

Insights into the novel function of system Xc^- in regulated cell death

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Abstract. – System Xc^- , also named cystine/glutamate antiporter, is an important intracellular antioxidant element. It is composed of the light chain SLC7A11 (xCT) and the heavy chain SLC3A2 (4F2hc) and functions as raw materials for the synthesis of glutathione (GSH). Recent studies have demonstrated that system Xc^- plays an important role in different types of regulated cell death, which is referred to cell death controlled by dedicated molecular machinery. It has been shown that system Xc^- involves in ferroptosis, apoptosis, and autophagy-dependent cell death, contributing to different diseases and drug resistance, such as cancer, neurological disorders, and cisplatin resistance to cancers. To date, the intervention of system Xc^- by its inhibitors or activators displays a beneficial effect on the treatment of certain diseases. In this review, we summarize recent findings on the role of system Xc^- in regulated cell death,

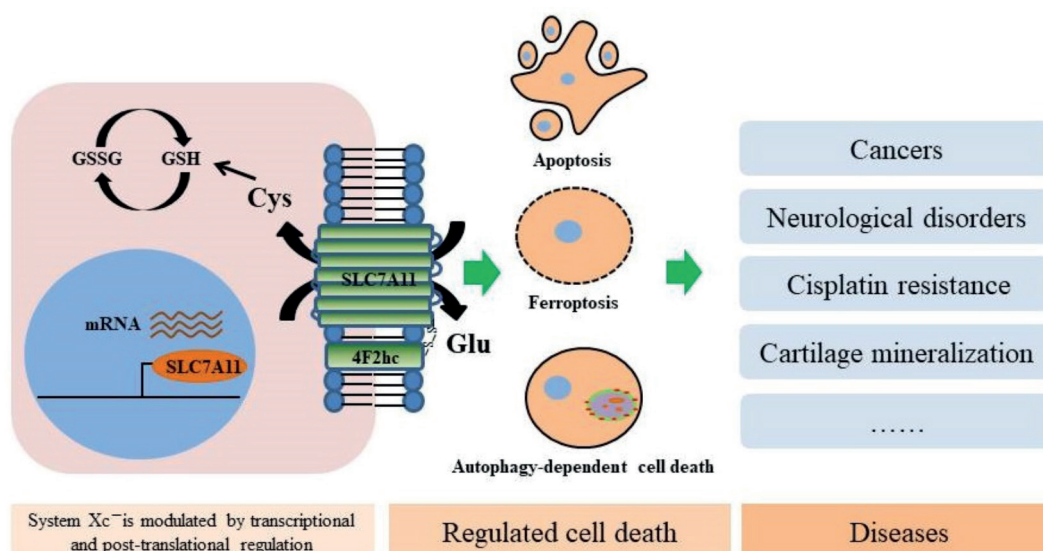
including molecular mechanisms and potential therapeutic applications.

Key Words:

System Xc^- , Cystine/glutamate antiporter, Ferroptosis, Apoptosis, Autophagy-dependent cell death.

Introduction

Types of cell death are mainly divided into apoptosis, necrosis, and autophagy-dependent cell death with the following morphological or biochemical features: (1) apoptosis forms apoptotic bodies taken up by neighboring cells with phagocytic activity and degraded in lysosomes, showing cytoplasmic shrinkage, nuclear frag-



Graphical abstract.

mentation and plasma membrane blebbing; (2) autophagy-dependent cell death, is triggered by autophagy-inducing peptides, starvation, ischemia or hypoxia manifesting with extensive cytoplasmic vacuolization and similarly culminating with phagocytic uptake and consequent lysosomal degradation; and (3) necrosis deals with the cell corpses in phagocytic and lysosomal-independent manner, showing irreversible plasma membrane permeabilization or complete cellular fragmentation. Traditionally, classic necrosis is thought a passive and unregulated cell death. Some necrosis also occurs in a programmed fashion, such as necroptosis, pyroptosis, and ferroptosis^{1,2}. Based on morphological, biochemical and functional perspectives, cell death relying on dedicated molecular machinery is defined as regulated cell death (RCD), including apoptosis, ferroptosis, necroptosis, MPTP-dependent necrosis, pyroptosis, autophagy-dependent cell death, entotic cell death, and NETotic cell death. These RCD modes are initiated and propagated by molecular mechanisms that exhibit a considerable degree of interconnectivity.

