

Préparation du PAIR Cancer-Obésité

Synthèse de l'atelier
Groupe Mécanismes physiopathologiques

Groupe de travail présidé par Marc Billaud
(Centre de Recherche en Cancérologie de Lyon)



Groupe de travail

Mécanismes physiopathologiques et moléculaires

Participants : Robert Barouki, Marc Billaud, Florence Caldefie-Chezet, Vanessa Cottet, Laurent Le Cam, Gilles Mithieux, Catherine Muller, Fabrice Pierre, Pierre Senesse, Jean-Ehrland Ricci, Charlotte Vaysse

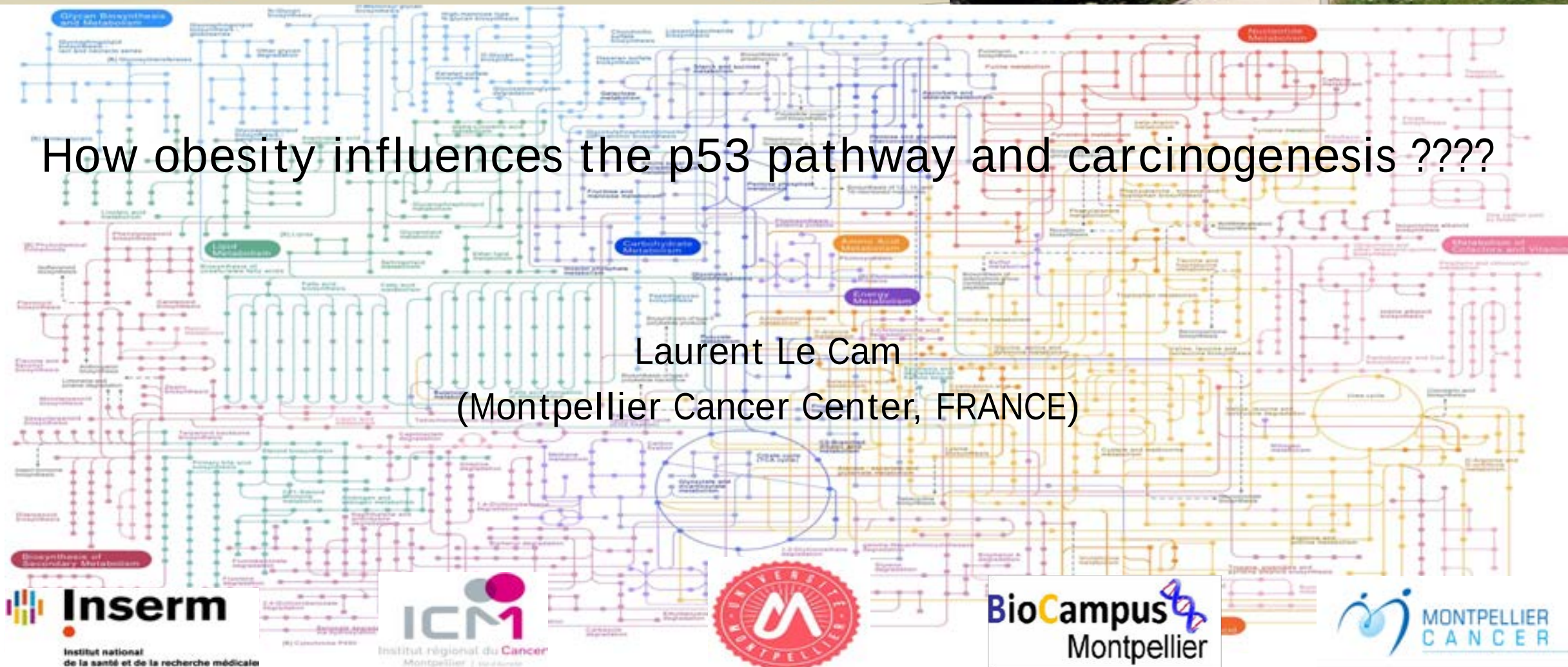
Trois grands axes de recherche

- I. Conséquences systémiques de l'obésité sur l'oncogenèse**
- II. Effets de l'obésité sur les mécanismes tumoraux**
- III. Recherche clinique : biomarqueurs et thérapies**



How obesity influences the p53 pathway and carcinogenesis ????

Laurent Le Cam
(Montpellier Cancer Center, FRANCE)



I. Conséquences systémiques de l'obésité sur l'oncogenèse

Question 1 : Inventorier l'ensemble des altérations inflammatoires, sécrétoires et métaboliques du tissu adipeux associé au développement tumoral.

Question 2 : Mieux comprendre le continuum entre surcharge pondérale, stéatohépatite non alcoolique (NASH) et obésités, ainsi que les mécanismes physiopathologiques et moléculaires liant ces différentes situations cliniques au cancer.

Question 3 : Comment les processus de dysbioses intestinales associés à l'obésité peuvent-ils exercer un effet pro-tumoral ? Favorisent-ils les processus invasifs et la formation de tumeurs secondaires ?

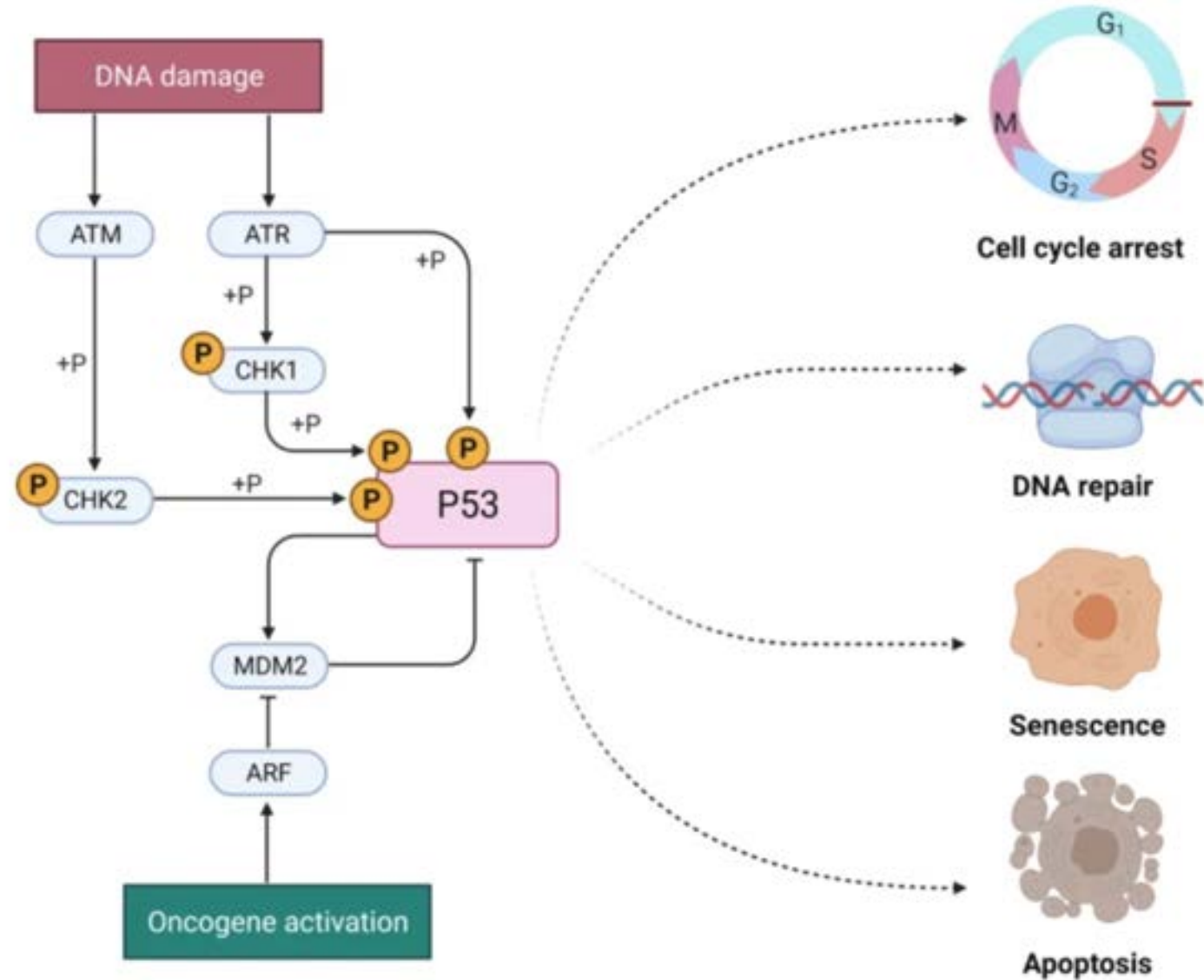
Question 4 : Par quels mécanismes certains facteurs environnementaux péri- et pré-conceptionnels, dont les déséquilibres nutritionnels, associés à l'obésité peuvent promouvoir la formation de cancers à l'âge adulte ? Sont-ils aussi associés au développement de tumeurs pédiatriques ?

Question 5 : Impact de l'obésité chez des patients ayant une prédisposition héréditaire au cancer ? A l'inverse, les personnes ayant une prédisposition à l'obésité (hérédité monogénique ou polygénique) ont-elles un risque accru de développer des cancers ? Via quels processus moléculaires ?

p53: a canonical « gate keeper » tumor suppressor



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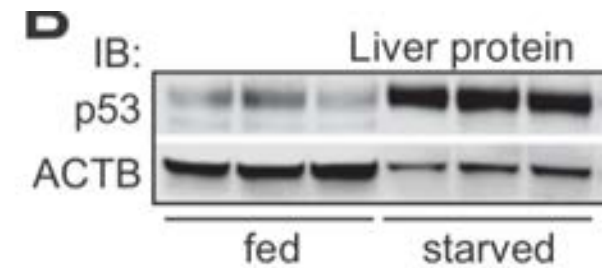
p53: a nutrient sensor and « gate keeper » of metabolic homeostasis

