



# Enhancing Anti-Cancer Therapy with Selective Autophagy Inhibitors by Targeting Protective Autophagy

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## Abstract

Autophagy is a process of eliminating damaged or unnecessary proteins and organelles, thereby maintaining intracellular homeostasis. Deregulation of autophagy is associated with several diseases including cancer. Contradictory dual roles of autophagy have been well established in cancer. Cytoprotective mechanism of autophagy has been extensively investigated for overcoming resistance to cancer therapies including radiotherapy, targeted therapy, immunotherapy, and chemotherapy. Selective autophagy inhibitors that directly target autophagic process have been developed for cancer treatment. Efficacies of autophagy inhibitors have been tested in various pre-clinical cancer animal models. Combination therapies of autophagy inhibitors with chemotherapeutics are being evaluated in clinical trials. In this review, we will focus on genetical and pharmacological perturbations of autophagy-related proteins in different steps of autophagic process and their therapeutic benefits. We will also summarize combination therapies of autophagy inhibitors with chemotherapies and their outcomes in pre-clinical and clinical studies. Understanding of current knowledge of development, progress, and application of cytoprotective autophagy inhibitors in combination therapies will open new possibilities for overcoming drug resistance and improving clinical outcomes.

**Key Words:** Autophagy, Autophagy inhibitor, Anticancer agent, Resistance, Combination therapy

## INTRODUCTION

Macroautophagy (hereafter referred to as autophagy) is a highly conserved catabolic process by which damaged or unnecessary proteins or organelles are delivered to lysosomes for degradation, leading to maintenance of intracellular homeostasis (Levy *et al.*, 2017). Autophagic process involves formation of double-membraned vesicles known as autophagosomes that can engulf proteins and organelles prior to delivery to lysosome (Mizushima, 2007; Mizushima *et al.*, 2011). Autophagy occurs at a basal level in all cells. It is induced by various signals and cellular stresses such as hypoxia, starvation, and different cancer therapies as a cytoprotective mechanism. Autophagy has a context-dependent role in cancer. It is closely related to the occurrence and drug resistance of cancer (Eskelinen, 2011; Towers and Thorburn, 2016; Chang and Zou, 2020). Autophagy can limit oxidative stress, chronic tissue damage, and oncogenic signaling by prevent-

ing toxic accumulation of damaged proteins and organelles, particularly mitochondria, thereby inhibiting tumorigenesis in the early stage of tumor formation (White *et al.*, 2015). In contrast, some cancers are dependent on autophagy for survival by using autophagy-mediated recycling to maintain mitochondria function and energy homeostasis because of elevated metabolic demand of cancer growth. In established tumors, autophagy can be induced as a response to nutrient deprivation, energy deficits, hypoxia, and chemotherapeutics drugs, finally resulting in acquired resistance in tumors. Some tumor cell types with high basal autophagic flux might show intrinsic drug resistance. Conversely, persistent or excessive autophagy can induce autophagic cell death in cancer therapy (Puissant *et al.*, 2010; Aryal *et al.*, 2014). Clinical interventions to manipulate autophagy in cancer treatment are underway by mainly focusing on inhibiting autophagy, although such interventions are in contradiction with dual roles of autophagy.

In this review, we will focus on application of autophagy in-

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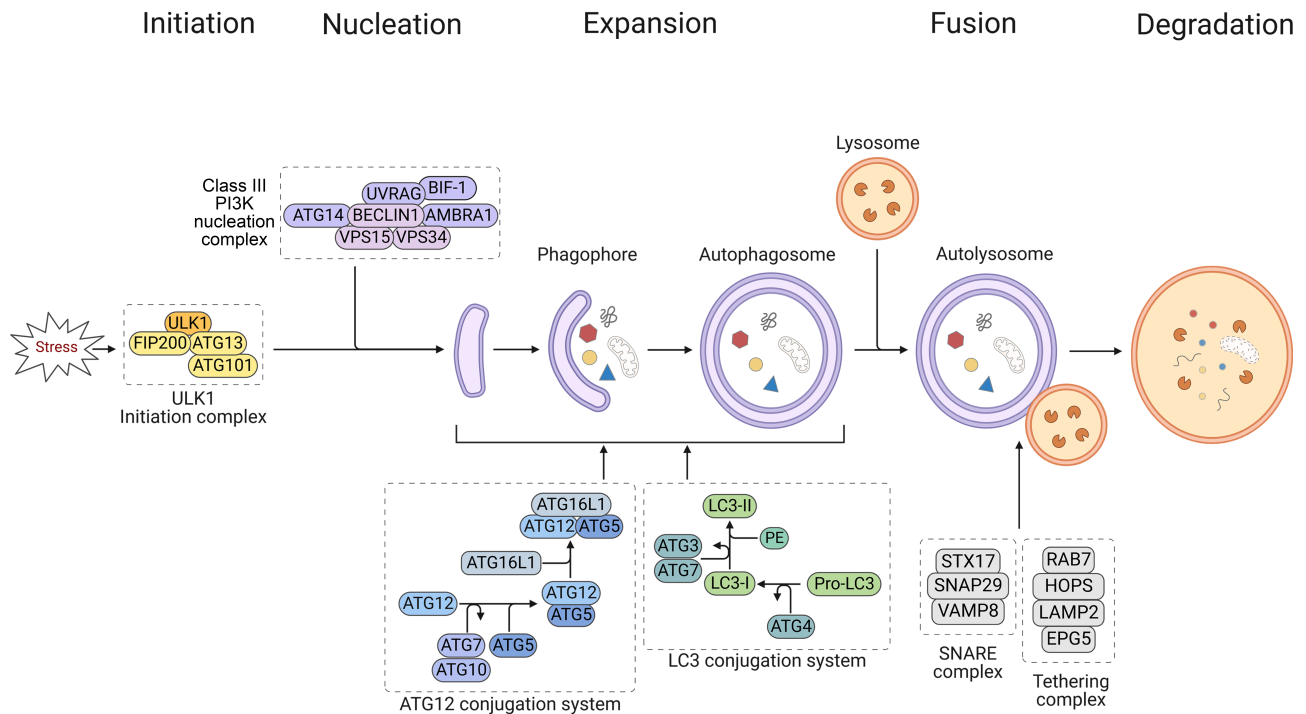
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**Fig. 1.** Schematic overview of core autophagic process.

hibitors in cancer treatment. First, we will provide important targets of autophagic process and impact of autophagy-related gene deficiency in genetically engineered mice as basic information. Pharmacological inhibitors developed for targeting autophagic process and their efficacies in preclinical and clinical studies are then reviewed. Specially, we will focus on combination therapies of autophagy inhibitors with chemotherapeutic agents to improve therapeutic benefits of current cancer therapies.

## CORE PROCESS OF AUTOPHAGY

Autophagic process can be divided into distinct stages: initiation, nucleation of the autophagosome, expansion of the autophagosome membrane and maturation, docking and fusion with the lysosome for cargo degradation, and degradation (Fig. 1). Formation and turnover of autophagosome are executed by highly conserved autophagy-related (ATG) proteins (Mizushima *et al.*, 2011). Initiating signals of autophagy to form the autophagosome originate from activated Unc-51-like kinase 1 (ULK1, human homolog of yeast ATG1). ULK1 forms a pre-initiation complex with ATG13, ATG101, and focal adhesion kinase family-interacting protein 200 (FIP200) under stress conditions (Carlsson and Simonsen, 2015). ULK1 initiation complex then recruits class III PI3K nucleation complex composed of BECLIN 1 (human homolog of yeast ATG6), ATG14, type III phosphatidylinositol 3-kinase/vacuolar protein sorting 34 (class III PI3K/VPS34), autophagy and BECLIN 1 regulator-1 (AMBRA1), and UV radiation resistance-associated gene protein (UVRAG) by phosphorylating BECLIN 1 to activate autophagy-specific VPS34 (Russell *et al.*, 2013).

