

# DNA-PK, a Pharmacological Target in Cancer Chemotherapy and Radiotherapy?

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## Abstract

In the search for ways of sensitizing tumor cells to chemotherapy or radiotherapy, the inhibition of DNA repair has recently been proposed as a target of clinical interest. Ionizing radiation, as well as several antitumor drugs, induce the formation of DNA double-strand breaks (DSBs), that are highly damaging to the DNA, leading to cell death and genomic instability. DSBs are mainly repaired by the Non-Homologous End-Joining (NHEJ) process, in which DNA dependent protein kinase (DNA-PK) is the key complex. Consequently, specific DNA-PK inhibitors have been selected and evaluated for sensitizing cells to chemotherapy or radiotherapy. The choice of DNA-PK as a pharmacological target of interest in cancer treatment is discussed.

**Keywords:** DNA repair inhibition; DNA Double-strand break (DSB); DNA-dependent Protein Kinase (DNA-PK); Non-homologous end-joining (NHEJ)

## Introduction

Radiotherapy induces a variety of DNA damage including oxidized base damage, abasic sites, single-strand breaks (SSBs) and double-strand breaks (DSBs). This DNA damage, if unrepaired, triggers cell death through mitotic catastrophe and apoptosis. Amongst these lesions, DSBs are considered to be major actors in cell death [1]. Similarly to ionizing radiation, most untargeted antitumor drugs cause DNA damage that induces death signals in cancer cells as well as in normal cells. DNA lesions trigger a cell response through an interconnected network called the DNA damage response (DDR) that tends to maintain cell viability and genomic stability [2,3]. The DDR relies on a complex network of proteins that initiate and coordinate DNA repair activity by halting the cell cycle through the activation of checkpoints that block cells at the G1-S transition, the intra-S phase or the G2/M boundary [4]. When DNA repair fails, the DDR plays a key role in the induction of apoptosis. A defective DDR, for instance in the control of cell cycle blockage or in DNA repair processes, is commonly reported in many cancers and some cancer-prone human syndromes arise from defects in specific DDR and DNA repair genes [2].

Within the DDR, DNA damage repair determines the cell response, as illustrated with ionizing radiation [5,6]. Thus, an excess of DNA lesions or a specific localization of lesions in the genome may overcome the cell repair capacity and trigger cell death. In the case of DNA damage following radiotherapy, it has been largely documented that cell survival correlates with the number of DSBs in the genome [1]. Consequently, any increase or decrease in the repair capacity and/or signaling will lead to cell resistance or sensitivity, respectively. Based on such considerations, pharmaceutical companies have undertaken the development of new compounds aimed at modulating DDR processes and/or DNA repair, particularly DSB repair, after chemotherapy and radiotherapy, with the ultimate goal of sensitizing tumor cells to the treatment [7,8]. For example, inhibitors of the checkpoint kinases Chk1 and Chk2 have recently been shown to sensitize tumor cells to DNA damaging agents [9-12].

In translational research dealing with potential DNA repair proteins as pharmacological targets, the DNA dependent protein

kinase (DNA-PK), an heterotrimer comprising the regulatory subunit Ku70/Ku80 bound to the catalytic subunit DNA-PKcs, is of interest since it represents a major actor in DSBs repair. Cells deficient in Ku70/Ku80 or DNA-PKcs are sensitive to DSBs induced by IR or chemotherapeutic agents [13,14] supporting the idea that DNA-PK may represent a good target in cancer chemotherapy. We discuss here the rationale of this approach in the field of cancer treatment.

## Double strand break induction by radiotherapy/chemotherapy and the biological consequences

DNA double strand breaks (DSBs) are considered the most severe DNA lesions: unrepaired DSBs can induce apoptosis or mitotic cell death or when repaired incorrectly, they can lead to carcinogenesis through mutagenic genome rearrangements [15]. DSBs are produced exogenously by ionizing radiation (IR) or chemicals, but also endogenously during DNA replication fork collapse or physiological processes such as V(D)J recombination and meiotic exchange [1].