Excess of nutrients

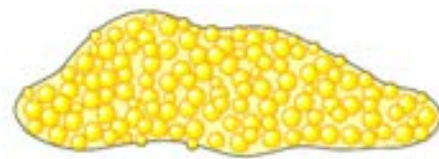


From Minamino et al., Nat Med 2009

Nutrient starvation

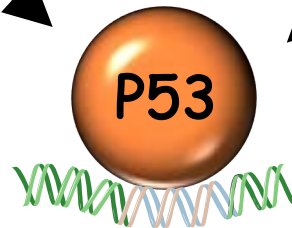


From Prokesch et al., FASEB 2017

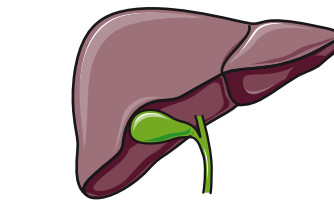


Lipid storage

Lipid metabolism



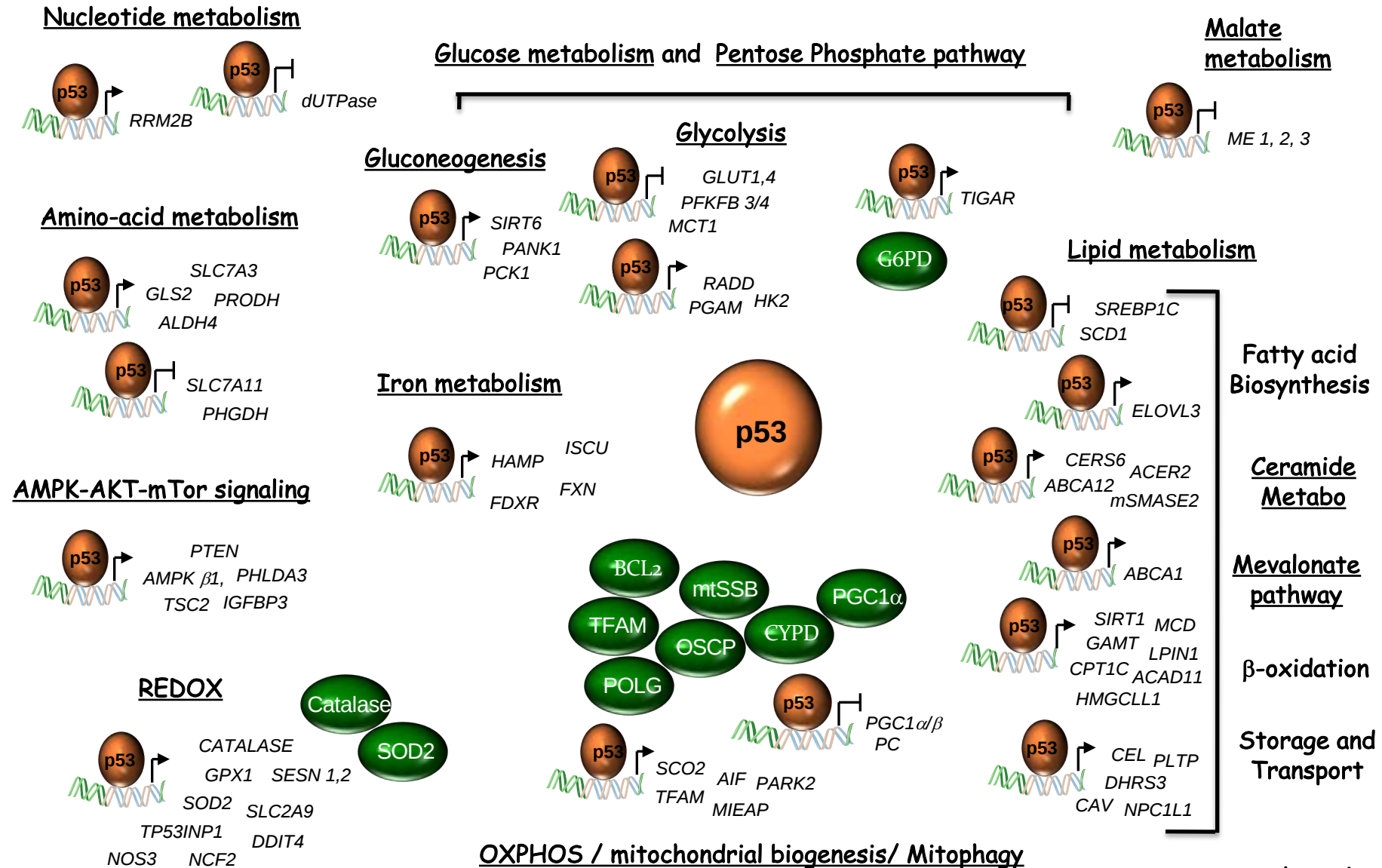
Amino acid metabolism



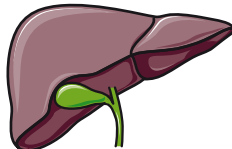
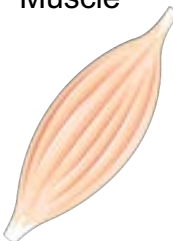
Glucose homeostasis

Inflammation

p53 controls multiple metabolic pathways



Deregulation of p53 metabolic functions in mammals

 Rodents	P53 metabolic functions	Tissue	Disease	 Humans
	- energy expenditure - FA synthesis - FA storage - Mitochondrial respiration	Adipose tissue 	Obesity	
	- insulin secretion - Mitochondrial respiration	Pancreas 		
	- amino-acid catabolism - Gluconeogenesis - FAO - Mitochondrial respiration - Glucose utilisation - anti-oxidant defenses - Insulin signaling - Cholesterol metabolism - Ureagenesis	Liver 	Diabetes Liver disease Steatosis NASH	
	- Mitochondrial Biogenesis - Mitochondrial respiration - ATP production - ROS production - FAO - PPP - Glucose utilisation	Muscle 	Cardiovascular diseases	

II. Effets de l'obésité sur les mécanismes tumoraux

Question 1 : Comment l'obésité agit-elle sur les différentes étapes du processus tumoral (initiation, invasion, métastases)? Quels sont les mécanismes moléculaires (génétiques/épigénétiques/métaboliques) et cellulaires impliqués à chacune de ces étapes?

Question 2: L'obésité modifie-t-elle la plasticité des cellules cancéreuses dont les phénomènes de transdifférenciation et de transitions épithélio-mésenchymateuses ? Influe-t-elle sur les propriétés d'auto-renouvellement des cellules souches cancéreuses (CSC) et sur les processus de dédifférenciation/reprogrammation de cellules tumorales en CSC ?

Question 3 : Effets de l'obésité sur le dialogue entre les composants du microenvironnement tumoral (adipocytes, CAF, cellules endothéliales, infiltrat immunitaire, cellules du système nerveux autonome) et les cellules cancéreuses ?

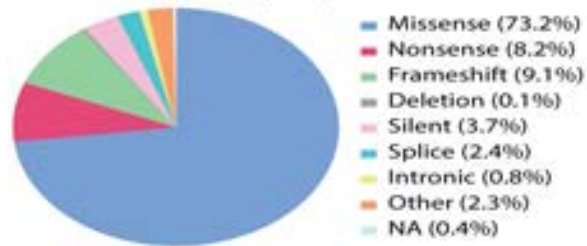
mutant p53 controls many aspects of tumor progression



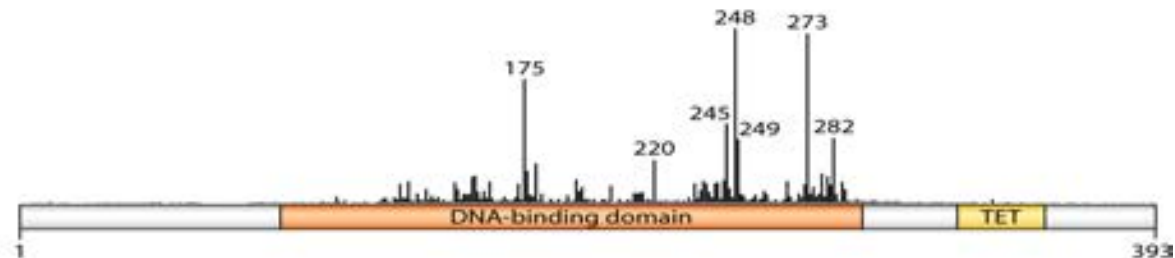
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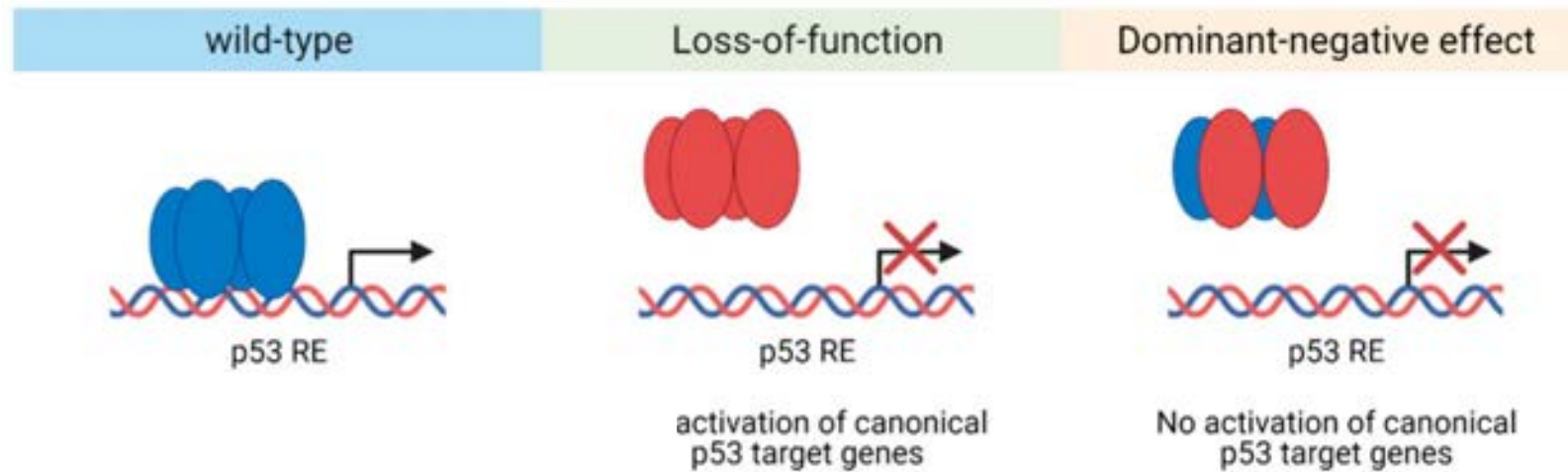
a TP53 cancer mutation effects ($N = 28,717$)



b Codon distribution of TP53 missense mutations



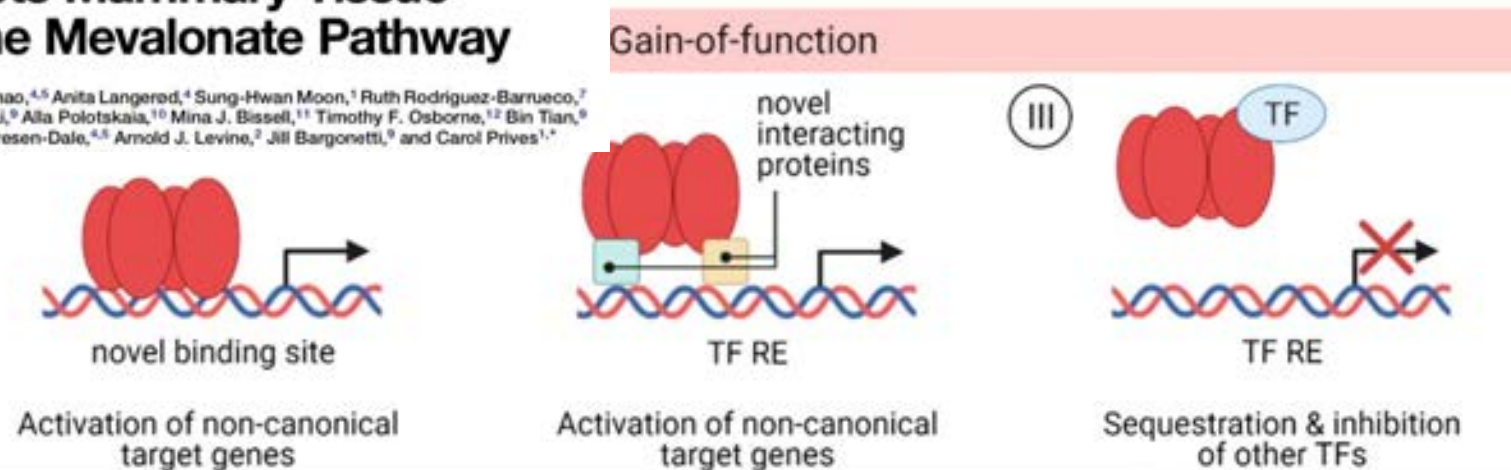
mutant p53 controls many aspects of tumor progression