BIF-1 is also involved in the formation of nucleation complex by binding to UVRAG (Takahashi *et al.*, 2007). The formed phosphatidylinositol 3-phosphate (PI3P)-binding complex can then direct distribution of the machinery that enable autophagosome formation (Hansen *et al.*, 2018). In the ATG12 conjugation system, ATG12 is attached to ATG5, which is then attached to ATG16L1, followed by dimerization and interaction with the PI3P-binding complex through WD repeat domain phosphoinositide-interacting proteins (WIPs; ATG18 in yeast) and zinc-finger FYVE domain-containing protein 1 (DFCP1). Under catalysis of E1-like enzyme ATG7 and E2-like enzyme ATG10, the formed ATG5/ATG12/ATG16L1 (E3) complex can facilitate recruitment and conversion of precursor pro-microtubule-associated protein 1 light chain 3 (LC3; ATG8 in yeast) to membrane bound LC3-II form (LC3 conjugation). In the LC3 conjugation system, pro-LC3 is cleaved by protease ATG4 to form cytosolic LC3-I, which is then recognized by E1-like enzyme ATG7 and E2-like enzyme ATG3, leading to conjugation with phosphatidylethanolamine (PE) to form LC3-II (Ichimura *et al.*, 2000; Kabeya *et al.*, 2000; Hanada *et al.*, 2007; Aman *et al.*, 2021). This conjugation is incorporated into pre-autophagosomal and autophagosomal membranes, where LC3 can interact with cargo receptors such as sequestosome 1 (SQSTM1/p62) and neighbor of BRCA1 gene 1 (Nbr1) carrying LIRs (LC3-interacting regions) to target them for autophagic degradation (Birgisdottir *et al.*, 2013; Slobodkin and Elazar, 2013). LC3-II is widely used as a marker for assessing autophagy due to its abundance in autophagosomal membranes (Schaaf *et al.*, 2016). Following expansion and maturation, LC3-I is released from autophagosomes by deconjugation through the action of ATG4 (Tanida *et al.*, 2004). Sealed autophagosome then merges with lysosome through

**Table 1.** *In vivo* genetic studies of autophagy-related genes

Autophagic stage	Target	Genetic modification	Phenotypes	Reference	
Initiation	ULK1	KO	Viable without overt development defects; delayed mitochondrial clearance in reticulocytes	Kundu <i>et al.</i> , 2008	
	ULK2	KO	Normal development and fertile	Lee and Tournier, 2011	
	ATG13	KO	Embryonic lethality with growth retardation and myocardial growth defects (E17.5)	Kaizuka and Mizushima, 2016	
	ATG101	N/A			
	FIP200	KO	Embryonic lethality with defective heart and liver development (E14.5)	Gan <i>et al.</i> , 2006	
Nucleation	BECLIN 1	KO	Embryonic lethality (E8.5) High incidence of spontaneous tumors as in heterozygote	Yue <i>et al.</i> , 2003	
	ATG14	KO	Neonatal lethality	<a href="https://www.mousephenotype.org/">https://www.mousephenotype.org/</a>	
	VPS15	KO	Embryonic lethality (E7.5)	Nemazany <i>et al.</i> , 2013	
	VPS34	KO	Embryonic lethality with abnormal embryogenesis (E7.5-E8.5)	Zhou <i>et al.</i> , 2011	
	UVRAG	KO	Embryonic lethality (E7.5)	Afzal <i>et al.</i> , 2015	
	BIF-1	KO	Normal development and high incidence of spontaneous tumorigenesis	Takahashi <i>et al.</i> , 2007	
	AMBRA1	KO	Embryonic lethality with neural tube defect (E18.5*)	Fimia <i>et al.</i> , 2007	
	Expansion	LC3B	KO	Normal development and fertile	Cann <i>et al.</i> , 2008
		ATG3	KO	Neonatal lethality (1 d)	Sou <i>et al.</i> , 2008
		ATG4A	KO	Close-to-normal development	<a href="https://www.mousephenotype.org/">https://www.mousephenotype.org/</a>
ATG4B		KO	Close-to-normal development	Marino <i>et al.</i> , 2010	
ATG4C		KO	Close-to-normal development	<a href="https://www.mousephenotype.org/">https://www.mousephenotype.org/</a>	
ATG5		KO	Neonatal lethality (1 d)	Kuma <i>et al.</i> , 2004	
ATG7		KO	Neonatal lethality (1 d)	Komatsu <i>et al.</i> , 2005	
ATG10		N/A			
ATG12		KO	Neonatal lethality (1 d)	Malhotra <i>et al.</i> , 2015	
ATG16L1		KO	Neonatal lethality (1 d)	Saitoh <i>et al.</i> , 2008	
Fusion	STX17	N/A			
	SNAP29	KO	Neonatal lethality with ichthyotic phenotype (1 d)	Schiller <i>et al.</i> , 2016	
	VAMP8	KO	Partial lethality and growth retardation with defect in secretion of the pancreas	Wang <i>et al.</i> , 2004	
	RAB7	KO	Embryonic lethality (E7-8)	Kawamura <i>et al.</i> , 2012	
	LAMP2	KO	Increased mortality between (20-40 d) with cardiomyopathy	Tanaka <i>et al.</i> , 2000	
	EPG5	KO	Growth retardation and reduced survival with selective neuronal vulnerability to degeneration	Zhao <i>et al.</i> , 2013	

N/A, not available; \*, available at <https://www.mousephenotype.org/>.

assistance of SNARE complex (STX17, SNAP29, VAMP8) and tethering complex (HOPS complex, RAB7, EPG5, and LAMP2) to form autolysosome (Yu *et al.*, 2018; Xiao *et al.*, 2021). Sequestered autophagic bodies and the inner membrane are then released into the lumen, where they are exposed to acidic hydrolases and lipases for degradation (Mizushima, 2007). Finally, autophagy is completed by allowing the resulting macromolecules to be recycled for reuse in the biosynthesis of essential components required for survival under stress conditions (Yorimitsu and Klionsky, 2005).

## PHENOTYPES OF AUTOPHAGY-DEFICIENT MICE

*Atg* gene knockout mice are useful for understanding physi-

ological roles of autophagy *in vivo*. Among core *Atg* genes involved in autophagosome formation in mammals, 25 of them have been knocked out in mice (Table 1). Three mortality patterns of *Atg* knockout mice have been observed. Some die at embryonic period. Some die within 1 d after birth. Some show vitality without obvious abnormalities. *Atg* gene (such as *Atg4a*, *Atg4b*, *Atg4c*, *Lc3b*, *Ulk1*, and *Ulk2*) knockout mice show no obvious defective phenotypes with close-to-normal development partly due to functional redundancy (Cann *et al.*, 2008; Kundu *et al.*, 2008; Marino *et al.*, 2010; Lee and Tournier, 2011; Groza *et al.*, 2022) (International Mouse Phenotyping Consortium [IMPC], <https://www.mousephenotype.org/>). However, *Ulk1/Ulk2* double knockout mice show neonatal lethality (Cheong *et al.*, 2014). Mice with deletion of nonredundant genes (*Atg3*, *Atg5*, *Atg7*, *Atg12*, *Atg14*, and *Atg16l1*) involved