Mainly through water molecule radiolysis, IR induces a plethora of DNA damage whose complexity increases with the value of the linear transfer energy (LET) [16,17]. DNA damage includes double-strand breaks (DSBs), single-strand breaks (SSBs), damaged bases and abasic sites located at a distance from each other when induced by low-LET irradiation. By contrast, high-LET provokes the formation of complex DNA damage within one or two DNA helical turns [18], although this value is under discussion since it has been reported recently that it could cover regions extending over several kilobases of the DNA molecule [19]. The biological consequences of complex DNA damage range from point mutations and loss of genetic material to cell death,

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due to repair impairment or repair-intermediate persistency. Clustered lesions induce intra- or interchromosomal insertions, and inversions, often in association with large deletions, that appear to promote genome instability that may lead to carcinogenesis [19-21].

Antitumor chemotherapy has evolved from non-specific cytotoxic agents to targeted therapies, which are directed at unique molecular signatures of cancer cells to produce greater efficacy with less toxicity. However, untargeted drugs are still widely used and most of these compounds induce DNA damage directly or indirectly. Thus, DSBs arise from cell treatments with various anticancer agents such as (i) topoisomerase II inhibitors like anthracyclines and epipodophyllotoxins that trap the DNA-enzyme intermediate complex in a so-called cleavable complex; cellular processing of the cleavable complex converts the protein-DNA cleavable complex into DSBs [22]; (ii) topo I inhibitors like camptothecin that block the protein-DNA complex leading to single strand breaks converted into DSBs when the replication machinery encounters the lesion [23]; (iii) cross-linking bifunctional agents like cisplatin or chlorambucil that produce DSBs either during the repair processing of cross-links [24,25] or following replication fork collapse [26]; (iv) radiomimetic agents like enediynes that induce a low ratio of SSBs to DSBs (about 5:1 for neocarzinostatin, 2:1 for C-1027) unlike IR, which induces up to 100 SSBs for every DSB [27-31]. Overall, the induction of DNA breaks correlates with toxicity to the cells and cells usually respond to enediyne-induced damage as they do to IR-induced damage [32].

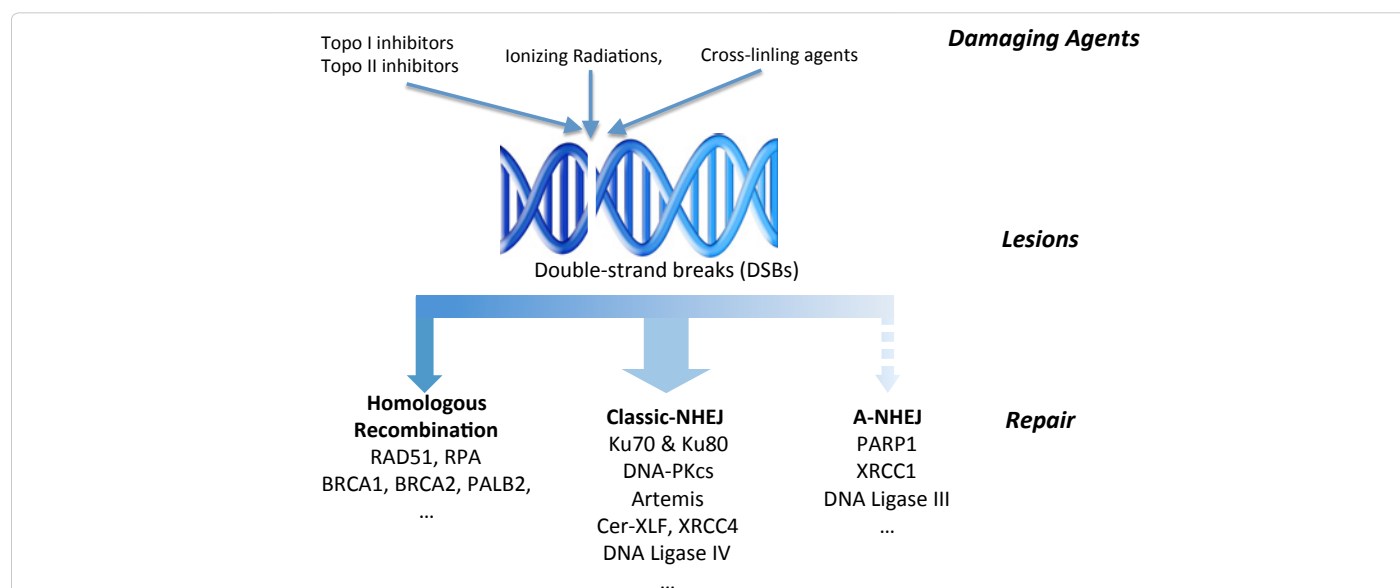
### DSD repair pathways

Whatever the origins of DSBs, such DNA damage can be repaired by two distinct and complementary mechanisms: the Homologous Recombination (HR) or the Non-Homologous End Joining (NHEJ) processes [33,34]. The activation of one or more of the three related phosphatidylinositol 3-kinase-like kinases (PI3KK) in response to DNA damage is required for the completion of the HR or NHEJ processes. While NHEJ allows fast but possibly error-prone repair