There is growing evidence that system Xc⁻ modulates a number of RCDs under pathophysiological conditions. To date, ferroptosis, apoptosis, and autophagy-dependent cell death are the most well-studied RCD relevant to system Xc⁻. Among them, apoptosis is a classical form of caspase-dependent cell death, dividing into intrinsic or extrinsic pathways; ferroptosis is a form of RCD initiated by oxidative perturbations of the intracellular microenvironment that is under constitutive control by glutathione peroxidase 4 (GPX4); while autophagy-dependent cell death is a form of RCD that mechanistically depends on the autophagic machinery (or components thereof). Numerous studies have demonstrated that system Xc⁻ plays an important role in ferroptosis³⁻⁷, apoptosis⁸⁻¹¹, as well as autophagy-dependent cell death^{12,13}. This review will focus on recent progress in the role of system Xc⁻ in ferroptosis and apoptosis.

System Xc⁻

Structure and Localization of System Xc⁻

System Xc⁻, also referred to cystine/glutamate antiporter, was first reported in human fetal lung fibroblasts in 1980¹⁴, and then a similar transport system was identified in a rat hepatoma cell line¹⁵. System Xc⁻ consists of the light chain SLC7A11 (xCT) and the 4F2 heavy chain (4F2hc), and they

are linked by a disulfide bond. The 4F2hc heavy subunit is common to several amino acid transport systems and can interact with other homologous light chains, for instance, with LAT1 to form a system I neutral amino acid transporter. However, the transport-specific light chain xCT is unique in that and it only interacts with 4F2hc to mediate the cysteine-glutamate exchange. In mouse, system Xc⁻ is widely distributed in the thymus and spleen but it is lowly expressed in lung, heart, liver, and kidney; while in human, system Xc⁻ is highly expressed in the brain and spinal cord, but it is not detected in peripheral leukocytes, spleen, thymus and lymph nodes.

The Physiological Functions of System Xc⁻

The primary function of system Xc⁻ is to import cystine and export glutamate simultaneously with a ratio of 1:1. Usually, system Xc⁻ transfers cystine into the cells, where it is reduced to cysteine immediately. In cells, cysteine and glutamate are utilized to synthesize γ -glutamyl cysteine (γ GC) *via* glutamate cysteine ligase (GCL), and to produce glutathione (GSH) by adding glycine under glutathione synthase catalysis. Of note, cysteine is a rate-limiting substrate for generating GSH, an important antioxidant and a vital element of a redox couple maintaining oxidation-reduction balance.

System Xc⁻ possesses dual functions, including control of extracellular glutamate and defense against oxidative stress. On one hand, system Xc⁻ plays a key role in preserving glutamate homeostasis in the nervous system. Glutamate exported by system Xc⁻ is largely responsible for the extracellular glutamate concentration in the brain. Disruptions in glutamate homeostasis have been linked to numerous diseased states of the brain and can lead to widespread changes in synaptic activity, called central nervous (CNS) toxicity. On the other hand, the imported cystine *via* system Xc⁻ is important for the endogenous defense system against oxidative stress. Disturbances in the function of system Xc⁻ have been shown to decrease the intracellular cysteine and subsequent glutathione, which results in antioxidant dysfunction concomitant with reactive oxygen species (ROS) overload and lipid peroxidation, leading to cell death and disease ultimately. More information regarding the role of system Xc⁻ in the modulation of glutamate homeostasis can be found in several comprehensive reviews¹⁶⁻¹⁸.

Transcriptional Regulation of System Xc⁻ Light Chain: SLC7A11

Transcriptional regulation of SLC7A11 is one of the most important determinants for system Xc⁻ activity. Thereby, the physiological function of system Xc⁻ mainly relies on the SLC7A11 subunit. The transcriptional level of SLC7A11 in cancer cells is significantly higher than that in normal cells. It has been demonstrated that the NRF2-Keap1 pathway is critical for glioma cell growth, which involves in SLC7A11 transcription. Nuclear factor erythroid 2-related factor 2 (Nrf2) dissociates from Kelch-like ECH-associated protein 1 (Keap1), translocates into nucleus, and interacts with antioxidant response element (ARE) in the SLC7A11 promoter, leading to the upregulation of SLC7A11 transcription against oxidative stress¹⁹. When amino acid starvation leads to phosphorylation of eIF2, activating transcription factor 4 (ATF4) interacts with ARE, leading to tumor proliferation *via* increase of the transcription of SLC7A11. The activating transcription factor 3 (ATF3) enhances erastin-induced ferroptosis through forming ATF3 dimer retaining SLC7A11's transcription. However, ferroptosis promoted by ATF3 is not related to response to oxidative stress^{3,20}.