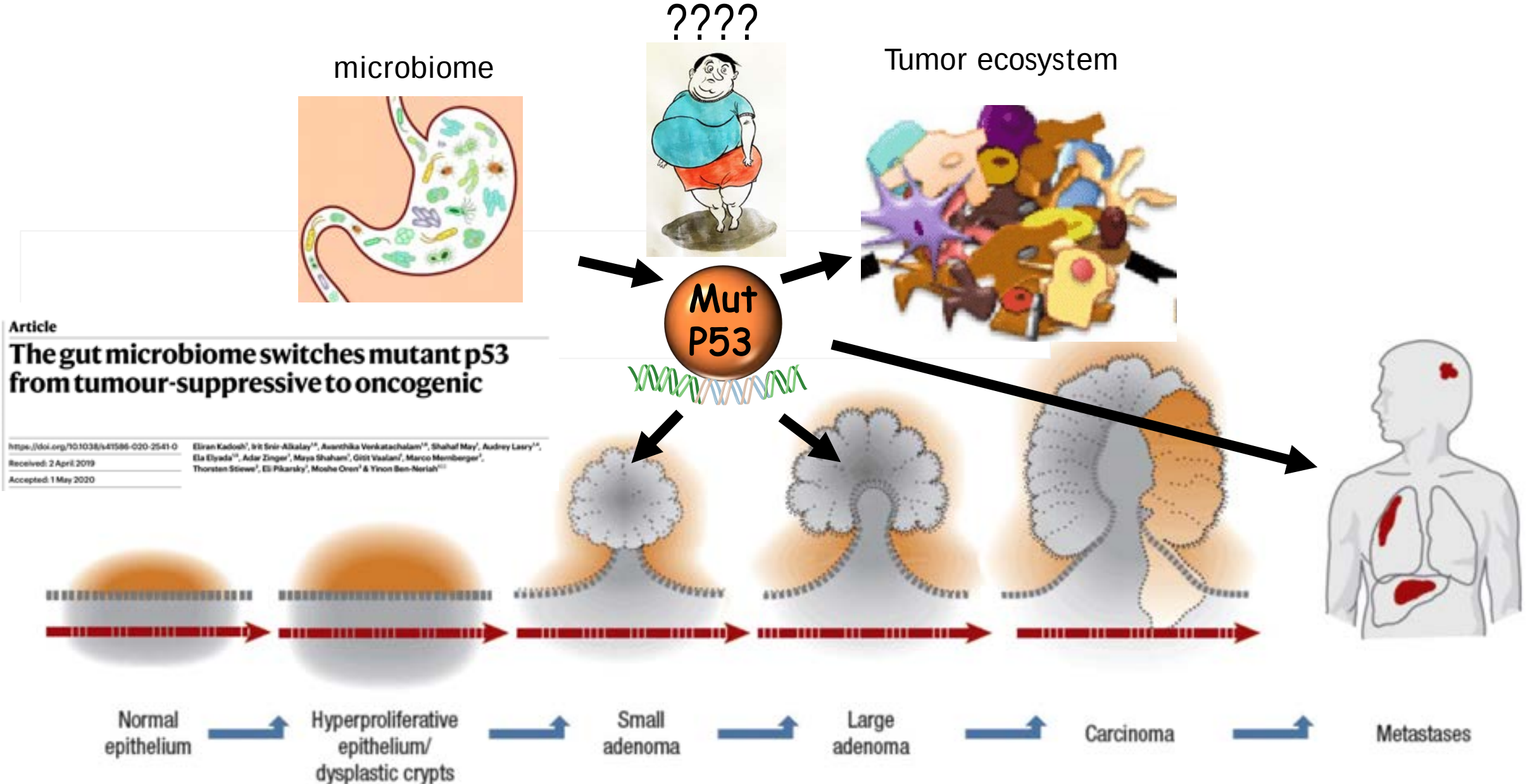
Cell

Mutant p53 Disrupts Mammary Tissue Architecture via the Mevalonate Pathway

William A. Freed-Pastor,¹ Hideaki Mizuno,^{2,3} Xi Zhao,^{4,5} Anita Langered,⁴ Sung-Hwan Moon,¹ Ruth Rodríguez-Barrueco,⁷ Anthony Barsotti,¹ Agustín Chicas,⁸ Wencheng Li,⁹ Alla Polotskaia,¹⁰ Mina J. Bissell,¹¹ Timothy F. Osborne,¹² Bin Tian,⁹ Scott W. Lowe,⁸ Jose M. Silva,^{6,7} Anne-Lise Borresen-Dale,^{4,5} Arnold J. Levine,² Jill Bargonetti,⁹ and Carol Prives^{1,*}



mutant p53 controls many aspects of tumor progression



III. Recherche clinique : biomarqueurs et thérapies

Question 1 : L'indice de masse corporelle (IMC) est classiquement utilisé pour identifier le surpoids et l'obésité, mais cet indicateur ne prend pas en compte la topographie de la répartition de la masse grasseuse, viscérale ou périphérique. L'IMC n'intègre pas non plus, par définition, d'informations sur l'état inflammatoire chronique et/ou le syndrome métabolique associé à l'obésité. Il existe en effet des patients obèses (sujet MHO/metabolic healthy obese) sans syndrome métabolique. L'utilisation de nouveaux biomarqueurs liant l'obésité à l'initiation et la progression tumorale est donc nécessaire.

Question 2 : Quel est l'impact de l'obésité sur la résistance thérapeutique : radiothérapie des cancers, chimiothérapies standards, traitements ciblés et immunothérapie ?

Question 3 : Quels mécanismes sont mis en jeu dans la sarcopénie chez les sujets obèses pouvant influencer les complications de la prise en charge du cancer et le pronostic sur la survie ?

Obesity, therapeutic efficacy and side effects



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↔



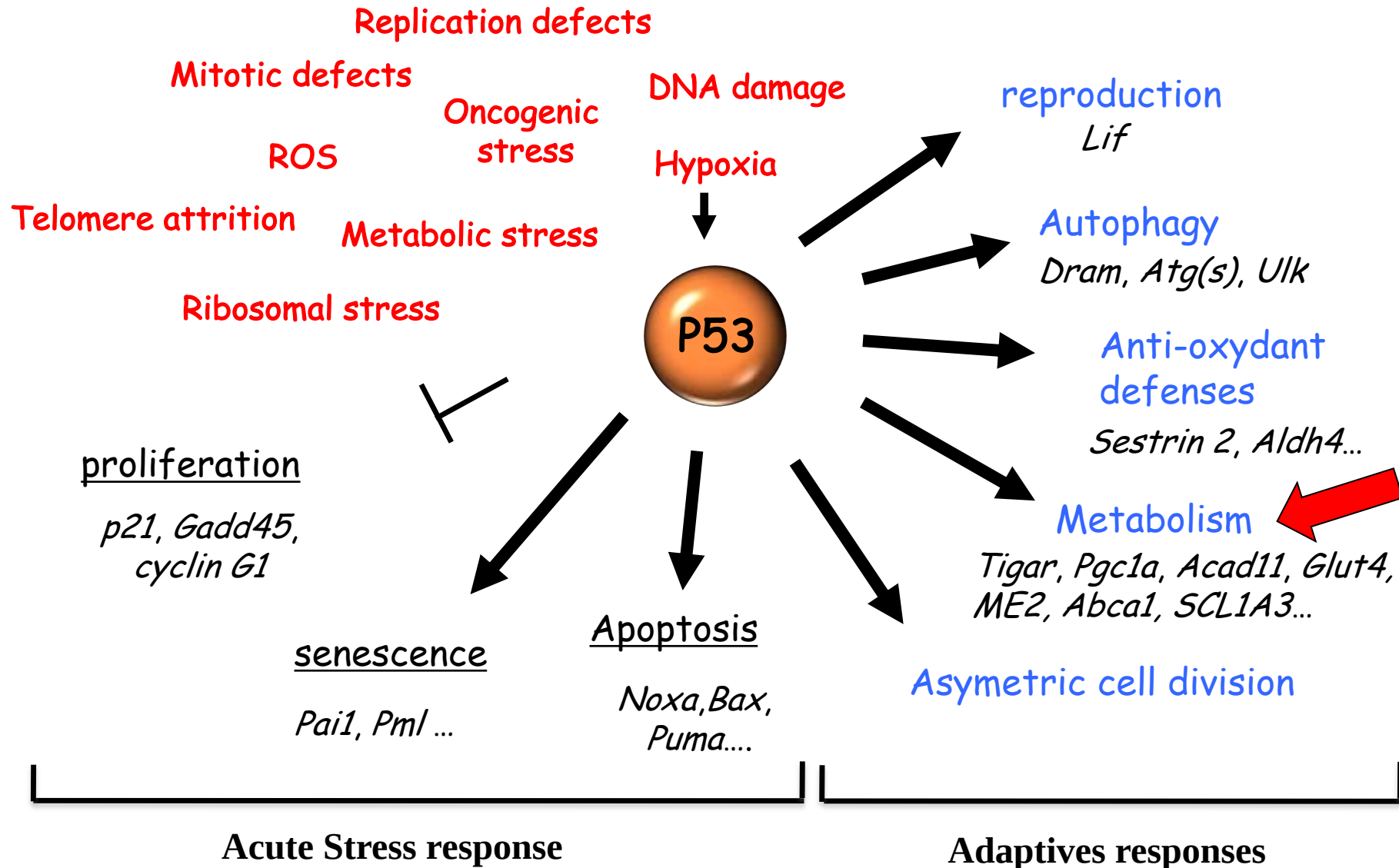
Biodisponibility
Drug metabolism
Off-targets