during the entire cell cycle, the slower but high fidelity HR pathway is restricted to the S and G2 phases of the cell cycle. The PI3KK involved in DSB repair are ATM (Ataxia Telangiectasia Mutated) and ATR (ATM and Rad3-related) that are associated with HR and typically activated by DNA breaks or after replication fork collapse. The third one, the DNA protein kinase catalytic subunit, is involved in NHEJ that operates throughout the cell cycle in response to DSBs. Despite competition between HR and NHEJ during the S-G2 phases, it has recently been reported that DNA-PK was able to modulate HR activity through its phosphorylation status (more than 30 phosphosites have been determined in DNA-PKcs) [35]. These kinases belong to the family of transducer proteins that relay and amplify the damage signal to receptor proteins. A common substrate of the three PI3KKs mentioned above is the histone variant, H2AX, which is phosphorylated on serine 139 and subsequently called  $\gamma$ -H2AX.  $\gamma$ -H2AX has been widely used as a sensitive and early marker of DSBs in various areas including cancer research [36-38]. In line with its high sensitivity of detection (one DSB corresponds to one  $\gamma$ -H2AX focus determined by immunofluorescence) [39], it has been assumed that there is a direct relationship between  $\gamma$ -H2AX labeling and the existence of DSBs. However, since activation of PI3KK could occur in the absence of DSBs under certain circumstances [40-43],  $\gamma$ -H2AX labeling does not account solely for DSB occurrence. For instance, DNA-PK is activated in hypoxic cells independently of DNA breaks by a new mechanism relying on chromatin modifications [44].

### The Non-Homologous End-Joining Pathway

In mammalian cells, NHEJ is the predominant repair pathway for DSB repair which, throughout the cell cycle, ligates the two DNA ends together with minimal end processing [45,46]. NHEJ consists of at least two genetically and biochemically distinct sub-pathways (Figure 1): (i) a main canonical end-joining pathway (C-NHEJ) and (ii) an alternative NHEJ (A-NHEJ) or backup NHEJ (B-NHEJ) (hereafter referred to as A-NHEJ) [47-49].



**Figure 1: DNA double-strand breaks damage and repair mechanisms.** In normal mammalian cells, the classic NHEJ (C-NHEJ) pathway is the major repair pathway, as Homologous Recombination needs the sister chromatid and preferentially takes place in the S/G2 phases. At the DSBs, C-NHEJ proceeds through the recruitment of Ku70/80 and DNA-PK catalytic subunit (cs), XLF, XRCC4 and DNA Ligase IV. Although A-NHEJ is a minor DSB repair pathway, it may take over in specific situations (e.g. when Ku is absent) therefore leading to error-prone repair of DNA-damage.

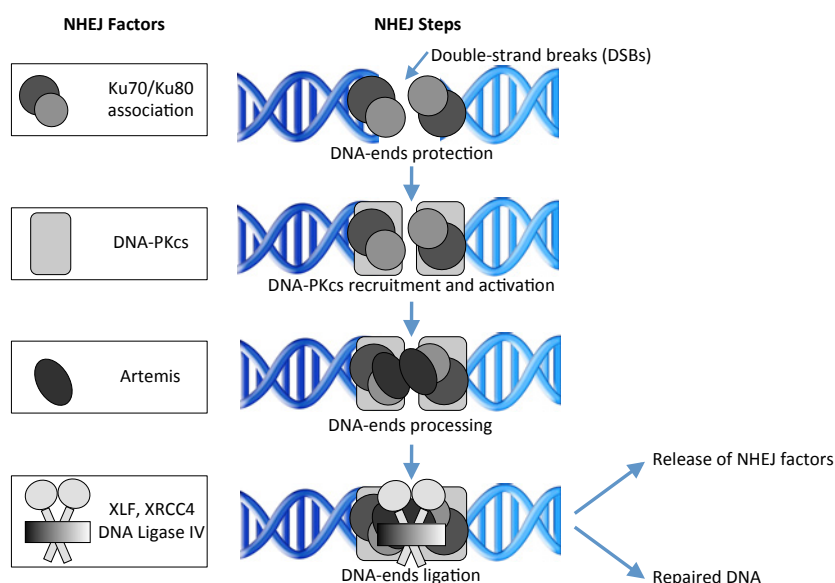
Since C-NHEJ is essential both for cell survival after IR treatment and V(D)J recombination, which generates the antibody and T cell receptor diversity required for lymphocyte maturation, cells from RS-SCID (radiosensitive-severe combined immunodeficiency) patients have helped to genetically define the NHEJ components [50]. C-NHEJ is a multi-step process involving several essential factors [51,52] (Figure 2).