in ATG12 and LC3 conjugation systems after nucleation stage show neonatal lethality (Kuma *et al.*, 2004; Komatsu *et al.*, 2005; Saitoh *et al.*, 2008; Sou *et al.*, 2008; Malhotra *et al.*, 2015) (<https://www.mousephenotype.org/>), whereas mice with knockout of nonredundant genes (*Fip200*, *Atg13*, *Beclin 1*, *Vps15*, *Vps34*, *Uvrag*, and *Ambra1*) involved in earlier stages before expansion stage are embryonic lethal (Yue *et al.*, 2003; Gan *et al.*, 2006; Fimia *et al.*, 2007; Zhou *et al.*, 2011; Nema-zanyy *et al.*, 2013; Afzal *et al.*, 2015; Kaizuka and Mizushi-ma, 2016). Among genes involved in fusion stage, knockout of *Snap29* gene encoding a component of SNARE complex shows neonatal lethality and deletion of *Vamp8* gene encoding another component of SNARE complex shows partial lethality and growth retardation with defect in secretion of the pancreas (Wang *et al.*, 2004; Schiller *et al.*, 2016). Deletion of genes (*Lamp2* and *Epg5*) of the tethering complex shows partial lethality, retardation, or reduced survival (Tanaka *et al.*, 2000; Zhao *et al.*, 2013). Loss of *Rab7* gene encoding another factor of the tethering complex leads to embryonic lethality (Kawamura *et al.*, 2012). Thus, most autophagy-related genes are very important for embryonic and neonatal development. Reasons for phenotypic differences between whole-body knockout mice of *Atg* genes are still questionable. No genetic study has been reported for *Atg101*, *Atg10*, or *Stx17* gene.

While biallelic deletion of *Beclin 1* gene in mice shows embryonic lethality, monoallelic deletion of *Beclin 1* shows normal development with high incidence of spontaneous tumorigenesis and reduced autophagy, indicating that *Beclin 1* gene is essential for early embryonic development and a haploinsufficient tumor suppressor (Qu *et al.*, 2003; Yue *et al.*, 2003). In case of *Bif-1* gene, biallelic deletion in whole body leads to normal development with high incidence of spontaneous tumorigenesis (Takahashi *et al.*, 2007). Mice with systemic mosaic deletion of *Atg5* and mice with liver-specific *Atg7* homologous knockout also develop benign liver adenomas, which originate from autophagy-deficient hepatocytes (Takamura *et al.*, 2011). Thus, some *Atg* genes are necessary for suppression of spontaneous tumorigenesis through a cell-intrinsic protective mechanism. Conversely, autophagy can promote tumor growth by suppressing p53 response, maintaining mitochondrial function, sustaining metabolic homeostasis and survival during stress, and preventing progression of tumor to benign oncocytomas (Kimmelman, 2011; Guo *et al.*, 2013b). Deletion of *Atg5* or *Atg7* gene in KRAS-transformed cells with proficient autophagy can impair their tumorigenicity by failing to maintain levels of tricarboxylic acid cycle metabolite and mitochondrial respiration under nutrient starvation, which creates an energy crisis that threatens survival (Guo *et al.*, 2011; Yang *et al.*, 2011). Deletion of *Atg7* also alters progression of lung cancer cells with KRAS (G12D) and Trp53 mutations by developing into oncocytomas instead of adenomas and carcinomas with suppressed proliferation and reduced tumor burden (Guo *et al.*, 2013a). These observations support that autophagy plays a double-edged sword role in suppressing tumor initiation and in promoting survival and growth of tumors.

## PHARMACOLOGICAL INHIBITORS DIRECTLY TARGETING AUTOPHAGY FORMATION

The process of autophagy is divided into four distinct stages (Fig. 1). Each stage has potential targets for inhibiting au-

tophagy. Pharmacological inhibitors that target tumor growth and autophagy formation are summarized in Table 2. At the initiation stage, ULK1 has been mainly studied to develop inhibitors to interfere with growth of various cancer types including lung cancer and leukemia both *in vitro* and *in vivo* (Tang *et al.*, 2017; Qiu *et al.*, 2020). SBI-0206965, MRT68921, and ULK101 have been found as ULK1 kinase inhibitors showing cytotoxicity against various cancer cells *in vitro* (Tang *et al.*, 2017; Martin *et al.*, 2018; Chen *et al.*, 2020; Qiu *et al.*, 2020). In case of MRT68921, its effects on tumor growth inhibition and prolonged survival have been shown in H460 lung cancer and MNK45 gastric cancer xenografted animal models. It has dual targets, NUAK1 and ULK1 (Martin *et al.*, 2018).

At the nucleation stage, VPS34/class III PI3K has been extensively studied as a main target for autophagy formation. Several kinase inhibitors including 3-MA, SAR405, SB02024, and VPS34-IN1 have been developed for inhibiting autophagy and tumor growth as shown in Table 2. These compounds show a good relevance to inhibition of autophagy formation and suppression of *in vitro* tumor cell growth in several cancer types including breast cancer and leukemia. 3-MA, SAR405, and SB02024 show inhibitory effects on tumor growth *in vivo* with extended survival in xenograft animal models (Dyczynski *et al.*, 2018; Noman *et al.*, 2020; Chen and Yao, 2021).

At the expansion stage, only ATG4B protease has been targeted for the development of autophagy inhibitors. NSC185058, S130, and tioconazole have shown autophagy formation-inhibiting and tumor-suppressive effects on various cancers including glioblastoma and colorectal cancer both *in vitro* and *in vivo* (Akin *et al.*, 2014; Huang *et al.*, 2017; Liu *et al.*, 2018; Fu *et al.*, 2019; El-Gowily *et al.*, 2021). NSC185058 has been found to prolong survival of JK83 primary cancer-xenografted mice (Huang *et al.*, 2017). Tioconazole has a survival benefit in MCF-7 breast cancer-xenografted mice (El-Gowily *et al.*, 2021). UAMC-2526 can dose-dependently inhibit HT-29 cancer cells with potent inhibition of autophagy (Kurdi *et al.*, 2017). FMK-9a has a weak cytotoxicity to HeLa cells although it can potentially inhibit autophagy formation (Chu *et al.*, 2018b). Its *in vivo* efficacy has not been reported yet.

At the fusion stage, EACC can inhibit STX17, resulting in inhibition of autolysosome formation (Vats and Manjithaya, 2019). At present, its inhibitory effect on tumor growth has not been reported yet. Several other inhibitors can also inhibit autolysosome formation. Among them, chloroquine (CQ) and hydroxychloroquine (HCQ) originally developed as anti-malaria drugs have been found to be able to inhibit autolysosome formation by increasing lysosomal pH and lysosomal membrane permeability (Homewood *et al.*, 1972). They can also inhibit autophagic flux by decreasing autophagosome-lysosome fusion presumably by interfering with SNAP29 recruitment (Mauthe *et al.*, 2018). Both compounds have been intensively studied for inhibiting tumor growth of many cancer types. They also have beneficial effects by prolonging survival in preclinical animal models (Hu *et al.*, 2016; Liu *et al.*, 2019; Chen *et al.*, 2021; El-Gowily *et al.*, 2021). Besides these inhibitors, bafilomycin A1, ROC-325, LS-1-10, BRD1240, cytochalasin E, Lys05, and DC661 can also inhibit autolysosome formation during autophagic process. Bafilomycin A1, ROC-325, LS-1-10, BRD1240, cytochalasin E, Lys05, and DC661 compounds can inhibit autolysosome formation by elevating lysosomal pH (Yamamoto *et al.*, 1998; McAfee *et al.*, 2012; Aldrich *et al.*, 2015; Carew *et al.*, 2017; Fu *et al.*, 2017; Takanezawa *et al.*,

