Virtual issue by COST Action BM1203 (EU-ROS) “Emerging concepts in redox biology and oxidative stress”

Editorial summary

The article by Bacic et al. [1] (link to http://dx.doi.org/10.1016/j.redox.2015.10.007) provides an overview on the application of magnetic resonance imaging (MRI) and electron paramagnetic resonance (EPR) spectroscopy of stable nitrooxide radicals to monitor metabolically induced changes in the redox status of organs. These techniques will not only contribute to the mechanistic understanding of oxidative stress–associated pathological states but also provide a basis for studying the effectiveness of interventions aimed to modulate oxidative stress (redox medicine approaches). The authors introduce the different MRI and EPR methods that are currently available and describe a broad spectrum of nitrooxide-based spin traps and spin probes with emphasis on pharmacokinetic properties. In the second part of the review, the authors provide examples for the application of these techniques to study changes in the redox status in different tissues (e.g. skin, brain, tumors) upon induction of disease states (e.g. sepsis, ischemia/reperfusion, iron overload). With their conclusions, the authors provide an outlook on future technical needs and development of new probes with increased stability towards reduction, enhanced sensitivity to oxidative stress, or increased delivery into cells and through the blood–brain barrier as well as specificity towards certain ROS species or specificity towards certain pathological states such as tumors.

The review by Dunn et al. [2] (link to http://dx.doi.org/10.1016/j.redox.2015.09.005) discusses different pathways of bacterially-induced mtROS formation and its role for activation of the NLRP3 inflammasome via direct redox modifications of the NLRP3 components as well as redox-sensitive indirect pathways such as Nrf2/ HO-1, NFxB/iNOS and TXNIP/mtDAMP interaction with the NLRP3 inflammasome leading to the formation of the pro-inflammatory cytokine IL-1β. Mitochondrial damage-associated molecular patterns (mtDAMPs) include the participation of mtDNA and/or cardiolipin that are released or surfaced by dysfunctional mitochondria. This also results in decreased activity of NAD+/–NADH ratio, which is more concerning than fat accumulation per se. Dysfunctional adipocytes also

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Görlich et al. [4] (http://dx.doi.org/10.1016/j.redox.2015.08.016) highlights the sources of ROS in different cellular compartments such as plasma membrane, cytosol, endoplasmic reticulum, mitochondria, peroxisomes and lysosomes (e.g. NADPH oxidases, xanthine oxidase, P450s, lipoxygenase, cyclooxygenase, lipid peroxidation, phospholipase, acyl-CoA oxidases, polyamine oxidase, Ero1 and liposomal redox chain) and provides an update on all NADPH oxidase isoforms (subcellular localization, cellular expression and cofactors). In addition, the authors emphasize on ROS-triggered signaling via redox-sensitive kinases (e.g. PKC, Akt and MAPK) and protein tyrosine phosphatases, transcription factors (e.g. NFxB, Nrf2 and HIF–1α). In the last part of the review, they discuss these concepts in the context of hypoxia, nutrition, energy metabolism and metabolic reprogramming.

The review by Jankovic et al. [6] (http://dx.doi.org/10.1016/j.redox.2015.08.018) provides detailed insights in the physiological function of adipocytes and the ratio and interconversion between white and brown adipose tissue, as well as the physiological consequences of this interconversion. Nutritional shifts in NAD+/–NADH ratio affect the redox balance in adipose tissue and overnutrition, oxidative stress and mitochondrial dysfunction contribute to adipocyte dysfunction, which is more concerning than fat accumulation per se. Dysfunctional adipocytes also
support the recruitment of macrophages leading to adipose tissue inflammation with more pronounced ROS formation. Sources of ROS in dysfunctional adipocytes are highlighted, the interaction and co-stimulation of these ROS sources in a crosstalk fashion is detailed while the impact of mtROS in insulin resistant adipocytes and the important role of NO formation in functional adipocytes versus uncoupled eNOS in dysfunctional adipocytes is thoroughly discussed. Finally, the authors analyze the role of redox signaling in adipogenesis.

The review by Klotz et al. [7] (http://dx.doi.org/10.1016/j.redox.2015.06.019) delves into FoxO transcription factors by addressing their classical regulation (e.g. by insulin), the FoxO target genes (e.g. selenoprotein P, ceruloplasmin) conferring antioxidant protection and their regulation via phosphorylation by different kinase systems (Akt, ERK, JNK, MAPK, AMPK, most of them are redox-sensitive). The authors also emphasize the biological effects of FoxO activation. In the second part of the review, the different redox-regulatory pathways of FoxO transcription factors are recapitulated (FoxO gene induction, posttranscriptional regulation of FoxO expression levels, FoxO activity). In the last part, the authors highlight physiological and pathophysiological consequences of FoxO (dys)regulation (e.g. in obesity and diabetes) as well as dissect the interaction of FoxO and ROS in different organs and cell types.