The prerequisite event for all the subsequent steps is the binding of the Ku70/Ku80 heterodimer to DNA ends [53]. In the most recent model, drawn from live cell imaging following nuclear laser micro-irradiation experiments, the other core components of the reaction are then independently recruited to Ku-bound DSBs [54]. These include the DNA-PKcs subunit, Cernunnos-XLF (Cer-XLF) and the XRCC4/DNA Ligase IV (LIG4) complex, which is preassembled by a tight association between the two partners [55]. Multiple interactions then take place among these factors resulting in a stable assembly of the NHEJ machinery. As a result, the NHEJ complex associates more tightly with damaged sites and becomes resistant to biochemical extraction from the damaged chromatin, at least during the time of the repair [56-58]. The DNA-PK holoenzyme (Ku/DNA-PKcs) recognizes, protects and bridges the DNA-ends in addition to having a serine/threonine protein kinase activity [59]. DNAPK conformational change mediated by autophosphorylation is necessary for activation of end-processing enzymes, such as the Artemis nuclease [60]. Ligation requires the concerted action of LIG4, XRCC4 and Cer-XLF, the latter promoting readenylation of LIG4 [61]. The ligation complex also has a role upstream of the ligation reaction, since it stimulates processing of DNA ends [62,63]. At a later stage in the NHEJ process, this molecular machinery must be disassembled and released from the re-ligated DNA by a still unknown mechanism.

A-NHEJ is not a robust or a particularly important DSB repair pathway because it has been detected in the absence of

C-NHEJ. A-NHEJ mechanistically results in deletions that are often accompanied by microhomology at the repair junction (for reviews, see [49,64,65]). A-NHEJ may also operate at telomeres in telomerase-deficient mouse cells [66] or following a defect in Ku or DNA-PKcs [67,68]. This pathway relies on factors different from those involved in the C-NHEJ route, such as poly (ADPribose) polymerase-1 (PARP-1), X-ray cross complementing factor 1 (XRCC1), DNA ligase III (LIG3), polynucleotide kinase, or Flap endonuclease 1 [48,69-73]. Our group and others have characterized some features of A-NHEJ using biochemical assays with cell extracts. It has been shown in vitro that Ku competes with PARP1 DNA end-binding, that PARP1 can carry out a synapsis activity thanks to short homology at the DNA ends - generally a few nucleotides- and that PARP1 activity is required for a subsequent XRCC1/LIG3 joining step favored by regions of microhomology [69,71,73,74]. More recently, the Mre11:Rad50:Nbs1 (MRN) complex has been implicated in A-NHEJ [75-81], but it is clear that additional factors await identification. A-NHEJ activity appears to be reduced in the plateau phase of growth, while no effect of the growth phase has been reported for C-NHEJ [82]. Established features of the A-NHEJ pathway are the following: (i) the kinetics of DSB repair appear slower than in C-NHEJ [69] and are enhanced in G2 [83]; (ii) it is repressed by Ku under normal conditions [69,84-89]; (iii) it relies preferentially on resection of the DNA ends and end annealing driven by microhomology > 4bp for intrachromosomal substrates [88-91], V(D)J junctions [92] or CSR joins [86,93], although this feature has been questioned in some reports [94].

This alternative pathway may be particularly relevant to genomic instability associated with tumor development. For example, frequent translocations lead to a high level of lymphomagenesis and other cancers in C-NHEJ deficient animal models [50,95]. In addition, chromosomal translocations, like those at the origin of leukemia, are mediated by a rejoining pathway described as Ku- and XRCC4/LIG4-independent [84,93,96,97].