Therapeutic window
Biomarkers

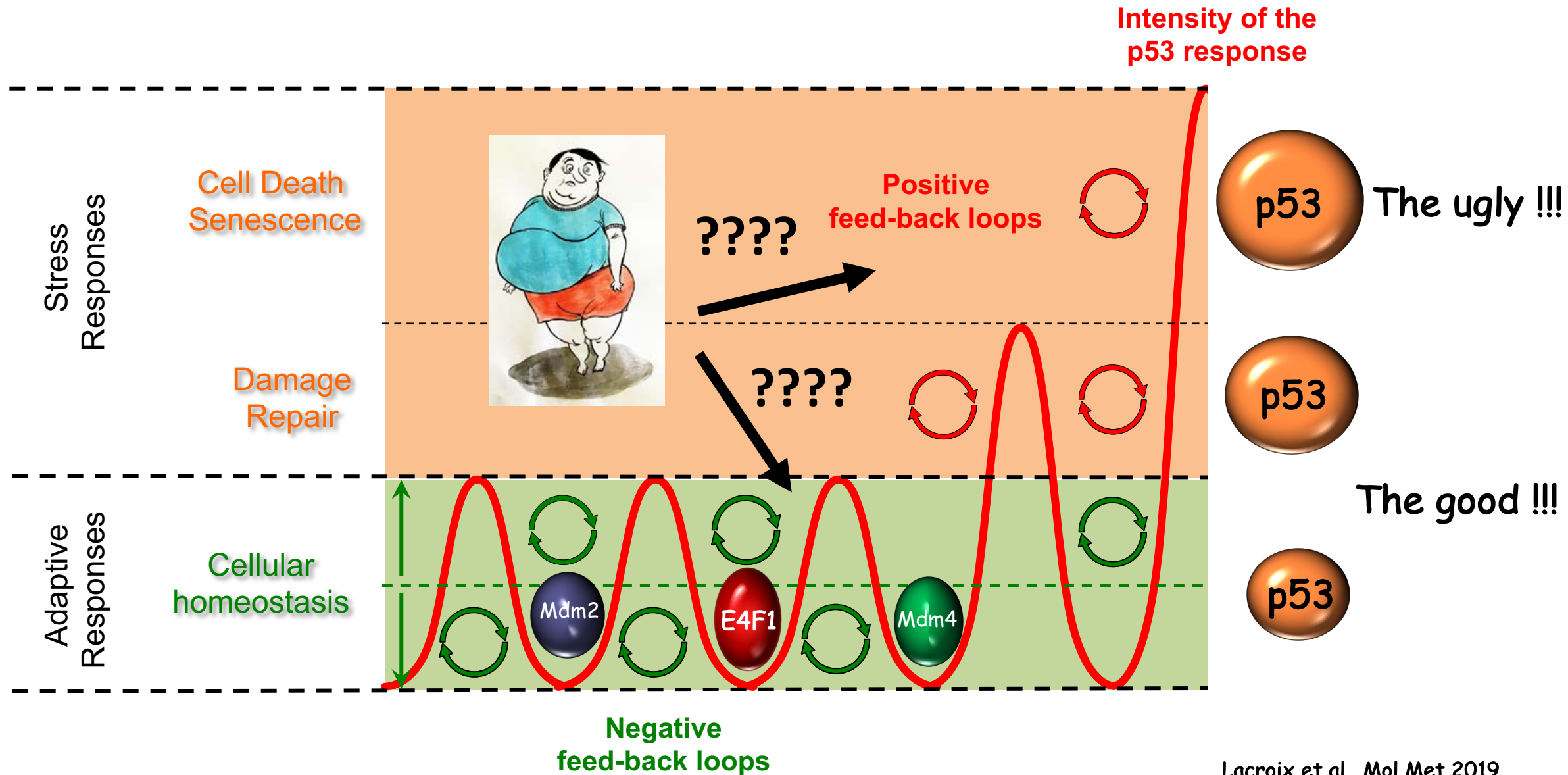


side effects

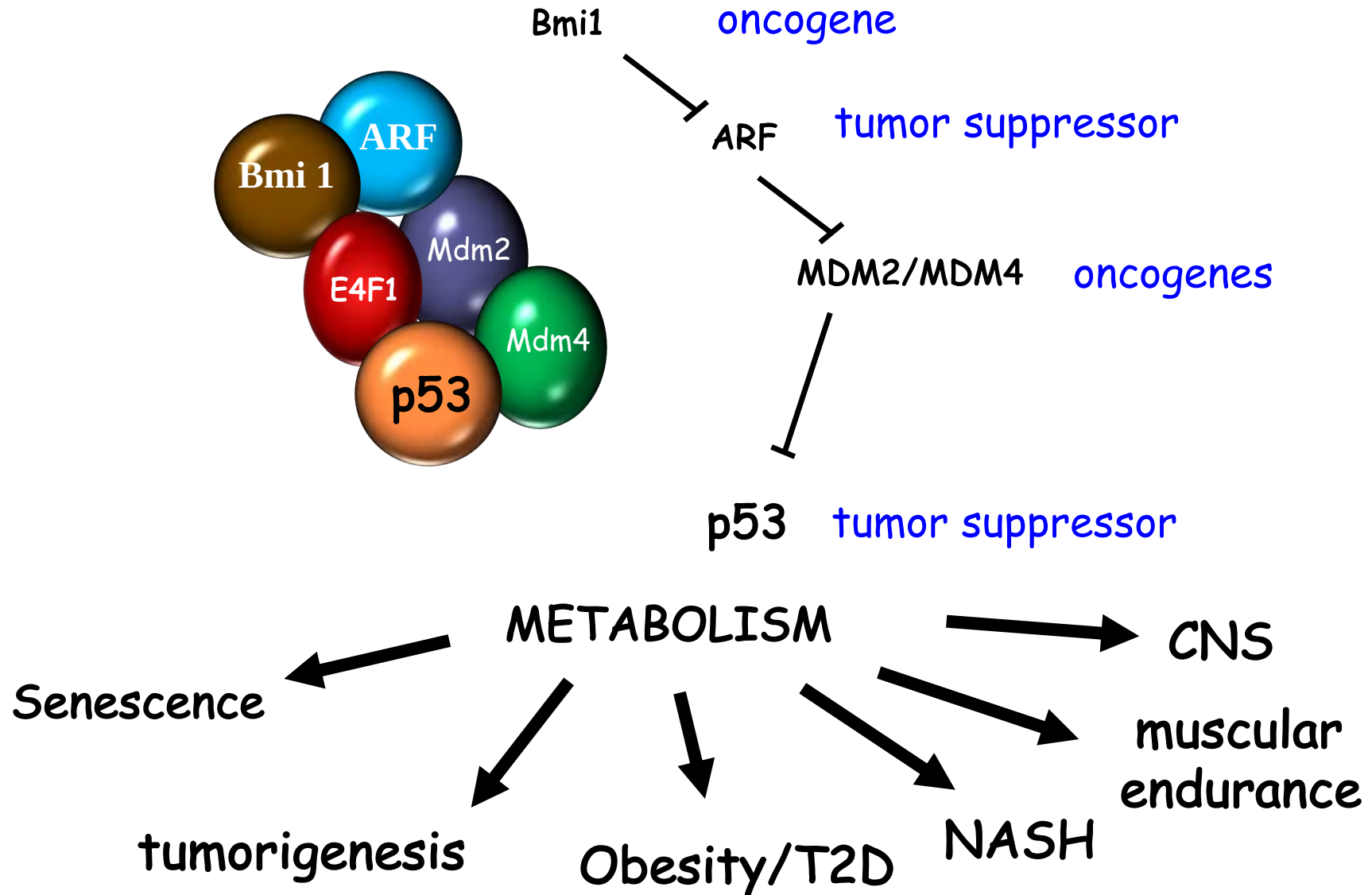
p53: a canonical « gate keeper » tumor suppressor also involved in adaptive responses



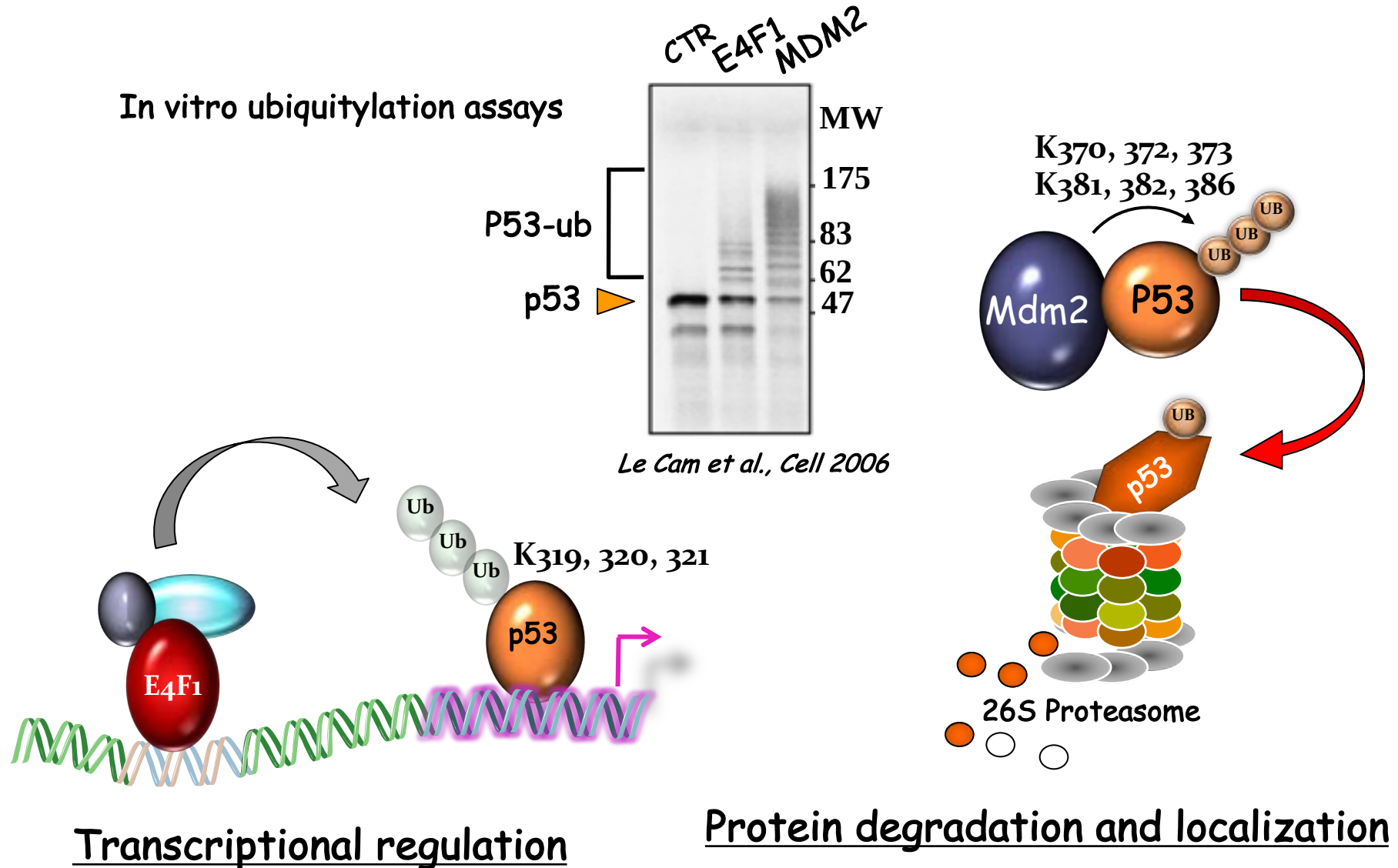
The p53 pathway maintains metabolic homeostasis



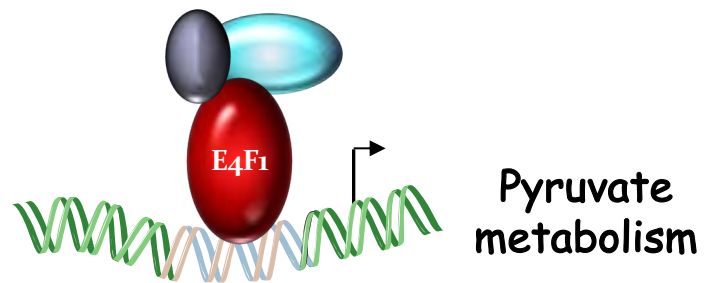
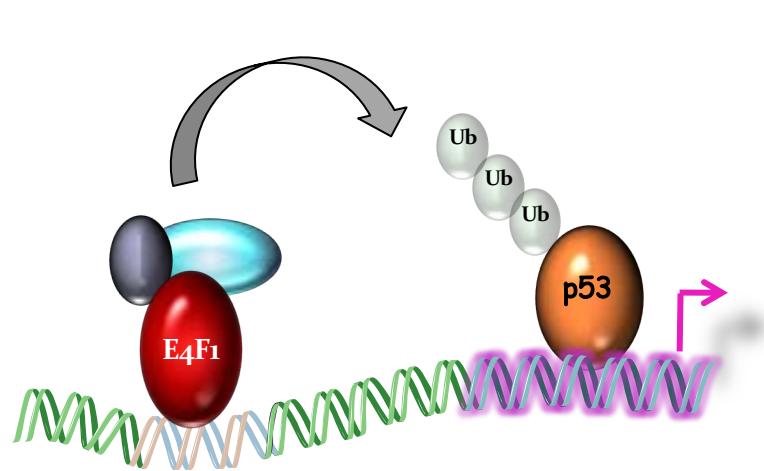
The p53 pathway and metabolism



MDM2 and E4F1: 2 important regulators of the p53 pathway



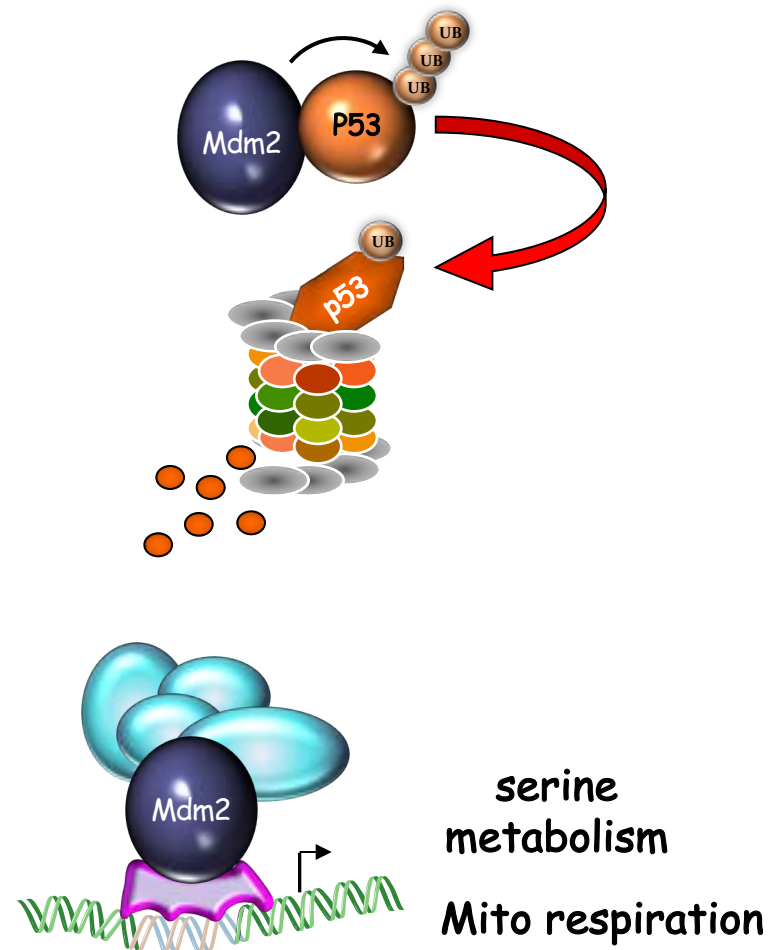
MDM2 and E4F1 are multifunctional proteins



Lacroix et al., PNAS 2016

Goguet-Rubio et al., PNAS 2016

Lacroix, Linares et al., Nat Comms 2021

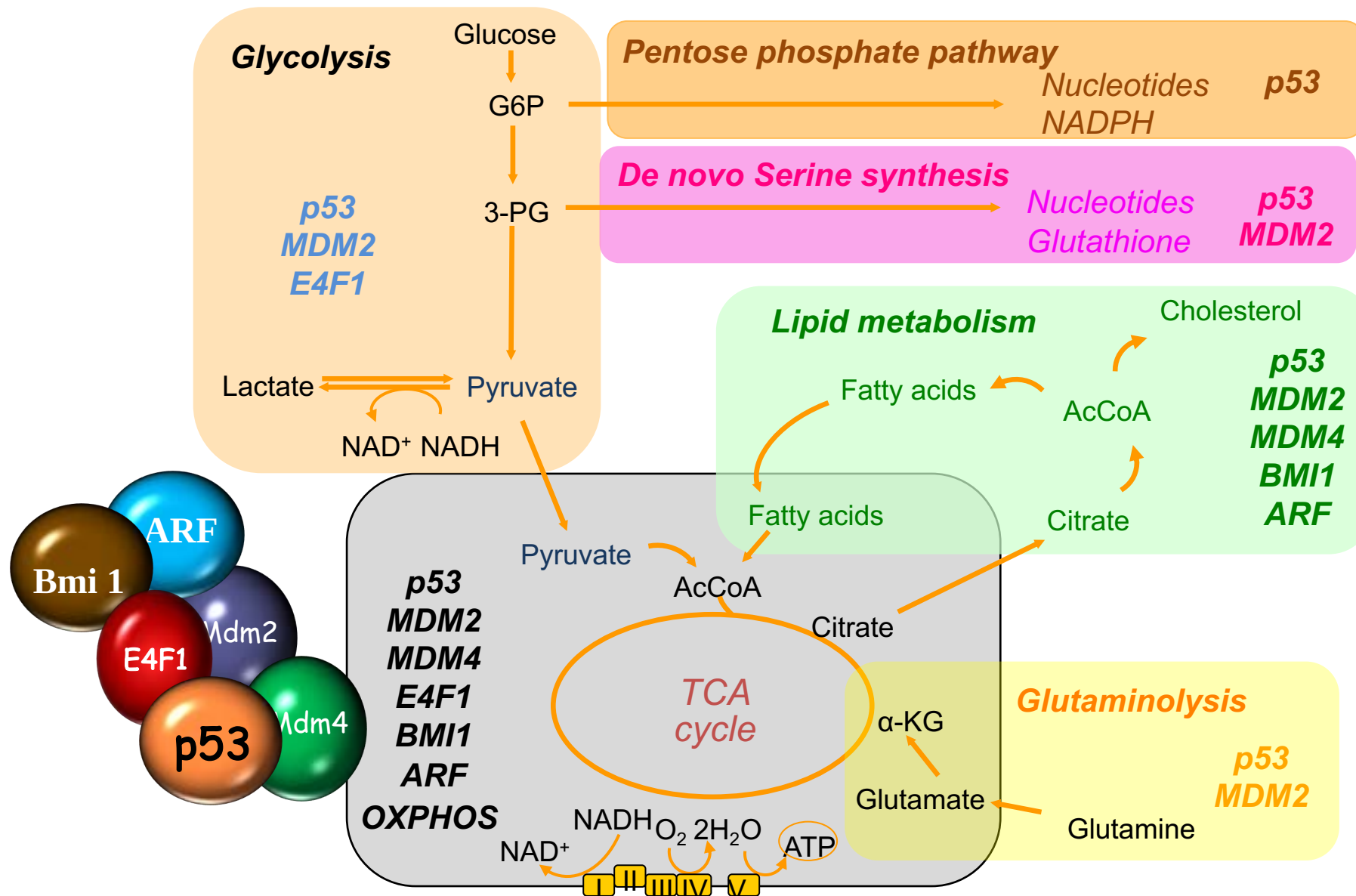


Riscal et al., Mol Cell 2016

Arena et al., Mol Cell 2018

Cissé et al., Sc. Transl Med 2020

How are these p53-associated metabolic networks coordinated?