There are reports showing that p53 could suppress SLC7A11 mRNA expression *via* modulating certain protein deubiquitination. It has been shown that p53 promotes the nuclear translocation of the deubiquitinase ubiquitin special peptidase 7 (USP7), leading to negatively regulating monoubiquitination of histone H2B on lysine 120 (H2Bub1). Deubiquitinated H2Bub1 occupies the SLC7A11 gene regulatory region and represses the expression of SLC7A11 in the presence of erastin²¹. Similarly, another tumor suppressor, BRCA1-associated protein 1 (BAP1), can also decrease histone 2A ubiquitination (H2Aub). The interaction between H2Aub and BAP1 can retain the transcription of SLC7A11, which represses tumor growth²². In addition, PRC1, a major H2Aub ubiquitin ligase, increases the binding of H2Aub to the SLC7A11 promoter. Both BAP1 and PRC1 suppress SLC7A11 expression, revealing that dynamic regulation of H2Aub is important for SLC7A11 repression.

Of note, BAP1 promotes ferroptosis induced by erastin but not by GPX4 inhibitor (RSL3), and BAP1-mediated SLC7A11 repression does not require NRF2 and ATF4 transcription factors²³. Furthermore, it has been shown that p53 increases the sensibility of ALOX12-dependent ferro-

ptosis by indirectly repressing the transcription of SLC7A11⁵. As a tumor suppressor, ARF inhibits NRF2 or promotes p53 to suppress SLC7A11 transcriptional activation, causing cancer cell demise *via* ferroptosis²⁴. The bromodomain 4 protein (BRD4) level in multiple cancer is elevated, accompanied by upregulation of GPX4, SLC7A11, and SLC3A2 and downregulation of ferritin heavy light (FHT), leading to poor prognosis of cancer patients²⁵. POU2F1, an octamer transcription factor-1, is associated with anti-cytotoxicity, stem cell function, and cancer tumor deterioration. A recent study illustrated that POU2F1 binding to the SLC7A11 promoter inhibited its transcription in skin pigmentation⁴. The scheme for the transcriptional regulation of SLC7A11 is summarized in Figure 1.

Post-Translational Regulation of SLC7A11

The function of SLC7A11 in ferroptosis is tightly controlled by post-translational regulation. On one hand, AMP-activated protein kinase phosphorylates BECN1 at Ser90/93/96, which accelerates BECN1 binding to SLC7A11 in erastin-treated cells. The formation of BECN1-SLC7A11 complex leads to SLC7A11 dysfunction, accompanied by intracellular lipid peroxidation and ferroptosis in the end²⁶. On the other hand, ferroptosis can be triggered due to the change in SLC7A11 stability. CD44 or CD44 variant (CD44v) is stem cell marker in cancer cells. It has been shown that CD44-positive cells promote tumor growth and metastasis through forming CD44-SLC7A11 complex²⁷, and its stability is affected by certain pathways. Firstly, OTUB1 (ovarian tumor family member deubiquitinase) directly interacts with SLC7A11 and increases the connection between CD44 and SLC7A11, which enhances the stability of CD44-SLC7A11 complex^{6,28}. Secondly, the transmembrane protein mucin 1 (MUC1-C) also binds directly to CD44v, which increases the stability of SLC7A11 and maintains the redox balance in triple-negative breast cancer²⁹. Finally, an increase of intracellular iron concentration elevates the expression of lipocalin 2 (LCN2), an iron transporter, and antioxidant element, which enhances the interaction between CD44 and SLC7A11 *via* upregulation of both of them, resulting in malignant transformation of tumors³⁰. Therefore, increasing the phosphorylation of BECN1 or targeting the MUC1-C/SLC7A11 or SLC7A11/OTUB1 pathway or LCN2 can induce ferroptosis and decrease tumors' survival effec-

tively. The scheme for the post-translational regulation of SLC7A11 is summarized in Figure 2.

The Pathological Roles of System Xc⁻

Relations Among System Xc⁻, Ferroptosis and Cancer

The occurrence of ferroptosis is controlled by multiple signaling pathways, including iron homeostasis pathway, system Xc⁻ pathway, and voltage-dependent anion channel (VDAC) pathway. It is well recognized that the suppression of system Xc⁻ leads to ferroptosis. Erastin, a commonly-used ferroptosis inducer, not only inhibits system Xc⁻ but also blocks VDAC. In the presence of erastin, mitochondria become smaller,

and the membrane density is increased due to the inhibition of VDAC2 and VDAC3, concomitant with loss of structural integrity, collapse of the mitochondrial transmembrane potential and overproduction of ROS, resulting in mitochondrial dysfunction and ferroptosis ultimately³¹. Although erastin-induced ferroptosis involves in inhibition of system Xc⁻ as well as VDACS, it is believed that targeting system Xc⁻ plays a major role in this process³².

