown that Atg16L1deficient macrophages produced more of the inflammatory cytokines IL-1\beta and IL-18 upon stimulation with lipopolysaccharides [98]. On the other hand, the Atg16L1 hypomorph mice exhibited aberrant granule formation in Paneth cells, which play an important role in the innate immune response of the intestine [99]. Recently, Marchiando et al. reported that Atg16L1 possesses an immunosuppressive role during intestinal bacterial infection [100].

Apart from Atg16L1, other autophagy-related proteins such as IRGM [101-103] and NOD2 [104-106] are reported to be associated with Crohn's disease in humans [107]. However, since these proteins also play roles in biological processes other than autophagy, it remains unclear whether they relate to Crohn's disease via autophagy modulation.

Conclusion and future prospects

In this article, we have summarized recent findings on

the relationship between autophagy and human diseases. It is expected that new efficient technologies such as exome sequencing will help to identify more autophagyrelated diseases over the next few years. Given that autophagy is associated with a plethora of human diseases, there are at least two important issues to address.

First, the development of pharmacological agents that modulate autophagy in these pathological conditions is critical; in fact, it has become a major priority in the field. Pharmacological approaches to activate or inhibit autophagy are also required because autophagy can play either a protective or destructive role in different diseases, even in different stages of the same diseases. Many drugs and compounds that modulate autophagy are currently receiving considerable attention [11, 89, 108]. These include, for example, autophagy inducers such as the mTORC1 inhibitor rapamycin [109] and its analogues (e.g., CCI-779 [109], RAD001 [110, 111], and AP23573 [112]), mTOR kinase inhibitors (e.g., Torin 1 [113], and PP242 [114]), trehalose [115, 116], carbamazepine [117], and the newly identified autophagy-inducing peptide Tatbeclin 1 [118]; autophagy inhibitors such as chloroquine [119, 120] and hydroxychloroguine [121], Lys05 [122], 3-methyladenine [123] and its derivatives [124], PIK3C3 inhibitors [125], ATG4B inhibitors [126, 127], and ATG7 inhibitors [128, 129]. Autophagy-modulating drugs that are currently used in clinical trials are summarized in Table 2. An improved understanding of how autophagy defects contribute to the pathogenesis of human diseases and the development of other more specific and less toxic compounds will benefit many more patients.

Second, and perhaps a more challenging issue, is the monitoring of autophagic activity in humans, in tissue samples at the least, but preferably in blood samples. In particular, it is more important to measure autophagic flux than autophagosome number. To date, however, measurement of autophagic flux in paraffin-embedded tissue samples has been unsuccessful, and the simple detection of endogenous LC3-II, a commonly used marker for autophagosomes, has proved problematic in tissue sections. The appearance of more LC3-positive puncta (which may represent autophagosomes) does not necessarily indicate higher autophagic activity in the tissue. Autophagosomes can accumulate due to the induction of autophagy or due to blocking of a late step of the autophagy pathway, including impaired autophagosomelysosome fusion and compromised lysosomal activity [130]. This is a frequent occurrence in human diseases and even during the normal aging process. It should also be remembered that LC3 can be incorporated into protein aggregates independently of autophagy [131]. To help overcome these problems, it may be beneficial to com-