C. De Blasio
(Post-doc)



O. Villafraz
(Post-doc)



P.F. Roux
(Post-doc)



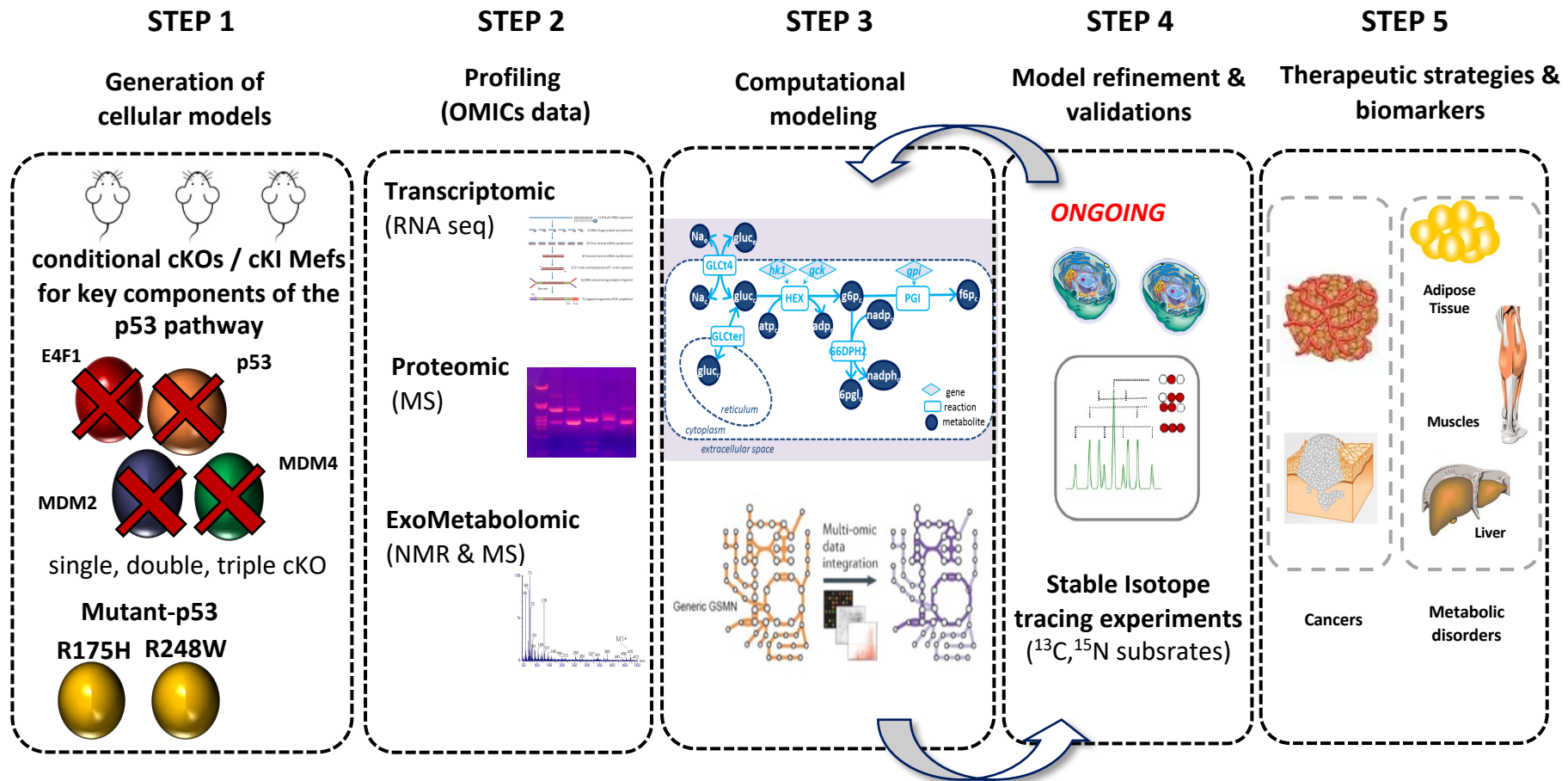
P. Rodriguez-Mier
(Post-doc)



N. Poupin
(CRCN)

Collabs:

- F. Jourdan (INRA, Toulouse)
- JC Portais / F. Bellvert / H. Kulyk / L. Peyriga (Metatoul)
- P. Hainaut (IAB, Grenoble)
- U. Hibner / D. Grégoire
- C. Hirtz (IRMB, Montpellier)
- Infrastructure nationale MetaboHub



Analysis of p53-associated metabolic functions in vivo

NASH, OBESITY, T2D, CANCER



C. De Blasio
(Post-doc)



M. Lacroix
(CRCN INSERM)

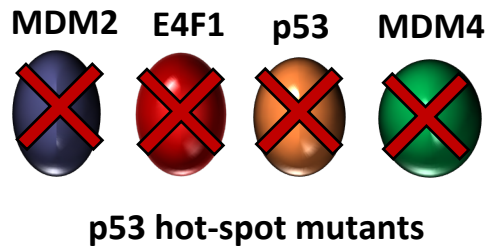


A. Lahalle
(PhD, 2nd year)

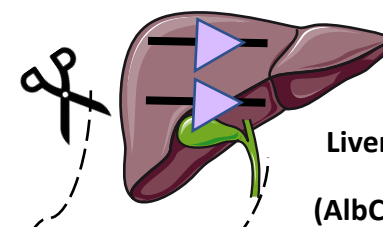
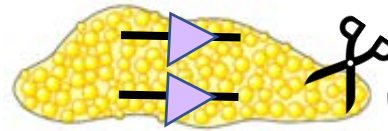


D. Laurent
(M1 student)

E4f1 flox, Mdm2 flox, p53 flox, Mdm4 flox
Single, double, Triple cKO

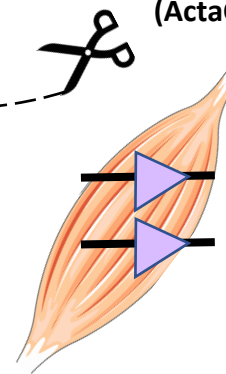


Adipose tissue
(AdipoCreER; UCP1CreER)



Liver
(AlbCre)

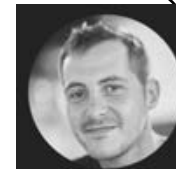
Muscles
(ActaCre)



Whole body
(ROSACreER)



C. Talignani
(AI, Univ)



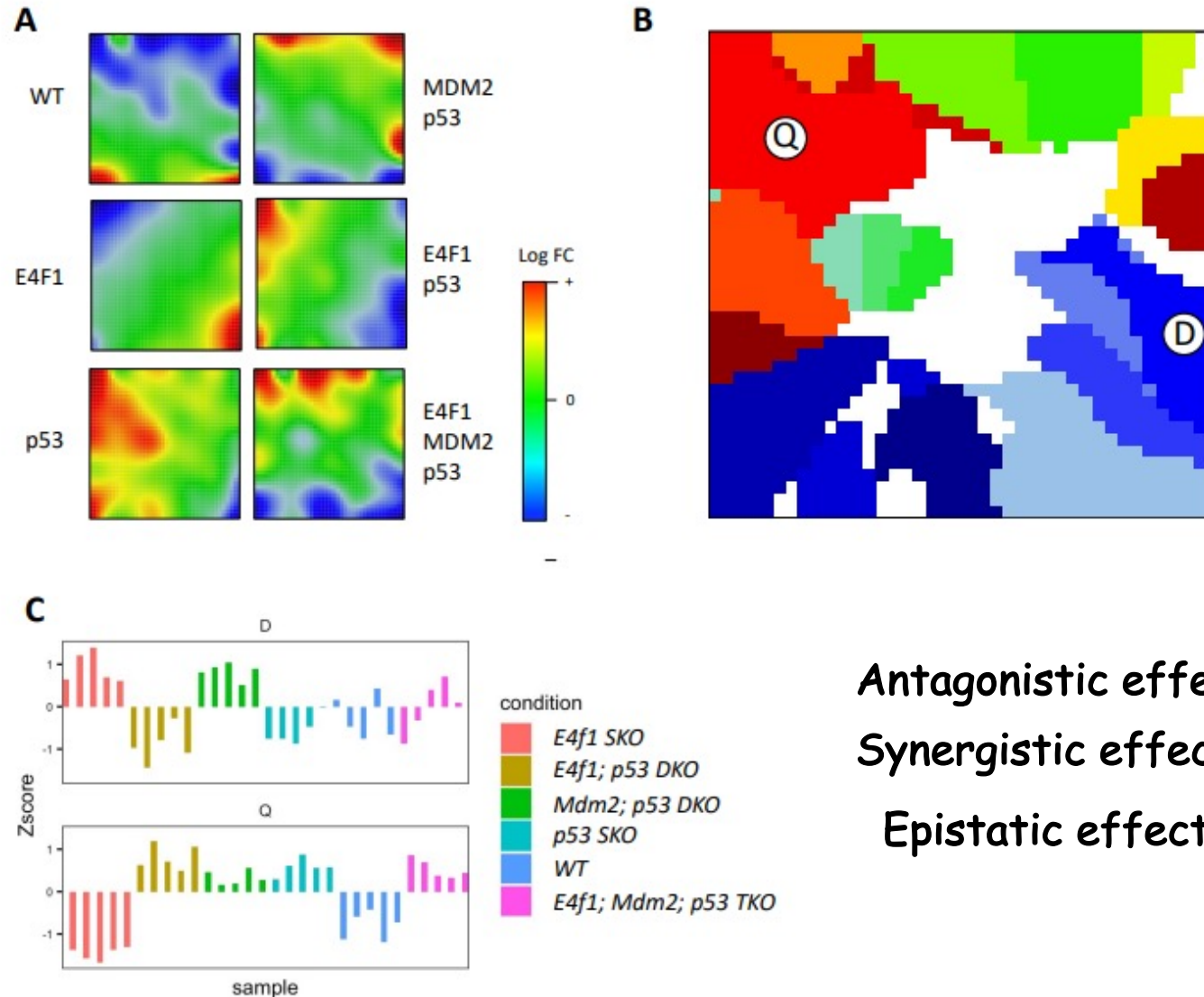
PF. Roux
(Post-doc)