**Figure 2: NHEJ repair of DNA double-strand breaks (DSBs).** DSBs can be produced by endogenous or exogenous damaging agents or during physiological processes as V(D)J recombination. Classic-NHEJ proceeds through the recruitment of Ku70/80 heterodimer at the ends of the DSBs, followed by the DNAPK catalytic subunit (cs) recruitment and activation. The DNA damage processing involves Artemis, through its DNA-PK interaction, or the Mre11 protein. Finally, a DNA polymerase (as Pol  $\mu$ ,  $\lambda$ ) may synthesize new DNA ends before the ligation step, involving XLF, XRCC4 and DNA Ligase IV. The NHEJ factors and the repaired DNA are then released.



## Structure-Function of The DNA-PK Repair Complex

The DNA-PK holoenzyme (Ku/DNA-PKcs) recognizes, protects and bridges the DNA ends. The Ku70/Ku80 heterodimer (Ku), present in the cell as a pre-assembled heterodimer, recognizes and binds the DNA ends of the DSB [53,98]. The recruitment of catalytic subunit DNA-PKcs occurs via the Ku80 C-terminal domain (Ku80-CTD). A truncated form of Ku70/Ku80 has been crystallized and shows a ringshaped form [98]. In addition, NMR studies of Ku80-CTD show a helical structure for the fragment comprising residues 592–709, although the extreme C-terminal portion of Ku80-CTD (residues 720–732) is disordered [99,100]. A structural model of the functions of the C-terminal domains in the context of the full-length Ku70/Ku80 protein has also been reported [101].

When bound to DNA-ends, Ku recruits the DNA-PKcs, which by itself has a weak protein kinase activity, strongly stimulated through the Ku interaction [102,103]. The phosphorylation occurs on an S/T-Q motif, although some serine/threonine in other sequences/targets could be phosphorylated [59,104]. The phosphorylation of Artemis may help to activate its endonuclease activity [60,105]. However, although DNA-PK also phosphorylates Ku, XRCC4 and Cer-XLF in the cell, mutational studies concluded that these phosphorylations are not functionally important, at least for NHEJ [59]. Thus, like ATM, DNA-PK may phosphorylate unknown substrates *in vivo* involved in processes other than DNA repair [106,107]. More likely, DNA-PKcs is the relevant target of its own enzymatic activity. Indeed, DNA-PKcs is autophosphorylated after ionizing radiation treatment [108,109]. Sixteen *in vitro* autophosphorylation sites in DNA-PKcs were identified and classified as two major clusters: the ABCDE cluster [110] and the PQR cluster [111,112]. A further autophosphorylation site was identified at Thr 3950, within the kinase domain, involved in the regulation of the kinase activity of DNA-PKcs [113]. It has been suggested that the structural plasticity of DNA-PK is highly affected by autophosphorylation at those two clusters [110,111]. Moreover, it was recently reported that there are more than 30 autophosphorylation sites within DNA-PKcs; a model was proposed in which phosphorylation induced conformational changes regulate the interaction of DNA-PKcs with its partners Ku and DNA [59,114]. This confirmed previous results showing that autophosphorylation of DNA-PKcs was a key event in the dissociation of DNA-PK from DNA [108,109,113–116]. On the other hand, biochemical studies on the mechanism of DNA-PK autophosphorylation indicate that it occurs *in trans*, both *in vitro* and *in vivo* [109].

Knowledge of the 3-D structure of DNA-PKcs contributes to a better understanding of its role in the NHEJ mechanism, illustrated for instance by the autophosphorylation reaction. However, structural studies of DNA-PKcs are challenging, due to its large size and poor recombinant protein production hence requiring complex purification from natural sources. Electron microscopy (EM) studies of the catalytic subunit DNAPKcs, a 469 kDa single-polypeptide chain, have produced a structure at 20Å resolution, defining the general architecture of DNA-PKcs into three main regions, namely a head, a palm and a connecting arm [117,118]. More recently, a 13Å resolution cryo-electron microscopy (cryo-EM) structure of DNA-PKcs revealed  $\alpha$ -helices throughout the molecule and a model was proposed which localized the kinase domain in the head region [119,120]. Studies have shown that up to eightn repeats of the HEAT domain can fit into the cryoEM density model [120]. The HEAT domain (Huntington, Elongation

factor 3, a regulatory subunit of PR65/A, TOR1) consists of repeats of 37 to 47 residues forming a rod-like helical structure.