**Table 2.** Autophagy inhibitors targeting core autophagic process

Autophagic stage	Target	Inhibitor	Cancer type (cell lines)	Working concentrations/ <i>in vivo</i> dose	Mechanism of autophagy inhibition	Inhibitory effects on cancer			Reference
						<i>In vitro</i>	<i>In vivo</i>	Survival	
Initiation	ULK1/2	SBI-0206965	Non-small cell lung cancer (A549, H460, HCC827)	0.01-100 $\mu$ M	Inhibits ULK1 kinase activity (Egan <i>et al.</i> , 2015)	+	ND	ND	Tang <i>et al.</i> , 2017
		MRT68921	Acute myeloid leukemia (HL60, U937) Various cancer (A549, H460, H1299, SW480, SW620, U251, U266, HT-29, HCT-116, Colo320, PC-3, MNK45, 4T1)	2-15 $\mu$ M 1.76-8.91 $\mu$ M (IC <sub>50</sub> )/ 10-40 mg/kg/d, 7 times 11.3-56.8 $\mu$ M (IC <sub>50</sub> )	Inhibits ULK1 kinase activity (Petherick <i>et al.</i> , 2015) Inhibits ULK1 kinase activity (Martin <i>et al.</i> , 2018)	+	ND	+	Qiu <i>et al.</i> , 2020 Chen <i>et al.</i> , 2020
		ULK101	Various cancer (A549, U2OS, H838, H727, H2030)	11.3-56.8 $\mu$ M (IC <sub>50</sub> )	Inhibits ULK1 kinase activity (Martin <i>et al.</i> , 2018)	+	ND	ND	Martin <i>et al.</i> , 2018
		3-MA	Uterine sarcoma (FU-MMT-1, MES-SA)	200-300 $\mu$ M	Inhibits VPS34 kinase activity (Petiot <i>et al.</i> , 2000)	+	+	+	Chen and Yao, 2021
		SAR405	Various cancer (B16-F10, CT26, Renca, YUMM)	15 mg/kg/d, 7 times 10 mg/kg/d, 10 times	Inhibits VPS34 kinase activity (Ronan <i>et al.</i> , 2014)	ND	+	+	Noman <i>et al.</i> , 2020
Nucleation		SB02024	Various cancer (B16-F10, CT26, Renca, YUMM)	20 mg/kg/d, 10 times	Inhibits VPS34 kinase activity (Dyczynski <i>et al.</i> , 2018)	ND	+	+	Noman <i>et al.</i> , 2020
			Breast cancer (MCF-7, MDA-MB-231)	0.1-100 $\mu$ M/ 20-50 mg/kg/d, 21-30 times		+	+	ND	Dyczynski <i>et al.</i> , 2018
		VPS34-IN1	Acute myeloid leukemia (HL60, U937, K562, MOLM-14, MV4-11, THP1, KASUMI, OCI-AML2, OCI-AML3) Not studied on tumor cell growth and death	1.4-9.6 $\mu$ M (IC <sub>50</sub> )	Inhibits VPS34 kinase activity (Bago <i>et al.</i> , 2014) Inhibits VPS34 kinase activity (Dowdle <i>et al.</i> , 2014)	+	ND	ND	Meunier <i>et al.</i> , 2020
		VPS34-IN2 (PIK-III)							
		NSC185058	Glioblastoma (Patient-derived glioma stem-like cell JK83, 23)	10-100 $\mu$ M/ 150 mg/kg/d, 9 times 3-100 $\mu$ M/ 100 mg/kg, ~15 times	Inhibits ATG4B protease activity (Akin <i>et al.</i> , 2014)	+	+	+	Huang <i>et al.</i> , 2017
Expansion	ATG4B		Osteosarcoma (Saos-2) Colorectal cancer (HT-29)	1-100 $\mu$ M	Inhibits ATG4B protease activity (Kurd <i>et al.</i> , 2017)	+	+	ND	Akin <i>et al.</i> , 2014 Kurd <i>et al.</i> , 2017
		UAMC-2526	Ovarian cancer (HeLa)	100 $\mu$ M	Inhibits ATG4B protease activity (Qiu <i>et al.</i> , 2016)	+	ND	ND	Chu <i>et al.</i> , 2018b
		FMK-9a	Various cancer (HeLa, HCT116, HL60)	4.7-16.1 $\mu$ M (IC <sub>50</sub> )/ 20 mg/kg/d, 21 times	Inhibits ATG4B activity (Fu <i>et al.</i> , 2019)	+	+	+	Fu <i>et al.</i> , 2019
		S130	Various cancer (H4, HCT116, MDA-MB-231)	40 $\mu$ M/60 mg/kg/d, ~9 times	Inhibits ATG4B protease activity (Liu <i>et al.</i> , 2018)	+	+	+	Liu <i>et al.</i> , 2018
		Tioconazole	Breast cancer (MCF-7)	14.5 $\mu$ M (IC <sub>50</sub> )/ 60 mg/kg/d, ~12 times		+	+	+	El-Gowily <i>et al.</i> , 2021
Fusion	STX17	EACC	Not studied on tumor cell growth and death		Inhibits translocation of Sx17 onto autophagosome (Vats and Manjithaya, 2019)				

**Table 2.** Continued

Autophagic stage	Target	Inhibitor	Cancer type (cell lines)	Working concentrations/ <i>in vivo</i> dose	Mechanism of autophagy inhibition	Inhibitory effects on cancer		
						<i>In vitro</i> Cytotoxicity	<i>In vivo</i> Tumor growth	Reference
Lysosome	Chloroquine	Hepatocellular carcinoma ( <b>HepG2</b> , Huh7)	5-80 µM/ 160 mg/kg/d, ~15 times	Deacidifies lysosome and increases lysosomal membrane permeability (Homewood <i>et al.</i> , 1972)	+	+	ND	Hu <i>et al.</i> , 2016
	Hydroxy-chloro- quine	Breast cancer ( <b>MCF-7</b> ) Glioblastoma (LN18, LN229)	32.5 µM (IC <sub>50</sub> )/ 50 mg/kg/d, ~12 times ~15 µM		+	+	+	El-Gowily <i>et al.</i> , 2021 Liu <i>et al.</i> , 2019
	Bafilomycin A1	Hepatocellular carcinoma (HepG2, <b>Huh7</b> ) Gastric cancer (SGC-7901)	12.69-13.60 µM (IC <sub>50</sub> )/ 30 mg/kg/d, 20 times 0.1 µM	Deacidifies lysosome by inhibiting the lysosomal V-ATPase (Yamamoto <i>et al.</i> , 1998)	+	+	ND	Chen <i>et al.</i> , 2021 Li <i>et al.</i> , 2016
	ROC-325	Acute myeloid leukemia ( <b>MV4-11</b> , HL-60, KG-1, MOLM-13, NOMO-1, PL-21)	1-10 µM/ 50 mg/kg, ~12 times	Deacidifies lysosome and increases lysosomal membrane permeability (Carew <i>et al.</i> , 2017)	+	+	+	Nawrocki <i>et al.</i> , 2019
	LS-1-10	Various cancer (A498, A549, CFPAC-1, COLO-205, DLD-1, IGROV-1, MCF-7, MiaPaCa-2, NC1-H69, PC-3, RL, UACC-62, <b>786-O</b> , Caki-2, Achr)	4.6-11 µM (IC <sub>50</sub> ) 25-50 mg/kg/d, 30 times	Increases lysosomal membrane permeability (Fu <i>et al.</i> , 2017)	+	+	ND	Fu <i>et al.</i> , 2017
	BRD1240	Colon cancer (LoVo, <b>DLD1</b> , HT29, HCT116, SW480)	0.82-1.31 µM (IC <sub>50</sub> )/ 40-80 mg/kg/d, 15 times	Inhibits lysosomal acidification (Aldrich <i>et al.</i> , 2015)	ND			
	Cytochalasin E	Lung cancer (A549)	0.25-1 µM	Deacidifies lysosome and increases lysosomal membrane permeability (Takanezawa <i>et al.</i> , 2018)	+	ND	ND	Takanezawa <i>et al.</i> , 2018
	Lys05	Various cancer (LN229, <b>C8161</b> , <b>1205Lu</b> , <b>HT-29</b> )	3.6-7.9 µM (IC <sub>50</sub> ) 10-80 mg/kg, ~7 times	Deacidifies lysosome and increases lysosomal membrane permeability (McAfee <i>et al.</i> , 2012; Zhou <i>et al.</i> , 2020)	+	+	ND	McAfee <i>et al.</i> , 2012 Zhou <i>et al.</i> , 2020
	DC661	Glioblastoma (U251, LN229) Hepatocellular carcinoma (Hep3B, <b>Hep1-6</b> )	6.0-9.1 µM (IC <sub>50</sub> ) 0.5-0.6 µM (IC <sub>50</sub> ) 3 mg/kg/d, 21 times	Increases lysosomal membrane permeability by inhibiting PPT1 (Xu <i>et al.</i> , 2022)	+	+	+	Xu <i>et al.</i> , 2022
		Various cancer (A375P, WM3918, WM983B, PANC1, <b>HT-29</b> )	0.1-1 µM/ 3 mg/kg/d, 10 times		+	+	ND	Rebecca <i>et al.</i> , 2019