Computational modeling of p53-associated metabolic networks

Self organizing maps



*PF. Roux
(Post-doc)*

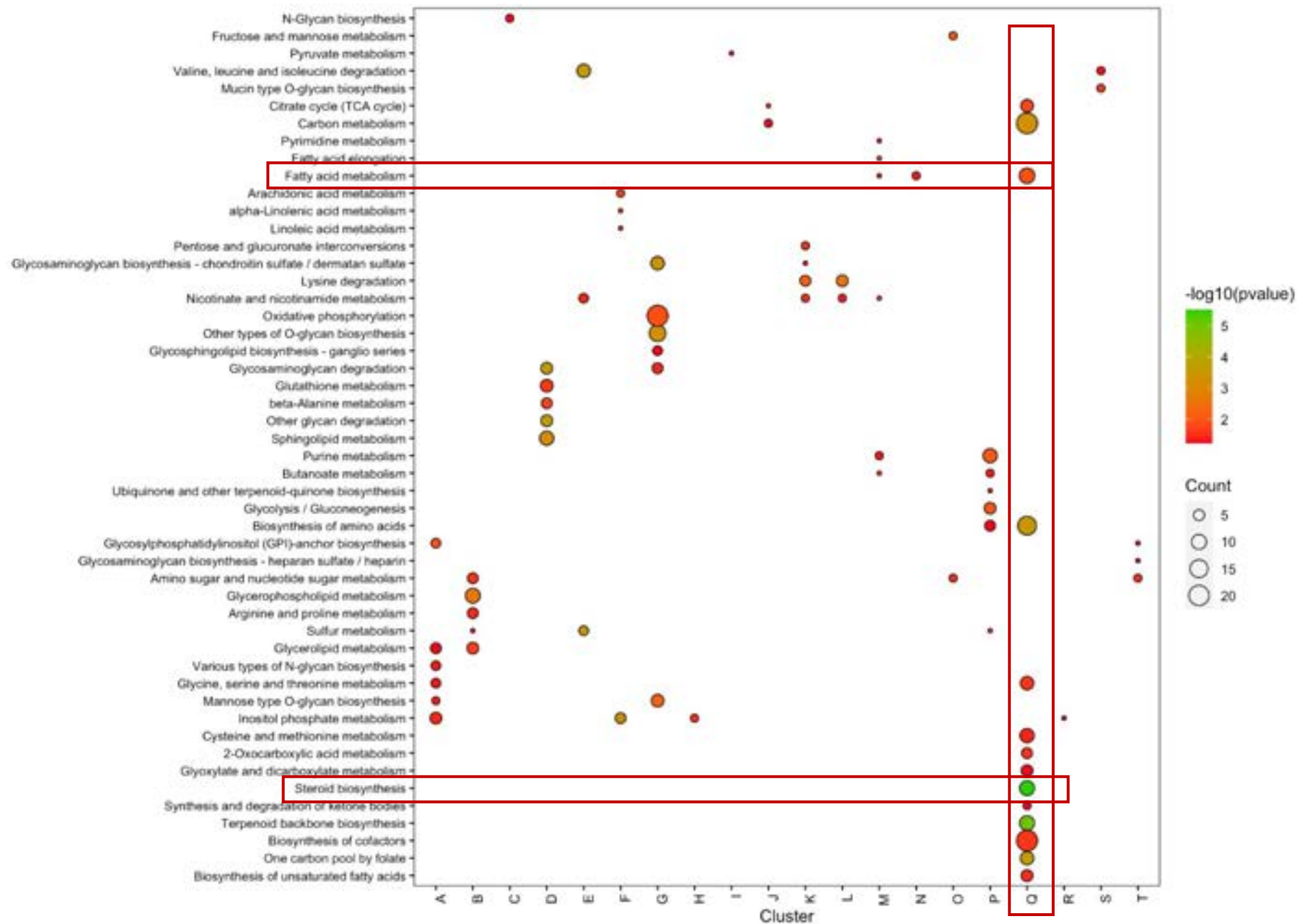


Antagonistic effects

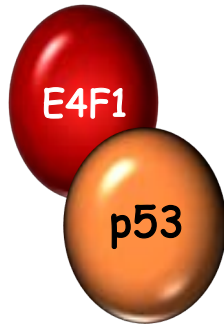
Synergistic effects

Epistatic effects

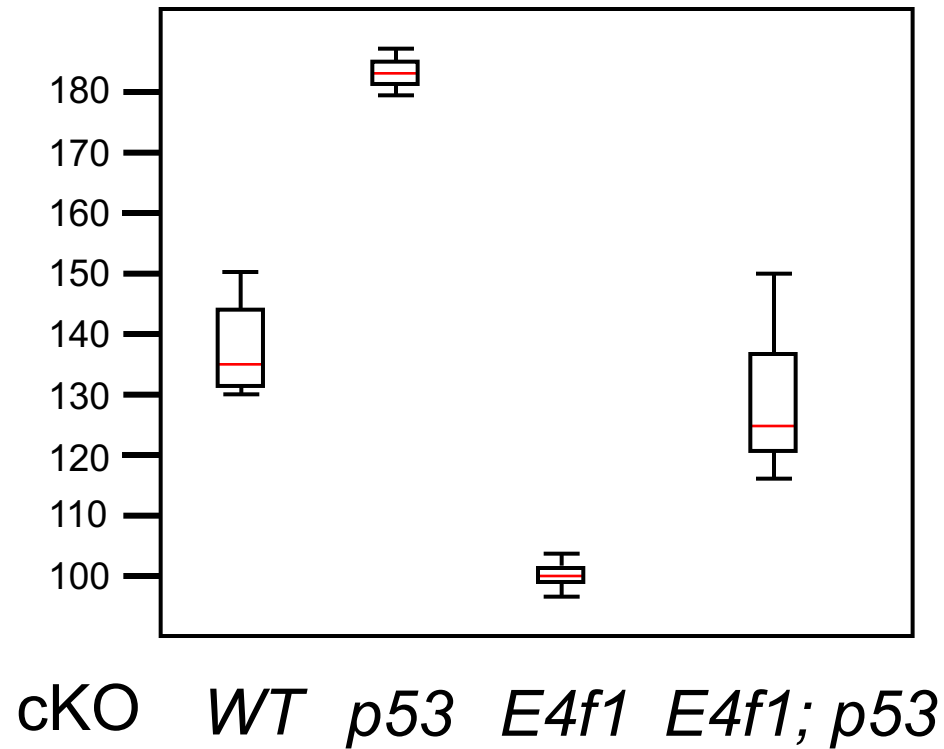
OVER-REPRESENTATION MAPS (RNA-seq)



Genome scale metabolic networks



Distribution of active reactions
(cholesterol and lipid metabolism)



P. Rodriguez-Mier
(Post-doc)



N. Poupin
(CRCN)

Collab: F. Jourdan
(INRAE-Toxalim, Toulouse)

E4F1 and p53 display antagonistic activities in lipid metabolism

E4F1 cKO mice are lipodystrophic

Lacroix, Linares et al., Nat Comms 2021

E4F1 adipose-tissue specific KO



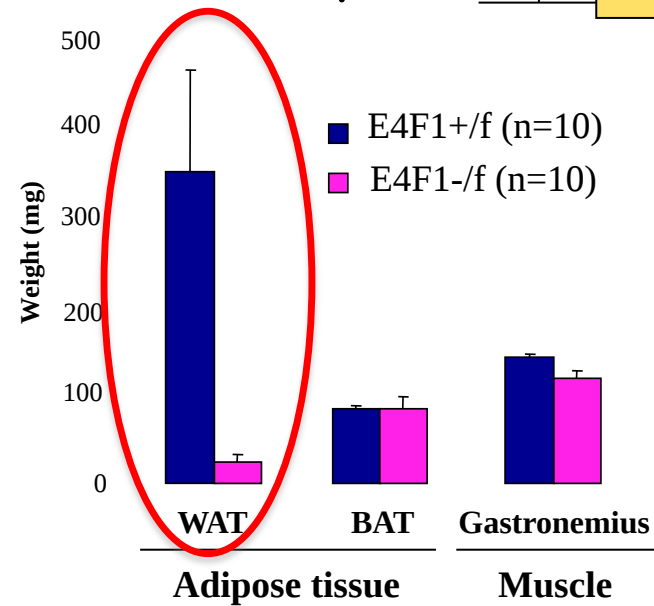
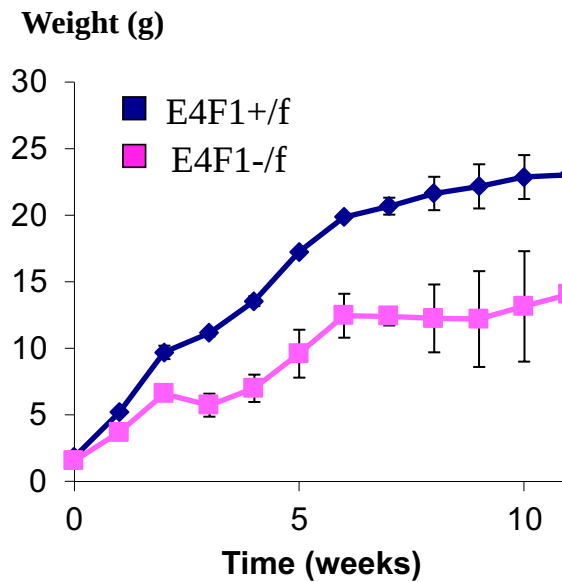
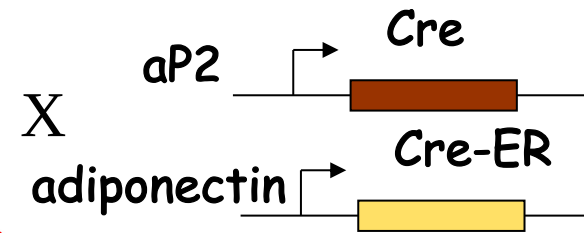
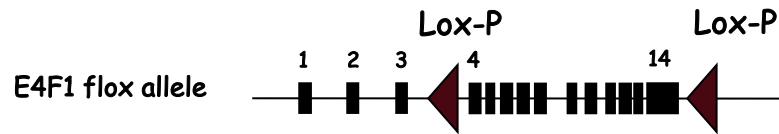
M. Lacroix



L. Linares



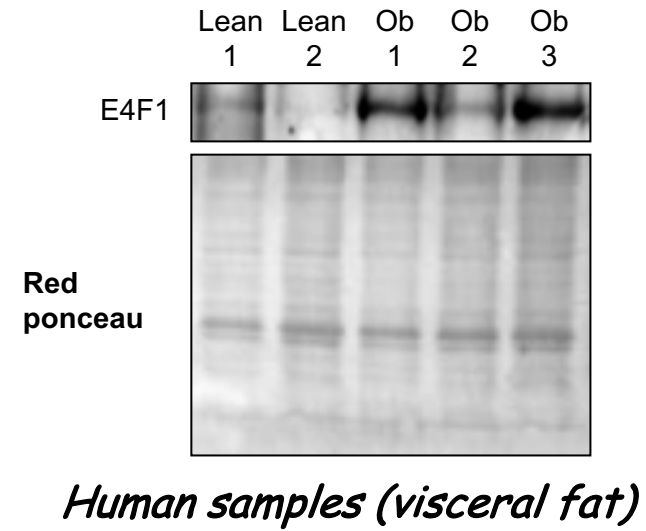
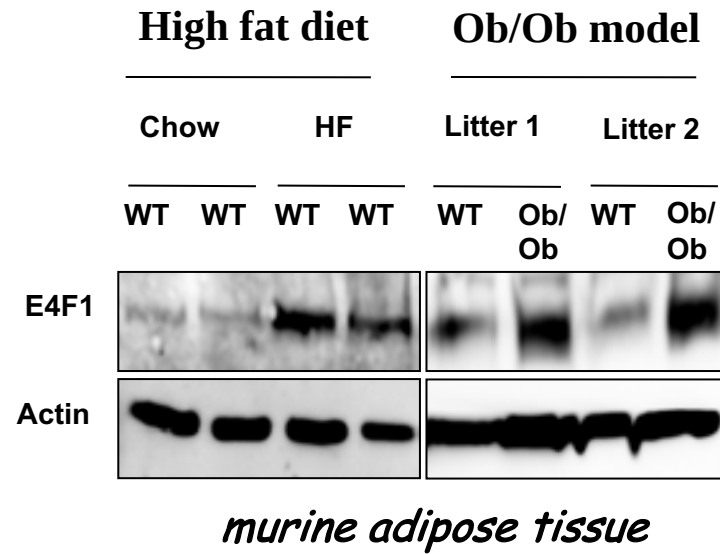
C. Fau



Gonadal fat depot

E4F1 and obesity

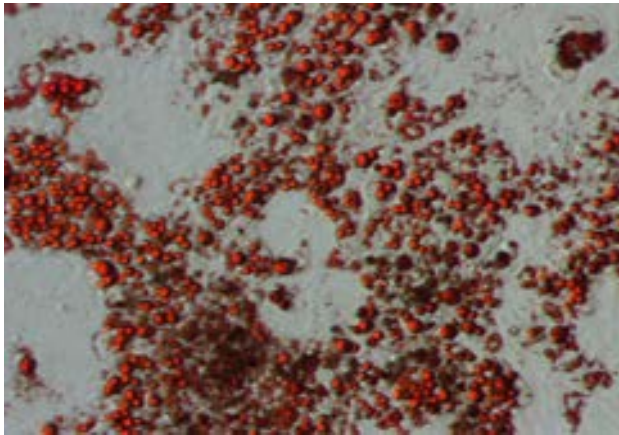
E4F1 expression increases during obesity