In addition, DNA-PKcs has recently been crystallized with Ku80-CTD at 6.6Å, highlighting the overall topology and the formation of synaptic dimers [121,122]. Negative staining electron microscopy, single particle or X-ray analysis indicates that DNA-PKcs autophosphorylation induced significant conformational changes that were postulated to function as a DNA release mechanism [114,123,124].

Finally, the phosphorylated form of DNA-PKcs is a substrate for serine/threonine phosphatases that play a role in the DDR. The catalytic subunits of PP2A (PP2Ac), PP4 (PP4c), and PP6 (PP6c) belong to a subgroup referred to as the PP2A-like protein phosphatases (reviewed in [125]). Inhibition of PP2A-like protein phosphatases increases the phosphorylation status of DNA-PKcs and reduces its protein kinase activity [126]. In parallel, PP2A-like phosphatases (PP4 and PP2A) are involved in  $\gamma$ -H2AX dephosphorylation and have been shown to play a role in the DDR [127–130]. More recently, PP6 was reported to be recruited by DNA-PKcs to DSBs, a step involved in the regulation of dephosphorylation of  $\gamma$ -H2AX, the dissolution of IR-induced foci and the release from the G2/M checkpoint [131]. Thus, DNA-PKcs is involved in the recruitment of multiple protein phosphatases to DSB sites and might interact through the series of HEAT repeats [131].

## Inhibition of DNA-PK

Regardless of what the physiological substrates of DNA-PK are, the ability of small molecule inhibitors of DNA-PKcs to radiosensitize cells suggests that DNA-PK may be a good therapeutic target as a radiation sensitizer (reviewed in [132, 133]). In addition, DNA-PK has been implicated in the repair of chlorambucil-induced crosslinks, because increased DNA-PK activity in CLL cells correlates with clinical resistance to chlorambucil [134–137]. Furthermore, non-homologous end joining and DNA-PK activity are increased or upregulated in radioresistant compared with radiosensitive CLL cells.

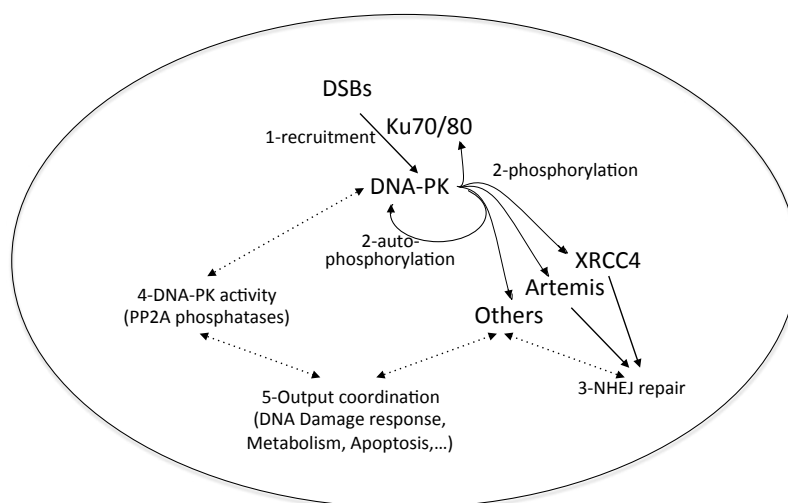
Thus, the inhibition of NHEJ through DNA-PK may rely on different strategies (Figure 3): regulation of Ku or DNA-PKcs expression, inhibition of Ku/DNA-PKcs interaction, modulation of DNA-PKcs kinase activity, regulation of DNA-PKcs autophosphorylation, modulation of phosphatases activity. However, in the search for drugs usefull in therapy, almost all the research activity is being devoted to the specific inhibition of the kinase activity.

## Protein expression

RNA interference is being investigated as a therapeutic mechanism in the treatment of cancer, despite intrinsic problems like concentration, targeting to cancer cells and the metabolic stability of the miRNAs [138]. However, a decreased expression following RNAi treatment may not be sufficient to induce a strong phenotype, as reported for LIG3 and LIG4 functions [139]. A radiosensitizing effect has recently been reported, *in vitro* and *in vivo*, for miR-101 that targets DNA-PKcs and ATM via its binding to the 3'-UTR of DNA-PKcs or ATM mRNA [140]. In the case of Ku, in addition to the difficulty inherent in its very high level of expression and with pleiotropic localization and activities [141–148], targeting its expression does not appear to be of interest because it negatively controls the activity of the A-NHEJ mutagenic pathway [81].