The review by Manda et al. [8] (http://dx.doi.org/10.1016/j.redox.2015.06.014) provides an introduction on cancerogenesis with emphasis on the contribution of oxidative stress to this process, highlighting impaired DNA damage repair as one important constituent of cancer development. Redox signaling networks are unbalanced in cancer cells. As examples the activities of mitogen-activated protein kinases, FoxO transcription factors and Nrfr2/Keap1 system are dysregulated in cancer cells, conferring higher oxidative stress resistance. In line with increased oxidative stress but also oxidative stress resistance of tumor cells, the hyperinflammation observed in tumor tissue (originating from infiltrated immune cells but also cytokines produced by specific cancer cells), contributes to tumor growth (e.g. increased cancer cell proliferation, angiogenesis). Therefore, oxidative stress-based therapies might include the suppression of antioxidant transcription factors (e.g. Nrfr2 inhibitors). The authors also discuss the types of cell death induced by oxidative stress-based therapies. For an in-depth review of the dysregulation of the Keap1-Nrfr2 pathway in cancer, the readers are also referred to an earlier graphical redox review by Kansanen et al. [9] (http://dx.doi.org/10.1016/j.redox.2012.10.001), which now forms part of this thematic virtual collection.

The review by Manea et al. [10] (http://dx.doi.org/10.1016/j.redox.2015.06.012) provides an overview on NADPH oxidase isoforms in different cell types and their pathophysiological actions in vascular inflammation and oxidative stress, vascular dysfunction and remodeling and finally progression to atherosclerosis. The authors highlight the milestones of the yet incompletely understood regulation of Nox enzyme expression by transcription factors and nuclear receptors (e.g. NF-κB, AP-1, STAT1/3, C/EBP and PPARs). In addition, epigenetic pathways are discussed accounting for Nox4 upregulation (e.g. miRNA-25, HATs and HDACs).

The review by McBean et al. [11] (http://dx.doi.org/10.1016/j.redox.2015.04.004) summarizes thiol-based cellular redox couples (e.g. sulfiredoxin, Trx, Prx, Grx) and links them to the respective reductases and cofactors (e.g. TrxR, GR, NADPH, GSH) as well as to the transcription factors accounting for their induction (e.g. Nrfr2, AP1, FoxO). The l-cysteine metabolism is discussed in detail, starting at the level of the l-cysteine x̄_c exhanger, the homocysteine cycle and the synthesis of GSH, H₂S and taurine, with special emphasis on neurodegenerative disease. In the second part, the authors discuss these thiol-based pathways in the context of glaucoma and neurodegeneration with focus on Grx, Trx and Prx as neuronal survival factors. The last part of the review highlights the role of impaired redox balance for neurodegeneration with particular reference to Alzheimer’s disease, Parkinson’s disease, amyotrophic lateral sclerosis and glaucoma.

The review by Mikhail et al. [12] (http://dx.doi.org/10.1016/j.redox.2015.05.008) provides an overview on classical gene regulation, epigenetic pathways and components of the DNA repair machinery. In the second part the authors discuss in full detail examples of redox regulation of classical gene expression (e.g. by redox sensitive transcription factors such as NFkB, Nr2 and HIF-1α or mRNA-binding proteins GAPDH or HUr) leading to activation of gene expression and/or modulation of mRNA stability, thereby affecting protein expression. In addition, the impact of ROS on DNA repair and epigenetic pathways (e.g. miRNA, DNA methylation and histone modifications) is highlighted, all of which will influence the genome stability. In the last part of the review the authors discuss clinical implications of these concepts and therapeutic strategies to target dysregulated DNA repair and classical gene regulation, but also expand on pharmacological modulation of epigenetic gene regulation (e.g. HDAC, HAT and DNMT inhibitors and modulators of miRNA function).