ND, not determined; **Bold letters** indicate cell lines used in *in vivo* experiments.

2018; Zhou *et al.*, 2020; Xu *et al.*, 2022). DC661 is a dimeric CQ derivative (Xu *et al.*, 2022). ROC-325, LS-1-10, Lys05, and DC661 have been tested as possible cancer therapeutics in pre-clinical animal models. It was found that they could suppress tumor growth in several cancer models (McAfee *et al.*, 2012; Carew *et al.*, 2017; Fu *et al.*, 2017; Nawrocki *et al.*, 2019; Rebecca *et al.*, 2019; Xu *et al.*, 2022). ROC-325 and DC661 have a survival benefit in MV4-11 acute myeloid leukemia or Hep1-6 hepatocellular carcinoma (HCC) xenografted mice (Nawrocki *et al.*, 2019; Xu *et al.*, 2022).

So far, ULK1/2, VPS34, ATG4B, and fusion with lysosome have been mainly targeted to develop inhibitors to block autophagic process. Their inhibitors can suppress tumor growth and prolong survival in various cancers in preclinical setting. Notably, most autophagy inhibitors have been developed to block activities of enzymes such as kinase and protease rather than protein-protein interactions except for inhibitors blocking autophagosome fusion with lysosome.

### SYNERGISTIC EFFECTS OF AUTOPHAGY INHIBITORS WITH ANTI-CANCER DRUGS IN PRE-CLINICAL STUDIES

Combination of autophagy inhibitors with various anti-cancer therapeutics have been tested in various cancer cell lines and pre-clinical cancer animal models to increase their efficacies (Table 3). In the initiation stage, SBI-0206965, a ULK1 inhibitor, showed an anti-tumor effect on non-small cell lung cancer (NSCLC) cells (Tang *et al.*, 2017). It has been reported that SBI-0206965 can sensitize these cells to cisplatin (a platinum-based chemotherapeutic agent causing DNA damage) by modulating both autophagy and apoptosis pathways. The sensitivity of acute myeloid leukemia (AML) cell lines to daunorubicin (a DNA alkylating agent) can also be enhanced by SBI-0206965 (Qiu *et al.*, 2020).

In the nucleation stage, 3-MA has been tested for combination with several kinase inhibitors such as apatinib, gefitinib, and sorafenib, a HDAC inhibitor (vorinostat), and a platinum-based chemotherapeutic agent (cisplatin). Apatinib, a highly selective inhibitor of vascular endothelial growth factor receptor 2 (VEGFR2) tyrosine kinase, can induce cell cycle arrest, apoptosis, and autophagy in osteosarcoma cells lines. By inhibiting autophagy with 3-MA, apoptosis can be increased in apatinib-treated cells (Liu *et al.*, 2017a). Apatinib also shows combinatorial effect with 3-MA by significantly inhibiting the growth and migration of uterine sarcoma cells (Chen and Yao, 2021). For triple negative breast cancers (TNBCs), effective targeted therapy is lacking. Since epidermal growth factor receptor (EGFR) is over-expressed in about 50% of TNBCs, EGFR inhibitors such as gefitinib treatment have been attempted. However, their effects were disappointing (Nakai *et al.*, 2016). Autophagy was thought to be related to drug resistance. By autophagy inhibition with 3-MA or bafilomycin A1, the sensitivity of gefitinib could be improved (Liu *et al.*, 2017b). Autophagy inhibition by 3-MA can enhance the synergistic effect of a combination of vorinostat with sorafenib in HCC cells (Yuan *et al.*, 2014). Treatment with 3-MA can also enhance cisplatin sensitivity in ovarian cancer cells (Zhang *et al.*, 2012). SB02024, another inhibitor of VPS34, can significantly potentiate cytotoxicities of sunitinib (broad kinase inhibitor) and erlotinib (EGFR kinase inhibitor) to breast can-

cer cells (Dyczynski *et al.*, 2018). For immunologically cold tumors, antibodies targeting programmed cell death 1 (PD-1) or programmed death-ligand 1 (PD-L1) have limited efficacies (Jiang *et al.*, 2019; Wu *et al.*, 2022). Combination of SB02024 or SAR405 can improve the therapeutic benefit of anti-PD-L1/PD-1 in melanoma and colorectal cancer cells by inhibiting VPS34 (Noman *et al.*, 2020). PIK-III, a recently developed inhibitor of lipid kinase VPS34, can also inhibit tyrosine kinase inhibitor (TKI)-induced autophagy when used in combination with nilotinib (Baquero *et al.*, 2019), showing an enhanced anti-cancer effect when it is combined with sunitinib or erlotinib (Dyczynski *et al.*, 2018).

For the expansion stage, ATG4B inhibiting compound UAMC-2526 is a benzotropolone derivative with fair plasma stability (Kurdi *et al.*, 2017). It has been demonstrated that UAMC-2526 can improve inhibition of tumor growth with oxaliplatin (a platinum-based chemotherapeutic agent) in colorectal cancer cells. It has been shown that tioconazole, a clinical anti-fungal drug, can inhibit activities of ATG4A and ATG4B in a drug repurposing study (Liu *et al.*, 2018). In HCT116 colorectal cancer cells, tioconazole combined with doxorubicin (a DNA alkylating agent) resulted in significantly enhanced chemotherapeutic efficacy in spheroid cell culture and xenografted tumors. In MCF breast cancer cells, combination of tioconazole with doxorubicin significantly inhibited PI3K/AKT/mTOR and ATG4B pathways, resulting in tumor growth inhibition with various antioxidant effects (El-Gowily *et al.*, 2021).