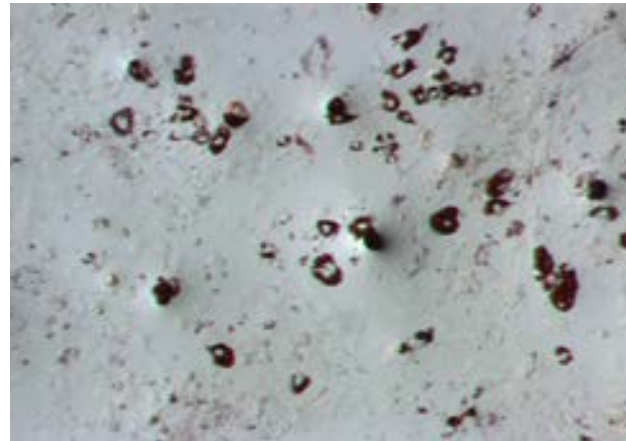
Adipocyte differentiation in *E4F1* cKO MEFs and preadipocytes

in vitro adipocyte differentiation

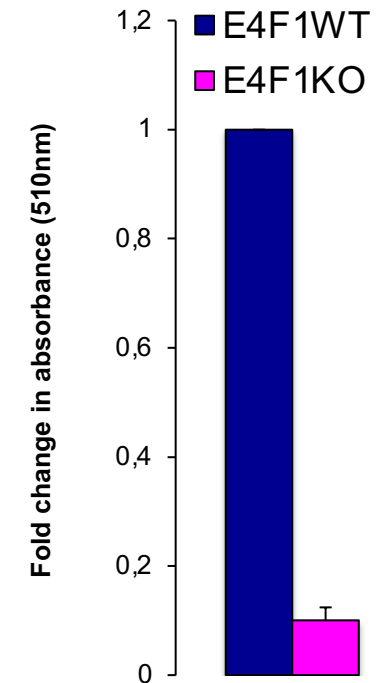
E4f1 WT (day 10)



E4f1 KO (day 10)



O-Red Oil staining



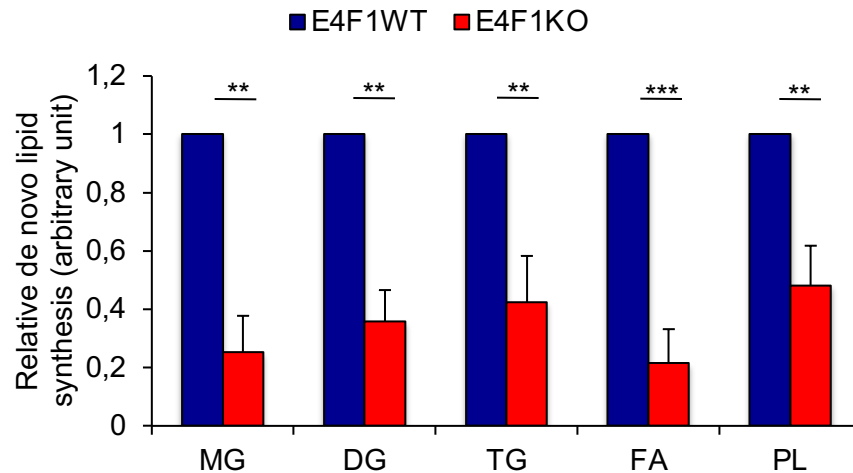
Adipocyte differentiation in *E4f1* cKO MEFs

E4f1 KO cells exhibit:

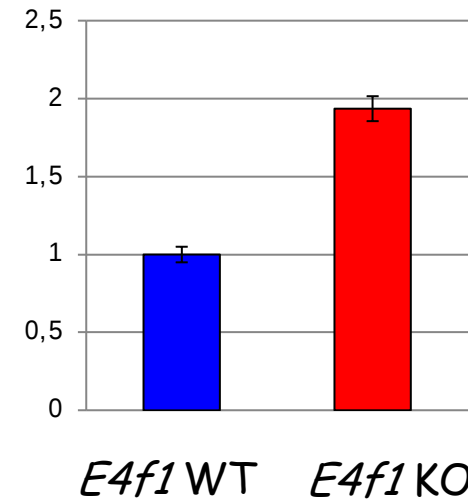
decreased lipid synthesis

and

increased fatty acid oxidation

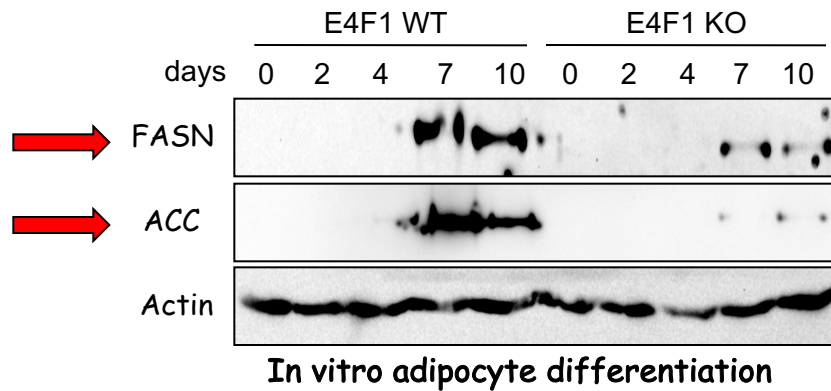
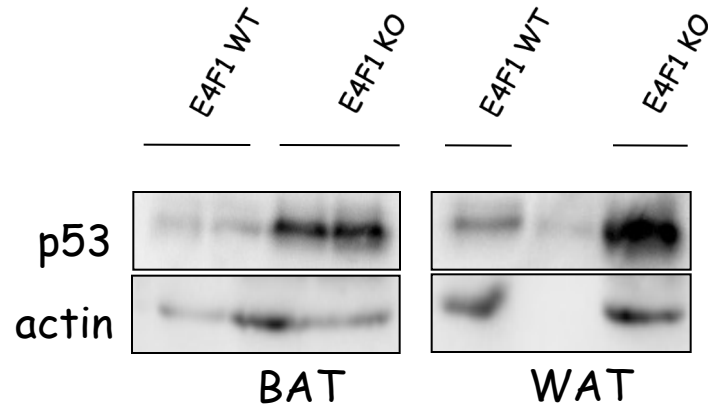


De novo lipid synthesis
(^{14}C -acetate incorporation)

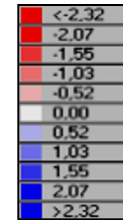
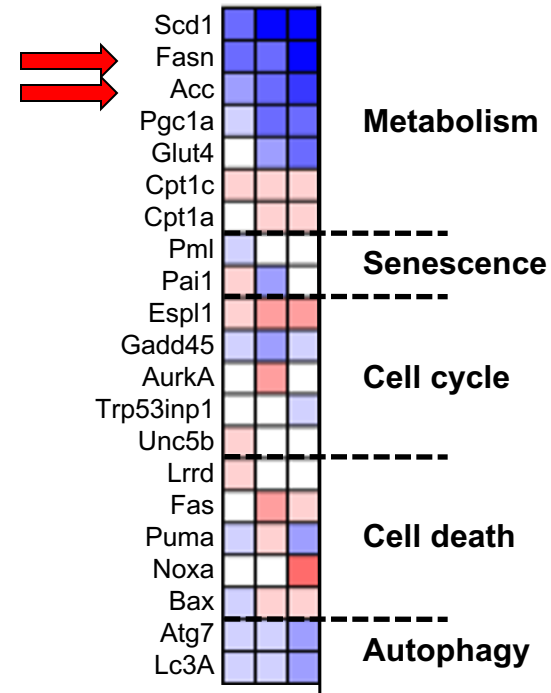


Fatty acid β -oxidation
(^3H -labelled palmitate)