## Ku/DNA-PKcs interaction

Since the C-terminal portion of Ku80-CTD that recruits DNA-PKcs is structurally disordered [99,100], the approach of drug design



**Figure 3: DNA double-strand break repair and DNA-PK as pharmaceutical target.** Different steps may be used as targets in the NHEJ pathway. Recruitment of Ku70/Ku80 is essential for DNA-PK interaction (1) and activation; autophosphorylation of DNA-PK and phosphorylations of substrates (2) are involved in the repair process. Regulation of the DNA-PK activity is key and could be achieved via phosphatases (4) or by inhibiting the previous steps. The output signals may coordinate different cell processes (5) such as the DNA damage response and some metabolic adaptations. (see text for details).

modelization is impractical. An indirect way has been developed by using short DNA molecules (Dbait) that mimic DSB in order to down regulate the kinase activity by competing with DNA-PKc [149]. Dbait molecules sensitize xenografted tumors to radiotherapy, not by inhibiting the kinase activity of DNA-PK, but by acting through the induction of “false” DNA damage signaling [149-151].

### DNA-PKcs kinase activity

Preliminary investigations of the inhibition of DNA-PK were undertaken by using wortmannin and LY294002, two nonselective PIKK inhibitors [152]. These drugs were shown to sensitize tumor cells to radiotherapy and chemotherapeutic agents and were used as a basis to develop more specific compounds. A flavone derivative, IC87361, led to tumor radiosensitization in both in vitro cell models and tumor xenograft in vivo models [133]. A more specific DNA-PK inhibitor, NU7026, has been reported to radiosensitize tumor cells [153]; similarly, NU7026 increased chlorambucil-sensitivity in CLL, correlated with DNA-PK inhibition and sensitization to chlorambucil [154]. Subsequently, a highly potent and selective DNA-PK inhibitor (NU7441) has been identified and showed an IC<sub>50</sub> of 13nM [155]. NU7441 induced sensitization of CLL when treated with fludarabine and chlorambucil [156] or mitoxanthrone [157]. In addition, DNA-PKcs inhibitors synergize with irinotecan to improve the killing of colon cancer cell lines in vitro [158]. A number of other agents are currently in preclinical trials [159].

### DNA-PKcs autophosphorylation

A radiosensitizing effect of a single chain variable antibody fragment (scFv) against DNA-PKcs has been reported in vitro [160]. Very recently, epitopes in the autophosphorylation cluster domain were expressed as antigens to screen a phage antibody library. The selected antibody increased sensitivity to IR, decreased DSB repair capability along with decreased kinase activity and autophosphorylation on S2056 induced by radiation [161]. Another way to inhibit DNA-PKcs was developed by using a subtractive combinatorial selection to identify peptide ligands able to bind DNA-PKcs. A peptide was selected

that specifically bound and non-competitively inactivated DNA-PKcs [162]. This peptide sensitizes BRCA-deficient tumor cells to genotoxic therapy.

### Phosphatase activity

Due to the role of DNA-PK in the PP2A-like phosphatase recruitment at the break site involved in the dephosphorylation step of DNA-PKcs itself and γ-H2AX turnover these proteins might be considered as pharmacological targets. However, various drawbacks could be raised such as the multiplicity of phosphatases, their lack of specificity and, as in the case of kinases, the difficulty in obtaining highly specific inhibitors.

### Discussion

DNA-PKcs is required for C-NHEJ, V(D)J recombination and telomere length maintenance but it has recently been shown to contribute to other pathways: (i) it is involved in the G2 checkpoint in response to IR [163]; (ii) it mediates metabolic gene activation in response to insulin [164]; (iii) it may also function outside DNA repair through phosphorylation of other substrates [165,166]). Also, and unexpectedly, the activation of cellular DDR pathways (ATM and DNA-PK) does not always require DNA damage but can be triggered by the stable association of single repair factors with chromatin [40]. Thus, hypoxia, by modifying higher-order chromatin structure and chromatin-remodeling complexes [167], triggers a DNA-PK-dependent DDR pathway. A key regulator of the cellular response to oxygen deprivation is the transcription factor, hypoxia-inducible factor 1 (HIF-1), whose function results in the induction of a plethora of target genes that collectively confer cellular adaptation to hypoxia [168]. Indeed, DNA-PK protects HIF-1α from degradation, indicating that DNA-PK controls the amplitude of HIF-1α accumulation under hypoxia [44]. These novel findings expand the cellular importance of DNA-PK [169] but paradoxically, compromise the therapeutic interest of its inhibition that may therefore induce side effects in uncharacterized metabolic networks.