In the late autophagy stage, multiple inhibitors can affect the fusion process. CQ and HCQ are clinically approved anti-malarial agents. They have been tested for combination with various anti-cancer drugs. Anti-microtubule drug [paclitaxel, mebendazole (MBZ)], DNA alkylating agents [doxorubicin, daunorubicin, temozolomide (TMZ)], platinum-based chemotherapeutic agent (cisplatin), a Raf kinase inhibitor (sorafenib), and an anti-VEGF antibody (bevacizumab) have been successfully used for combination with CQ or HCQ to sensitize cancer cells to anti-cancer drugs. In endometrial carcinoma cell lines, paclitaxel-mediated cell death is further potentiated by pretreatment with CQ (Liu and Li, 2015). Combination of CQ with doxorubicin can also significantly sensitize various cancer cells to doxorubicin treatment *in vitro* (Liu *et al.*, 2018; El-Gowily *et al.*, 2021) and *in vivo* (El-Gowily *et al.*, 2021). Cisplatin-based chemotherapy is the first line treatment for bladder cancer. Cisplatin-induced autophagy is considered to be responsible for cisplatin resistance. Autophagy inhibitors bafilomycin A1 and CQ can significantly enhance cytotoxicity of cisplatin toward bladder cancer cells (Lin *et al.*, 2017). CQ treatment can also sensitize ovarian cancer cells to cisplatin *in vitro* (Zhang *et al.*, 2012). TMZ is the first line chemotherapeutic drug of choice in glioblastoma. It can induce autophagy (Singh *et al.*, 2021). However, glioblastoma with a grim prognosis (median overall survival (OS) of 14.6 months) demands further therapeutic modalities. MBZ, a widely used anthelmintic drug, has shown cytotoxic effects on several cancer cells including melanoma, gastric cancer, lung cancer, and glioblastomas (Guerini *et al.*, 2019). Addition of CQ can also enhance anti-proliferative effect of TMZ or MBZ (Kanzawa *et al.*, 2004; Lee *et al.*, 2015). Such effect is further potentiated by triple combination with TMZ (Jo *et al.*, 2022). Combination of CQ with apatinib (VEGFR2 inhibitor) can also effectively inhibit *in vivo* growth of thyroid cancer cells (KHM-5M) xenografted in mice (Feng *et al.*, 2018).

**Table 3.** Synergistic effects of autophagy inhibitors with anti-cancer drugs in pre-clinical models

Autophagic stage	Autophagy inhibitor	Anticancer drug	Cancer type (cell lines)	Synergistic effect		Reference
				<i>In vitro</i>	<i>In vivo</i>	
Initiation	SBI-0206965	Cisplatin	Non-small cell lung cancer (A549, H460)	+	ND	Tang <i>et al.</i> , 2017
		Daunorubicin	Acute myeloid leukemia (HL60, U937)	+	ND	Qiu <i>et al.</i> , 2020
Nucleation	3-MA	Apatinib	Osteosarcoma ( <b>KHOS</b> )	+	+	Liu <i>et al.</i> , 2017a
			Uterine sarcoma cancer ( <b>MES-SA</b> , FU-MMT-1)	+	+*	Chen and Yao, 2021
		Gefitinib	Triple negative breast cancer ( <b>MDA-MB-468</b> , MDA-MB-231)	+	+	Liu <i>et al.</i> , 2017b
		Sorafenib, Vorinostat	Hepatocellular carcinoma (Hep3B, HepG2, PLC/PRF/5)	+	ND	Yuan <i>et al.</i> , 2014
	SB02024	Cisplatin	Ovarian cancer (A2780, OVCAR3)	+	ND	Zhang <i>et al.</i> , 2012
		Sunitinib, Erlotinib	Breast cancer (MDA-MB-231, MCF-7)	+	ND	Dyczynski <i>et al.</i> , 2018
		Anti-PD-1, Anti-PD-L1	Various tumor ( <b>B16-F10</b> , <b>CT26</b> )	ND	+*	Noman <i>et al.</i> , 2020
	SAR405	Anti-PD-1, Anti-PD-L1	Various tumor ( <b>B16-F10</b> , <b>CT26</b> )	ND	+*	Noman <i>et al.</i> , 2020
	PIK-III	Nilotinib	Chronic myeloid leukemia (Patient-derived CD34 <sup>+</sup> CML cell)	+	ND	Baquero <i>et al.</i> , 2019
		Sunitinib, Erlotinib	Breast cancer (MDA-MB-231, MCF-7)	+	ND	Dyczynski <i>et al.</i> , 2018
Expansion	UAMC-2526	Oxaliplatin	Colorectal cancer ( <b>HT-29</b> )	+	+	Kurdi <i>et al.</i> , 2017
		Tioconazole	Colorectal cancer ( <b>HCT116</b> , H4, MDA-MB-231)	+	+	Liu <i>et al.</i> , 2018
			Breast cancer ( <b>MCF-7</b> )	+	+	El-Gowily <i>et al.</i> , 2021
Fusion	Chloroquine	Paclitaxel	Endometrial carcinoma (HEC-1A, JEC)	+	ND	Liu and Li, 2015
		Doxorubicin	Various cancer (HCT116, H4, MDA-MB-231)	+	ND	Liu <i>et al.</i> , 2018
			Breast cancer ( <b>MCF-7</b> )	+	+	El-Gowily <i>et al.</i> , 2021
		Cisplatin	Bladder cancer (5637, T24)	+	ND	Lin <i>et al.</i> , 2017
			Ovarian cancer (A2780, OVCAR3)	+	ND	Zhang <i>et al.</i> , 2012
		Temozolomide, Mebendazole	Glioblastoma (U87, U373)	+	ND	Jo <i>et al.</i> , 2022
		Apatinib	Anaplastic thyroid cancer (C643, <b>KHM-5M</b> )	+	+	Feng <i>et al.</i> , 2018
	Hydroxy-chloroquine	Sorafenib	Hepatocellular carcinoma ( <b>Huh7</b> , HepG2)	+	+	Chen <i>et al.</i> , 2021
		Bevacizumab	Glioblastoma (LN18, LN229)	+	ND	Liu <i>et al.</i> , 2019
	Bafilomycin A1	Cisplatin	Tongue squamous cell carcinoma (Tca8113, TscCa)	+	ND	Chu <i>et al.</i> , 2018a
		Bladder cancer (5637, T24)	+	ND	Lin <i>et al.</i> , 2017	
		Gefitinib	Triple negative breast cancer ( <b>MDA-MB-468</b> , MDA-MB-231)	+	+	Liu <i>et al.</i> , 2017b
		5-Fluorouracil	Gastric cancer (SGC-7901)	+	ND	Li <i>et al.</i> , 2016
ROC-325	Azacitidine	Acute myeloid leukemia ( <b>MV4-11</b> , HL-60, MOLM-13, KG-1)	+	+*	Nawrocki <i>et al.</i> , 2019	
Cytochalasin E	Bortezomib	Lung cancer (A549)	+	ND	Takanezawa <i>et al.</i> , 2018	
Lys05	Nilotinib	Chronic myeloid leukemia ( <b>Patient-derived CD34<sup>+</sup> CML cell</b> )	+	+	Baquero <i>et al.</i> , 2019	
DC661	Sorafenib	Hepatocellular carcinoma (Hep 3B, <b>Hep 1-6</b> )	+	+*	Xu <i>et al.</i> , 2022	

ND, not determined; Bold letters indicate cell lines used in *in vivo* experiments; \*, increased survival rate in *in vivo* mouse models.

HCQ has also been studied for combination with sorafenib or bevacizumab to inhibit cancer cell growth. While sorafenib is an effective chemotherapeutic agent in advanced HCC, sorafenib resistance can lead to treatment failure. A combination therapy of sorafenib with HCQ provides better therapeutic outcomes even for sorafenib-resistant HCC cells partly by modulating autophagy (Chen *et al.*, 2021). For recurrent glioblastomas, bevacizumab (BEV) is widely used for disease control. However, BEV treatment only shows extended progression free survival (PFS). OS benefit could not be gained for patients (Wick *et al.*, 2017). Recent evidence has demonstrated that BEV-induced cytoprotective autophagy is a cause of treatment failure (Huang *et al.*, 2018). By combining HCQ with BEV for glioblastoma cell lines, the anti-cancer effect of

BEV can be enhanced by blocking the autophagic process (Liu *et al.*, 2019). Bafilomycin A1 can also increase cisplatin cytotoxicity in tongue squamous cell carcinoma (TSCC) and bladder cancer cells by inhibiting lysosomal uptake of platinum and enhancing intracellular platinum ion binding to DNA (Lin *et al.*, 2017; Chu *et al.*, 2018a). Combination of bafilomycin A1 with gefitinib (EGFR kinase inhibitor) can also enhance anti-tumor effects *in vitro* and *in vivo* (Liu *et al.*, 2017b). When gastric cancer cell line was treated with 5-fluorouracil, chemotherapy-induced autophagy was recognizable. Bafilomycin A1 decreased the viability and clone formation, inhibited the invasive and migratory ability, and increased apoptosis (Li *et al.*, 2016).