p53 is induced upon E4F1 inactivation in WAT and BAT

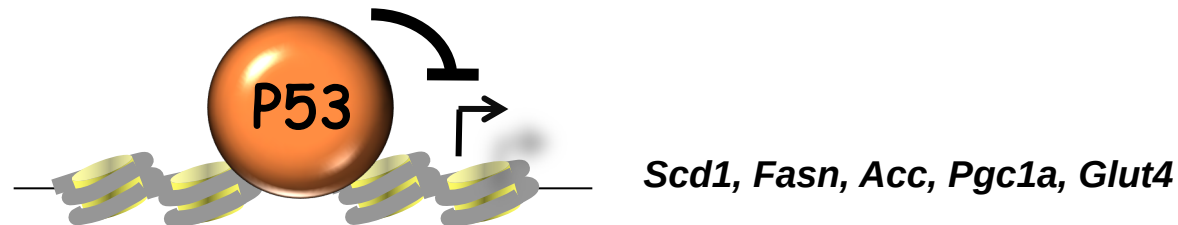


E4F1 KO/WT



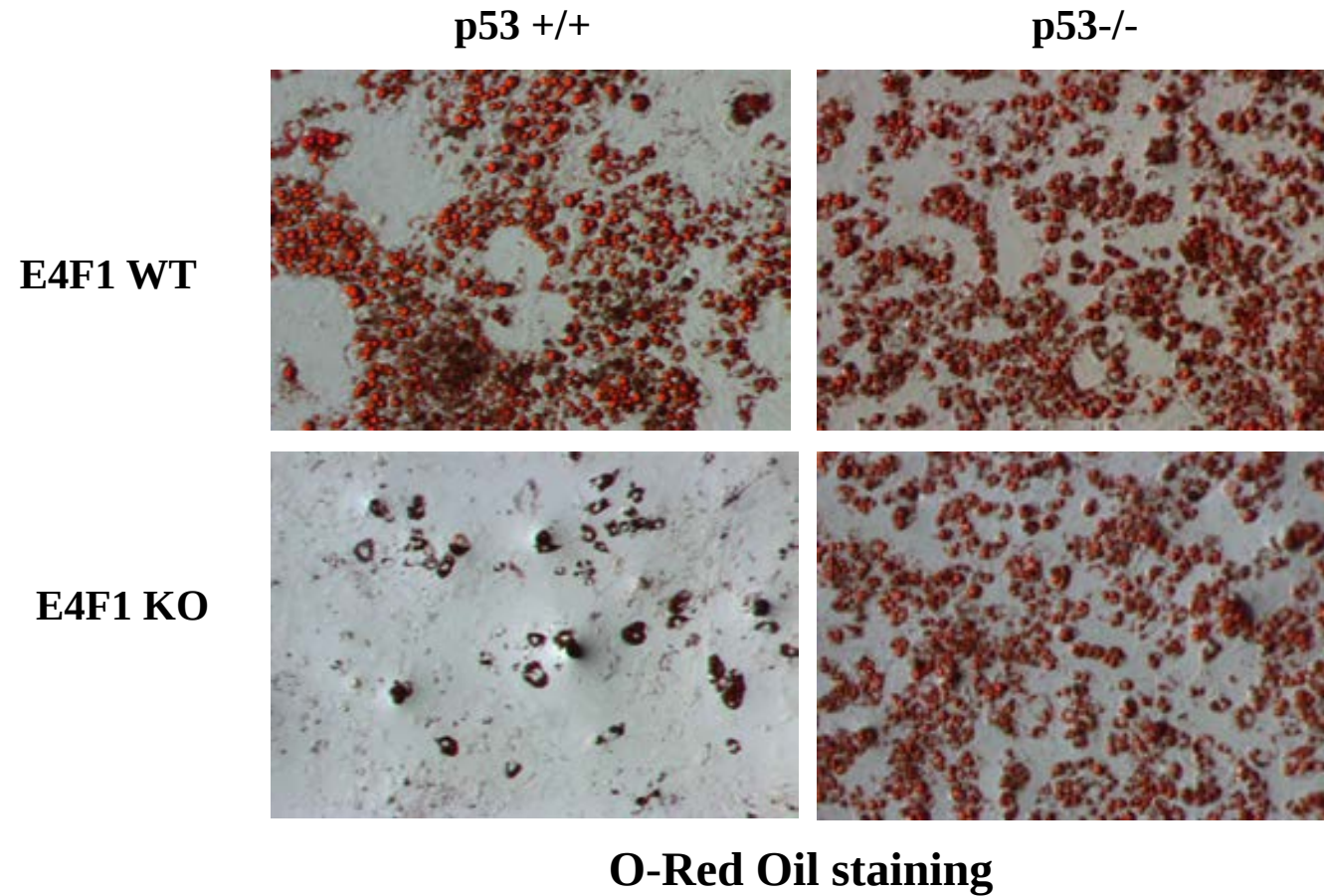
$\Delta\Delta Ct$

Microfluidic based RT-qPCR

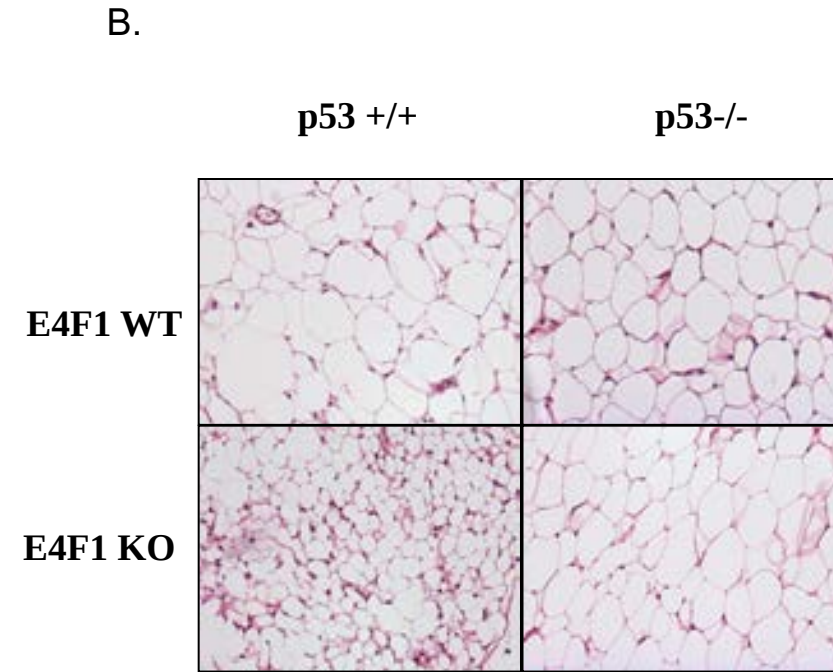
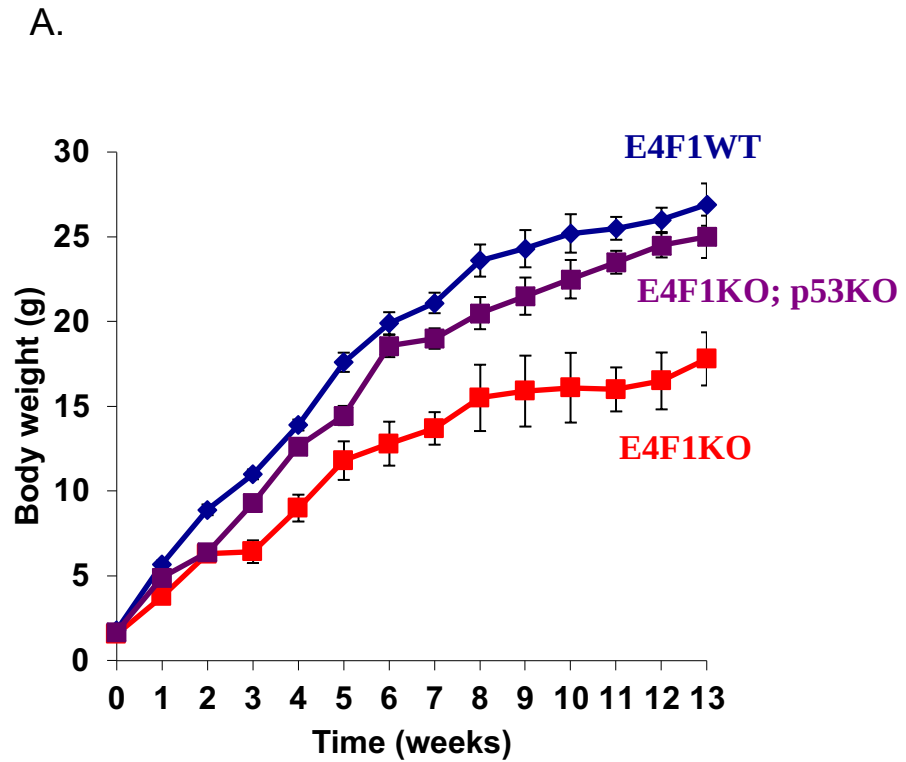


p53 inactivation rescues E4F1 KO adipose tissue defects

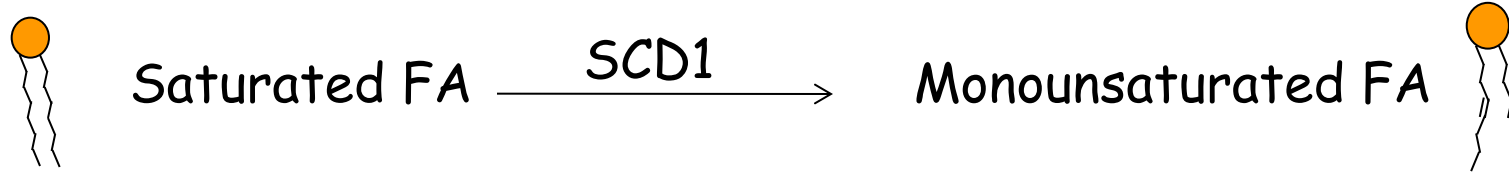
in vitro adipocyte differentiation



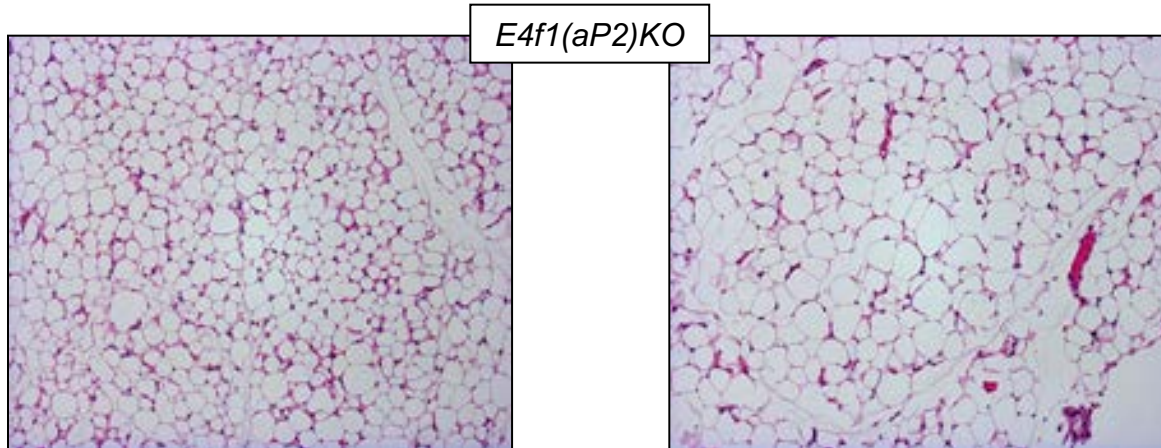
p53 inactivation rescues E4F1 KO adipose tissue defects



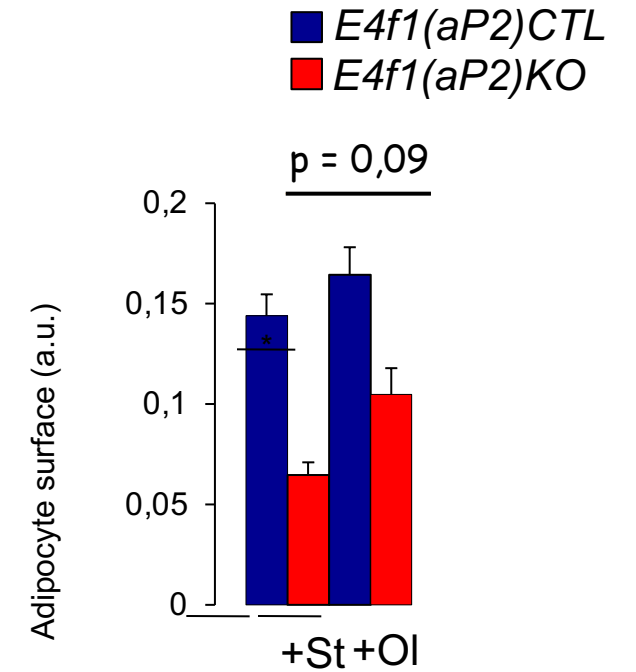
Monounsaturated FAs rescue E4F1 KO WAT defects



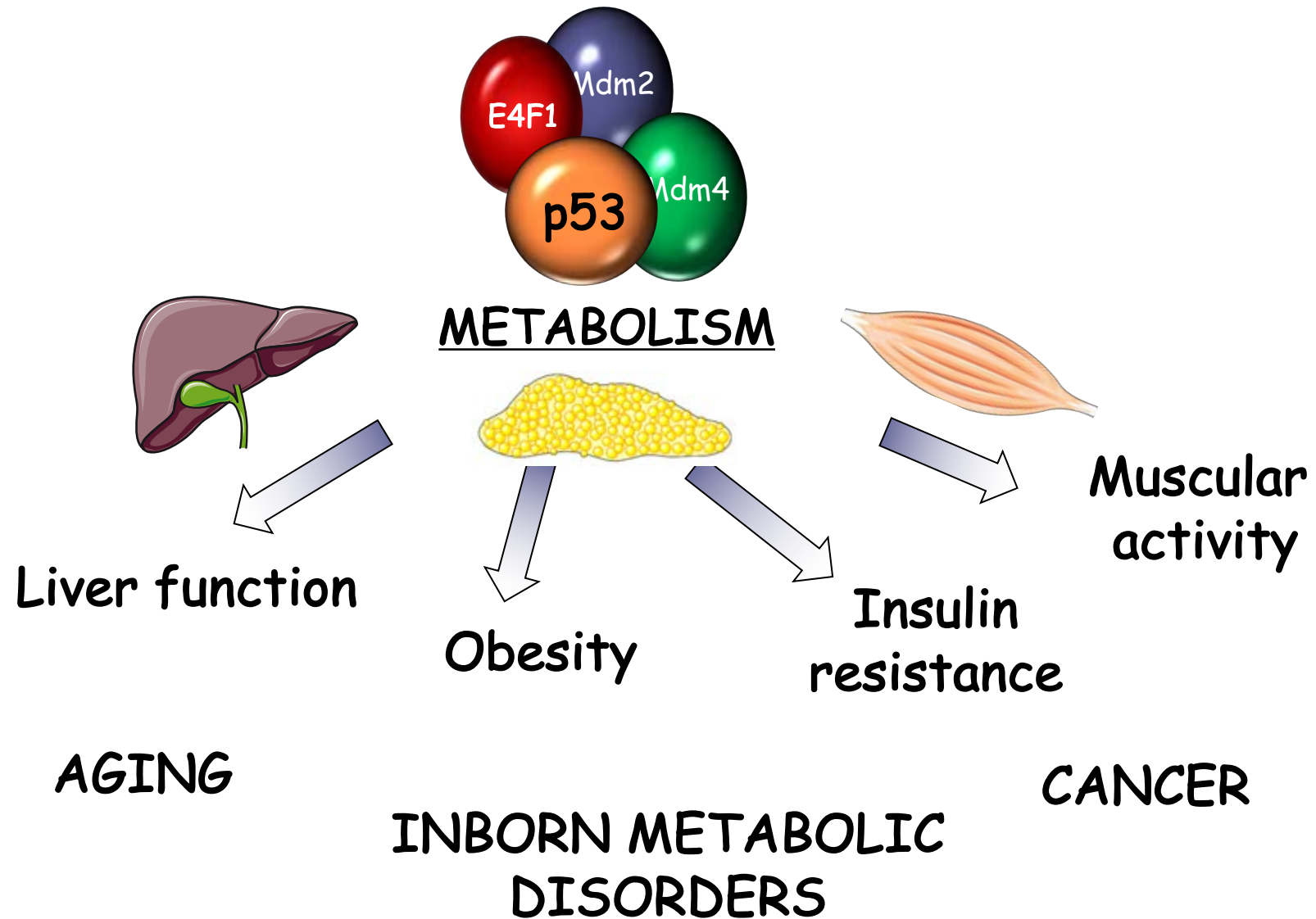
 Normal diet + stearate (C:18:0)  + oleate (C18:1)



(3 weeks)



CONCLUSIONS





ACKNOWLEDGMENTS



Metabolomics Facility (Metatoul, Toulouse)

JC Portais, Bellvert F., Heuillet M., H. Kulyk, L. Peyriga

Animal facilities

Sutter A., L. Rubio,
A. Torro, I. Navarro

Histology core facility

Pirot N., Bernex F., Buscail Y.

INRAE-Toxalim (Toulouse).

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(Leuven Univ.)

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P. Rodriguez-Mier

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