The original article by Noithiri et al. [14] (http://dx.doi.org/10.1016/j.redox.2015.08.011) addresses the mechanism of how peroxiredoxin function switches from peroxidase to chaperon. In the Prx peroxidase cycle, a homodimer reacts with hydrogen peroxide to yield a sulfenic acid modified thiol group in each subunit, leading to intermolecular disulfide bridge formation and dimerization of the loosely bound reduced homodimer. The “disulfide form” is reduced by Trx and oxidized Trx is reactivated by TrxR/NADPH. However, the “disulfenic acid form” can be further oxidized by hydrogen peroxide to a “disulfenic acid form”, which needs ATP-dependent reduction by sulfiredoxin. The loss of its peroxidase activity and inactivation of Prx by hyperoxidation provides the basis for its extra-antioxidant functions, and in particular its ability to operate as very efficient chaperone holdases. This process is initiated by formation of high molecular weight Prx structures formed by the stacking of Prx decamers up to filaments an event that correlates with enzyme hyperoxidation but is not fully understood. The authors used mutation approaches and size exclusion chromatography to elucidate the nature of the different high molecular weight forms of Prx and investigated the different binding modes within these structures and the correlation with hyperoxidation. With their results, the authors contribute to the molecular understanding of the Prx peroxidase to chaperone modes switch.

The review by O’Neill et al. [15] (http://dx.doi.org/10.1016/j.redox.2015.07.009) concentrates on the role of ROS for genetic disease such as Nox2 subunit-deficiencies in chronic granulomatous disease (CGD) and discuss the paradox of the absence of ROS and simultaneous hyperinflammation in CGD. Neuronal, cardiovascular and renal pathologies of CGD are presented in detail. Methods for clinical analysis of new genetic variants of Nox2 in CGD as well as...
therapeutic strategies for its treatment are presented (e.g. induction of pluripotent stem cells). In the second part of the review, the authors highlight the aspects of inflammatory bowel disease, its association with reduced ROS formation and the role of Nox1 and Duox2 isoforms. Finally, the role of Duox2 and A2 isoforms for the development and progression of hypothyroidism, which is the most common congenital endocrine disorder, is elucidated on a mechanistic basis and a detailed list of gene variants of Duox2 and A2 is provided.

The review by Pajares et al. [16] (http://dx.doi.org/10.1016/j.redox.2015.07.003) provides an overview on the impact of oxidative stress and redox modifications on the proteasomal activity, highlighting classical examples such as hydroxylation-triggered HIF-α degradation, oxidative Nrf2 stabilization and nuclear translocation, but also the canonical pathway of NFκB activation by ubiquitination and proteasomal degradation of its inhibitor (IkBα). Also described are more recent developments incorporating the role of direct redox modifications of proteasomal components, the interaction of oxidative stress with autophagy and proteasome activity and the impact of protein unfolding/misfolding on ROS formation and proteasome activity. In the last part of the review the authors discuss clinical implications of these concepts in neurodegenerative diseases (Prion, Alzheimer’s and Parkinson’s disease).

The original article of Semen et al. [17] (http://dx.doi.org/10.1016/j.redox.2015.11.009) investigates the effects of sildenafil (PDE-5 inhibitor) therapy on heart rate variability, fatty acid composition and 4-hydroxynonenal (as a read-out of oxidative stress) in patients with pulmonary arterial hypertension (PAH). PAH is characterized by a poor prognosis with a mortality rate of 10–15% per year and median survival of approximately 7 years upon first diagnosis. PAH is associated with increased oxidative stress, reduced NO and prostacyclin bioavailability, excessive formation of vasoconstrictors and an inflammatory phenotype of the vascular wall. Sildenafil partially compensates for impaired vaso-dilatory pathways and confers antioxidant and anti-inflammatory effects. Sildenafil therapy improved the pulmonary hemodynamic status, oxidative stress, normalized free fatty acid composition and partly also heart rate variability.

The review by Voskou et al. [18] (http://dx.doi.org/10.1016/j.redox.2015.07.018) highlights the role of oxidative stress in β-thalassemia and sickle cell disease. The phenotype of the diseases is described in full detail with focus on the sources of oxidative stress in red blood cells in this setting. ROS formation is mainly driven by autoxidation of hemoglobin and free iron leads to Fenton chemistry. To a minor extent NADPH oxidases account for ROS formation in red blood cells. The intracellular oxidative events in diseased red blood cells and the counter-regulatory mechanisms by antioxidant systems are presented. The authors provide mechanistic insights into ROS-driven hemolysis, impairment of erythropoiesis and oxidative stress-mediated erythroid expansion and accelerated differentiation. The extracellular oxidative stress in β-thalassemia and sickle cell disease leads to a vicious cycle of oxidative stress and inflammation as well as a hypercoagulability state. Reduced NO bioavailability is a direct consequence of increased superoxide formation but also increased break-down of NO by sequestered myeloperoxidase/hydrogen peroxide from neutrophils and increased consumption of NO by free oxyHb from hemolysis.

References