ROC-325, a novel autophagy inhibitor, can effectively in-



hibit autophagy in AML cells. Azacitidine (AZA), a hypomethylating agent, is frequently used in the management of myelodysplastic syndromes and AML. AZA treatment can trigger autophagy in AML cells. AZA in combination with ROC-325 can significantly increase the benefit in both *in vitro* and *in vivo* studies (Nawrocki *et al.*, 2019). Cytochalasin E in combination with bortezomib, an inhibitor of the 26S proteasome, has also been used to treat human lung cancer cells (Takanezawa *et al.*, 2018). In chronic myeloid leukemia (CML) patients, TKI treatment could induce autophagy that leads to treatment failure. To overcome such resistance, the effect of Lys05, a highly potent lysosomotropic agent, has been studied (Baquero *et al.*, 2019). Lys05-mediated autophagy inhibition can reduce numbers of leukemic stem cells both *in vivo* and *in vitro*. Furthermore, Lys05 can sensitize patient-derived CMLs to TKI treatment. Palmitoyl-protein thioesterase 1 (PPT1) plays a critical role in various cancers (Rebecca *et al.*, 2019; Sharma *et al.*, 2020; Luo *et al.*, 2021). It is significantly upregulated in HCC tissues compared with that in normal tissues (Xu *et al.*, 2022). Increased PPT1 levels are also associated with poor prognosis. DC661, a selective and potent small-molecule PPT1-inhibitor, can inhibit autophagy and enhance sensitivity of HCC cells to sorafenib by inducing lysosomal membrane permeabilization, leading to lysosomal deacidification.

Synergy in anti-tumor effects has been observed by combining chemotherapeutics with all autophagy inhibitors to block each stage of autophagic process. In addition, all cytotoxic drugs ranging from platinum-based chemotherapeutic agents and DNA alkylating drugs to anti-angiogenic agent (bevacizumab) and immune modulating drug (anti-PD-1/anti-PD-L1) have been effectively combined with various autophagy inhibitors. In the future, it is necessary to evaluate the best combinations by examining which chemotherapeutics can be more effectively combined with which type of autophagy inhibitors.

## CLINICAL TRIALS OF AUTOPHAGY INHIBITORS WITH OR WITHOUT CHEMOTHERAPEUTICS FOR CANCER TREATMENT

Various phases of clinical trials have been performed regarding autophagy inhibitors in combination with or without several chemotherapeutic drugs (Table 4). Although autophagy inhibitors showed potential benefits from pre-clinical studies, only those affecting the late autophagy stage are studied as potential candidates for clinical trials. Since most trials were designed as phase 1 or 2 studies, majority of trials were single arm trials without masking. At present, several solid tumors have been subjected to ongoing or completed clinical trials of CQ or HCQ by single treatment or combination treatment with various anti-cancer agents (<https://clinicaltrials.gov/>). Only published results or recognizable results from completed clinical trials will be reviewed.

In a single-center, randomized, double blinded, placebo-controlled trial of single treatment of CQ for glioblastoma patient, median OS after surgery was extended to 24 months for CQ-treated patients compared to 11 months for controls, although that trial failed to show statistical significance probably due to a small sample size (n=30) (Sotelo *et al.*, 2006). Although this result warrants further a larger scale study, it provides implications that CQ, in conjunction with other treatments, might prolong survival of patients with glioblastoma.

Combination therapy of CQ with taxane or taxane-like chemotherapeutic agents (Docetaxel, paclitaxel, nab-paclitaxel, ixabepilone) against advanced or metastatic breast cancer which is refractory to anthracycline-based therapy has demonstrated a higher objective response rate (ORR) of 45 % than the expected ORR of 30% (Anand *et al.*, 2021). In addition, the combination was well-tolerated without showing significant toxicity. A phase 1B/2 clinical trial of metformin and CQ has been registered for a dose-finding study in patients with IDH1-mutated or IDH2-mutated solid tumors (Molenaar *et al.*, 2017).

In a phase 1 trial for surgically removable early-stage solid tumors, oral HCQ of 200 or 400 mg twice daily for 14 days as a neoadjuvant regimen showed no serious adverse events (Wang *et al.*, 2018). It elevated plasma prostate apoptosis response-4 (Par-4) levels over basal levels. Four patients had prostate adenocarcinomas. Two patients had NSCLC. Others had papillary thyroid carcinoma, squamous cell carcinoma of larynx, or carcinoid tumor of the lung. All nine HCQ-treated patients showed p62 induction indicative of autophagy inhibition by HCQ. Resected tumors from eight patients with elevated plasma Par-4 levels all exhibited TUNEL-positivity indicative of apoptosis. A single administration of HCQ was also performed for previously treated metastatic pancreatic cancer patients as a phase 2 trial (Wolpin *et al.*, 2014). The primary endpoint was 2-month PFS. Among 20 patients enrolled, only 2 (10%) had no disease progression. Median PFS and OS were 46.5 days and 69.0 days, respectively. The HCQ monotherapy failed to show therapeutic efficacy. Thus, further combinatorial treatment strategies are needed.

In a phase 1 dose-escalation study of HCQ in combination with carboplatin and gemcitabine, HCQ 100 mg daily was found to be the maximum tolerated dose (MTD) (Karim *et al.*, 2022). Dose-limiting toxicity was thrombocytopenia and/or neutropenia. This MTD was lower than that from previously reported outcomes with concomitant use of chemotherapeutics probably due to the myelosuppressive nature of these agents and previous treatment history of patients. When response rate was assessed in that study, one patient showed partial response (PR), 15 patients showed stable disease (SD), and six patients had progressive disease (PD). The disease control rate (DCR) was 48% for more than 6 months duration, 21% for more than 12 months, and 14% for more than 18 months. Combinatorial effects of HCQ on pancreatic cancer, gastrointestinal cancer, HCC, breast cancer, prostate cancer, and lung cancer are also under investigation in various phase 1-2 clinical trials (Table 4). A randomized phase 2 trial of pancreatic cancer to examine the ability of HCQ combined with a pre-operative regimen of gemcitabine and nab-paclitaxel (GA) was completed. The exact clinical impact of this study is yet to be determined. Further reports with proper analysis are warranted.

In a phase 2 trial, untreated metastatic NSCLC patients underwent a single arm designed study of HCQ in combination with carboplatin, paclitaxel, or bevacizumab (Malhotra *et al.*, 2019). The ORR was 33% in 30 patients evaluable for response. It was found that 20% of patients demonstrated SD. The median PFS was 3.3 months. In nine patients with KRAS positive tumors, the ORR was 44 % with median PFS higher than 6.4 months. Addition of HCQ provided a beneficial effect on clinical response. The benefit seemed to be higher for a certain subgroup of molecularly targeted patients.