In some cases, DNA-PK either shows variation in expression or is mutated in tumor cells. Despite a high level of expression of Ku and DNA-PKcs, an up-regulation of DNA-PKcs was reported in some tumors or IR-resistant cell lines, suggesting a role in tumor growth and survival [170-173]. Moreover, overexpression or increased activity of DNA-PKcs in various cancers is closely associated with metastases, poor prognosis and radioresistance [156,171,174,175]. Indeed, up-regulation of DNA-PK activity was shown to impair apoptosis in B-cell chronic lymphocytic leukemia [176]. Finally, in colorectal mismatch repair-deficient tumor cells (MSI), mutations in genes involved in DDR and DNA repair, including DNA-PKcs, have been reported [177]. Taken together, all these alterations in DNA-PK expression or activity suggest that the consequences of its inhibition should be useful against tumors. However, in tumor tissues, the expression of DNA-PK shows intratumor heterogeneity, suggesting difficulty in predicting the radio- or chemo-sensitivity of the tumor as well as when a DNA-PK inhibitor may be beneficial [174].

Strategies that block DNA repair will increase damage in the treated cells and result in increased cell death. Such approaches enhance sensitivity to treatment, although they do not provide selectivity against cancer cells as they increase the radiosensitivity or chemosensitivity of normal cells as well. Therefore the use of a DNA-PK inhibitor, in combination with genotoxic treatment, would allow the dose of irradiation or drug to be lowered without any gain in selectivity. It has recently been reported that monotherapy with DNA repair inhibitors could be successful with PARP inhibitors that can selectively kill BRCA1- and BRCA2-defective tumors [178,179], with promising results in phase II/III clinical studies [180,181]. The BRCA1 and BRCA2 genes encode large proteins that coordinate the homologous recombination DSB repair pathway [182]. Since BRCA1/2- deficient cells cannot repair DSBs by homologous recombination, PARP inhibitors will lead to the accumulation of DNA damage, genomic instability and cell death. Interestingly, these effects may rely on DNA-PK-dependent NHEJ activity [183]. This is the first example of a successful monotherapy, where the strategy is reminiscent of the synthetic lethality process [184-186]. Synthetic lethality is obtained when the simultaneous loss of two non-essential mutations results in cell death, which does not occur if either gene product is present and functional. Treatment of solid tumors partially deficient for DNA repair pathways opens a therapeutic window of opportunity. In contrast, for patients without inherited defects in DNA repair pathways, the combination of DNA repair inhibitors with genotoxic chemotherapy remains logical [187]. However, many tumor cells have specific genetic lesions, which could then be exploited by targeting synthetic lethal partner genes [188].

In the case of NHEJ inhibition, XRCC4/XLF/LigIV may be a better pharmacological target than DNA-PK itself, since the inhibition of the ligation step will not allow the ANHEJ pathway to proceed due to the remaining Ku binding to DNA. However, despite our knowledge of the structure of the ligation complex, inhibition of protein/protein interactions is a difficult task as is the specific inhibition of LigIV activity [55,58]. Indeed, most drugs bind at the biological sites of action and this implies, for a compound to be biologically active on LigIV, it must be similar to its endogenous ligand [189], that is in this case, the DNA molecule.

In conclusion, in cancer chemotherapy, the target is usually thought to be the tumor cells. Because of the lack of selectivity against the tumor cells, a recent alternative research field now favors the use of drugs directed against the tumor microenvironment.

Results combining these two approaches are beginning to appear, for instance, in radiotherapy. Nonetheless, in the search for DNA-PK inhibitors more needs to be learnt about the structure of the repair complex, currently only understood at a low level of resolution that cannot help in drug design and docking approaches. Moreover, we need new insights on posttranslational modifications –other than phosphorylations- of partners or substrates, on their eventual roles in metabolic pathways relevant to cell survival and adaptability, and on the coordinated manner in which they repair DSBs. Indeed, this may help in understanding the alternative pathways the tumor cells may find and avoid unpredictable outputs. Particularly, in the case of DSB repair, the A-NHEJ pathway should be bypassed; different strategies may help to reach this goal, such as synthetic lethality approaches or targeting downstream C-NHEJ effectors. Altogether, all these different possibilities indicate that integrated programs will be the key in the future.

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