Table 2 Autophagy-modulating compounds in clinical trials

Chloroquine L Chloroquine L Chloroquine L	tatobilas y tai set	Dispase	Intervention	ClinicalTrials	Phase
	0	Davaso			ı II də C
	Lysosomal inhibitor	Stage IV small cell lung cancer	Chloroquine		Phase 1
	Lysosomal inhibitor	Ductal carcinoma in situ [142]	Chloroquine	NCT01023477 PI	Phase 1/2
	Lysosomal inhibitor	Relapsed and refractory multiple myeloma	Chloroquine combined with cyclophosphamide and velcade	NCT01438177 PI	Phase 2
Chloroquine	Lysosomal inhibitor	Brain metastases from solid tumors [143]	Chloroquine plus whole-brain irradiation	NCT01894633 Pl	Phase 2
Hydrochloroquine L	Lysosomal inhibitor	Breast cancer	Hydrochloroquine	NCT01292408 PI	Phase 2
Hydroxychloroquine L	Lysosomal inhibitor	Primary renal cell carcinoma	Hydroxychloroquine	NCT01144169 Pl	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Previously treated renal cell carcinoma	Hydroxychloroquine combined with mTOR inhibitor RAD001	NCT01510119 P	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Pancreatic cancer	Hydroxychloroquine combined with gemcitabine	NCT01506973 PI	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Stage IIb or III adenocarcinoma of the pancreas	Hydroxychloroquine combined with gemcitabine	NCT01128296 PI	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Non-small cell lung cancer	Hydroxychloroquine combined with carboplatin, paclitaxel, and bevacizumab	NCT00933803 P	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Recurrent advanced non-small cell lung cancer	Hydroxychloroquine combined with carboplatin, paclitaxel, and bevacizumab	NCT00728845 PJ	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Advanced/recurrent non-small cell lung cancer	Hydroxychloroquine combined with paclitaxel, carboplatin, and bevacizumab	NCT01649947 P	Phase 2
Hydroxychloroquine L	Lysosomal inhibitor	Metastatic breast cancer	Hydroxychloroquine combined with ixabepilone	NCT00765765 Pl	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Colorectal cancer	Hydroxychloroquine combined with oxaliplatin, leucovorin, 5-fluorouracil, and bevacizumab	NCT01206530 PJ	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Metastatic colorectal cancer	Hydroxychloroquine combined with capecitabine, oxaliplatin, and bevacizumab	NCT01006369 PI	Phase 2
Hydroxychloroquine L	Lysosomal inhibitor	Unspecified adult solid tumor	Hydroxychloroquine combined with temsirolimus	NCT00909831 P	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Unspecified adult solid tumor	Hydroxychloroquine combined with sunitinib	NCT00813423 Pl	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Refractory or relapsed solid tumors	Hydroxychloroquine combined with sorafenib	NCT01634893 P	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Malignant solid tumor	Hydroxychloroquine combined with vorinostat	NCT01023737 Pl	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Advanced solid tumors or prostate or kidney cancer	Hydroxychloroquine combined with Akt inhibitor MK2206	NCT01480154 P	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Castrate refractory prostate cancer	Hydroxychloroquine combined with ABT-263 or abiraterone	NCT01828476 PI	Phase 2
Hydroxychloroquine L	Lysosomal inhibitor	Metastatic prostate cancer	Hydroxychloroquine combined with docetaxel	NCT00786682 PI	Phase 2
Hydroxychloroquine L	Lysosomal inhibitor	Advanced cancers	Hydroxychloroquine combined with sirolimus or vorinostat	NCT01266057 P	Phase 1
Hydroxychloroquine L	Lysosomal inhibitor	Relapsed or refractory multiple myeloma	Hydroxychloroquine combined with bortezomib	NCT00568880 PI	Phase 1/2
Hydroxychloroquine L	Lysosomal inhibitor	Lymphangioleiomyomatosis	Hydroxychloroquine combined with sirolimus	NCT01687179 PI	Phase 1
Carbamazepine A	Autophagy inducer	α1-antitrypsin deficiency liver cirrhosis [117]	Carbamazepine	NCT01379469 P	Phase 2
Lithium carbonate A	Autophagy inducer	Amyotrophic lateral sclerosis [144]	Lithium carbonate	NCT00790582 Pl	Phase 2
Trehalose	Autophagy inducer	Trehalose Autophagy inducer Vascular aging [116] Lov	Low-dose and high-dose trehalose	NCT01575288 N	N/A



bine immunohistochemical assays of other autophagyrelated marker proteins such as ATG5 and Beclin 1 to detect autophagy in clinical tissue samples.

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