**Table 4.** Clinical trials of autophagy inhibitors with or without anti-cancer drugs for cancer treatment

Autophagic stage	Autophagy inhibitor	Anti-cancer drugs	Cancer type	Phase	Study design	Masking	Enrollment	Trial no.	Reference
Fusion	Chloroquine	NA	Glioblastoma	3	Randomized	Double	30	NCT00224978*	Sotelo et al., 2006
	NA	Breast cancer	Breast cancer	1/2	Single arm	None	12	NCT01023477	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Docetaxel, paclitaxel, nab-paclitaxel, ixabepilone	Breast cancer	Breast cancer	2	Single arm	None	38	NCT01446016*	Anand et al., 2021
	Meformin	IDH1/2-mutated solid tumors	IDH1/2-mutated solid tumors	1/2	Single arm	None	15	NCT02496741	Molenaar et al., 2017
	Gemcitabine	Pancreatic cancer	Pancreatic cancer	1	Single arm	None	9	NCT01777477	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	DT01	Melanoma	Melanoma	1	Single arm	None	27	NCT01469455	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Temozolomide	Glioblastoma	Glioblastoma	1	Single arm	None	13	NCT02378532	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Temozolomide	Glioblastoma	Glioblastoma	2	Single arm	None	10	NCT04397679	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Bortezomib, cyclophosphamide	Multiple myeloma	Multiple myeloma	2	Single arm	None	11	NCT01438177	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
Hydroxy-chloroquine	NA	Solid tumor	Solid tumor	1	Single arm	None	10	NCT02232243*	Wang et al., 2018
	NA	Prostate cancer	Prostate cancer	2	Single arm	None	64	NCT00726596	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	NA	Colorectal cancer	Colorectal cancer	2	Single arm	None	38	NCT01006369	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	NA	Pancreatic cancer	Pancreatic cancer	2	Single arm	None	20	NCT01273805*	Wolpin et al., 2014
	Carboplatin, gemcitabine	Advanced solid tumors	Advanced solid tumors	1	Single arm	None	22	NCT02071537*	Karim et al., 2022
	Gemcitabine, nab-paclitaxel	Pancreatic cancer	Pancreatic cancer	2	Randomized	None	104	NCT01978184	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Paclitaxel, carboplatin, bevacizumab	Lung cancer	Lung cancer	2	Single arm	None	32	NCT01649947*	Malhotra et al., 2019
	Gemcitabine, nab-paclitaxel	Pancreatic cancer	Pancreatic cancer	1/2	Randomized	None	119	NCT01506973*	Karasic et al., 2019
	Temozolomide	Brain and CNS tumors	Brain and CNS tumors	1/2	Single arm	None	92	NCT00486603*	Rosenfeld et al., 2014
	Gemcitabine	Pancreatic cancer	Pancreatic cancer	1/2	Single arm	None	35	NCT01128296	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	IL-2	Renal cell cancer	Renal cell cancer	1/2	Single arm	None	30	NCT01550367*	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	NA	Prostate cancer	Prostate cancer	2	Single arm	None	20	NCT04011410	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Ulixertinib	Gastrointestinal cancer	Gastrointestinal cancer	2	Single arm	None	215	NCT05221320	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Sorafenib	Hepatocellular carcinoma	Hepatocellular carcinoma	2	Single arm	None	68	NCT03037437	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Abermaciclib	Breast cancer	Breast cancer	2	Randomized	None	66	NCT04523857	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Binimetinib	Lung cancer	Lung cancer	2	Single arm	None	29	NCT04735068	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Chlorophensin carbamate, mFOLFIRINOX	Pancreatic cancer	Pancreatic cancer	1	Single arm	None	40	NCT05083780	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>
	Trametinib	Pancreatic cancer	Pancreatic cancer	2	Single arm	None	22	NCT05518110	<a href="https://clinicaltrials.gov/">https://clinicaltrials.gov/</a>

NA, not applicable; \*, Clinical trials with published results.

Another phase 2 trial of GA regimen with or without HCQ on patients with advanced pancreatic cancer has been performed (Karasic *et al.*, 2019). Primary end point of OS at 12 months was not improved by HCQ treatment. However, ORR was 38.2% (n=21) in the HCQ group and 21.1% (n=12) in the non-HCQ group. Treatment-related grade 3 or 4 adverse events that were higher in the HCQ group were neutropenia, fatigue, nausea, peripheral neuropathy, visual changes, and neuropsychiatric symptoms. Although HCQ combination failed to provide enhanced OS, higher response rate indicated that HCQ combination could be beneficial under certain clinical circumstances such as locally advanced tumor that might be potentially resectable upon treatment response.

A phase 1/2 trial of HCQ in combination with the standard of care for newly diagnosed glioblastoma has also been performed (Rosenfeld *et al.*, 2014). Regarding phase 1 trial results, 3/3 subjects experienced Grade 3 or 4 neutropenia and thrombocytopenia. The MTD for HCQ was found to be 600 mg/d in this combination. Phase 2 trial results revealed that the median survival was 15.6 months with survival rates of 70%, 36%, and 25% at 12, 18, and 24 months, respectively. Pharmacokinetics analysis demonstrated a dose-proportional exposure for HCQ. However, since the MTD for HCQ was 600 mg/d, autophagy inhibition was not constantly achieved. Further development of compounds with lower toxicities and/or more inhibitory potential for autophagy is mandatory.

Another phase 1/2 trial of HCQ in combination with IL-2, a standard treatment for metastatic renal cell cancer, has been performed (<https://clinicaltrials.gov/>). Among 30 enrolled participants, initial 13 patients were administered with 1200 mg/d of HCQ. However, due to severe unexpected adverse events, the dose of HCQ was reduced to 600 mg/d. Overall, 29 patients were analyzed. Control rate (CR), PR, and SD were achieved in 3 (10.3%), 3 (10.3%), and 14 (48.3%) patients, respectively. Interestingly, 3/3 CR patients and 2/3 PR patients belonged to the 600 mg/d HCQ cohort. Proper interpretation of these results by relevant authorities has not been reported yet. The combinatorial effect of HCQ should be discussed in further details.

Up to date, CQ and its derivative HCQ are the only autophagy inhibitors that have been investigated in clinical trials for cancer treatment. However, most studies are still in phase 1 or 2. Clinical benefits of single and combinatorial treatments are not clearly demonstrated yet. Several dozens of clinical trials are still on-going or planned. We hope that more positive results would follow to provide cancer patients better treatment options.

## FUTURE PERSPECTIVES

Despite various autophagy inhibitors targeting each autophagy stage have been tested in pre-clinical *in vitro* and *in vivo* studies, only CQ and HCQ have been translated into clinical trials. While CQ and HCQ are clinically approved anti-malarial agents, other autophagy inhibitors do not have clinical implications yet. Since anti-cancer effect of CQ and HCQ might also come from other activities besides inhibition of autophagy, more specific autophagy inhibitors with safety that allow use in clinics should be developed. At present, clinically available inhibitors that can act in early stages of autophagic process are very limited. Such inhibitors also should be devel-

oped as effective adjuvant therapeutics for blocking cytoprotective autophagy to cure cancers. Thus, the development of more clinically effective and more selective autophagy inhibitors with various modes of action and acceptable toxicities is mandatory.

In the future, the positive impact of autophagy inhibition on cancer treatment needs further clarification. In order to determine whether the combinatorial strategy is beneficial or not, measures to identify autophagy inhibition needs to be standardized. Different MTDs from various clinical trials with different measures for autophagy inhibition can lead to confused interpretation for the presence of autophagy inhibition and their effects on clinical outcomes.

Utilizing an autophagy inhibitor in combination with chemotherapeutics may show potential benefits in cancer treatment because treatment resistance is in part correlated with increased autophagy reaction to cancer treatment. However, limited pool of autophagy inhibitors applicable to real world practice cripples our capability of validating autophagy inhibition in oncology practice. Further development of clinically available autophagy inhibitors with sufficient efficacy and safety is mandatory. By properly assessing autophagy inhibition in cancer treatment, more sophisticated clinical trials can be designed, leading to more informative results regarding combinatorial effects of autophagy inhibitors.

## CONFLICT OF INTEREST

The authors have no competing financial interests relevant to this study to disclose.

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