The system Xc⁻ expression is upregulated in many tumors, such as glioma³³⁻³⁵, head and neck cancers (HNC)^{36,37}, triple-negative breast cancers (TNBC)^{29,38}, colorectal carcinoma cancer (CCC)³⁹, ovarian clear cell carcinoma³⁰, liver carcinoma⁴⁰, oral squamous cell carcinoma⁴¹, and non-small cell lung cancer⁴². There are reports

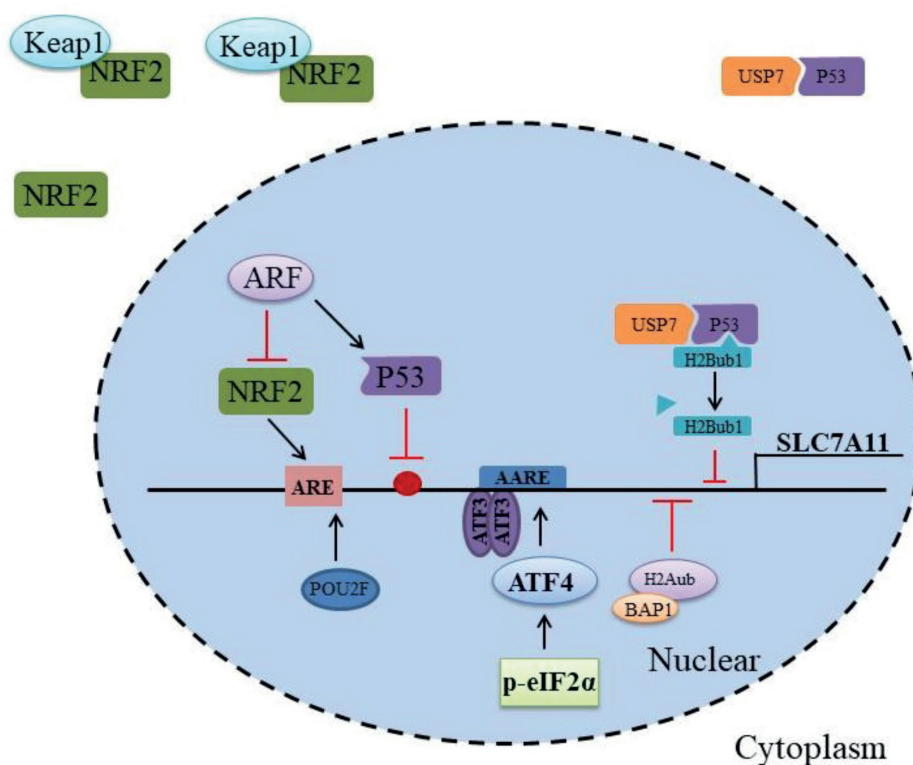


Figure 1. A schematic diagram for transcriptional regulation of SLC7A11. In tumors, NRF2-keap1 and POU2F pathway is activated *via* interacting with antioxidant response element (ARE) while the ATF4 pathway is activated by interacting with amino-acid response element (AARE), leading to the upregulation of SLC7A11 transcription. p53 can block these pathways by binding a cis-regulatory element proximal to ARE; p53 also can promote the nuclear translocation of USP7, leading to H2Bub1 deubiquitination and negatively regulating the transcription of SLC7A11; meanwhile, BAP1 can also remove H2Aub ubiquitination to retain the transcription of SLC7A11; ARF inhibits NRF2 or promotes p53 to suppress SLC7A11 transcriptionally activation simultaneously; and ATF3 dimer enhances the retaining SLC7A11's transcription in erastin-induced ferroptosis. System Xc⁻, cystine/glutamate antiporter; SLC7A11, solute carrier family 7 member 11; NRF2, nuclear factor erythroid 2-related factor 2; keap1, Kelch-like ECH-associated protein 1; POU2F, octamer transcription factor-1; ATF4, activating transcription factor 4; USP7, ubiquitin special peptidase 7; H2Bub1, histone H2B on lysine 120; BAP1, BRCA1-associated protein 1; H2Aub, histone 2A ubiquitination; ARF, p14 alternative reading frame; ATF3, activating transcription factor 3.

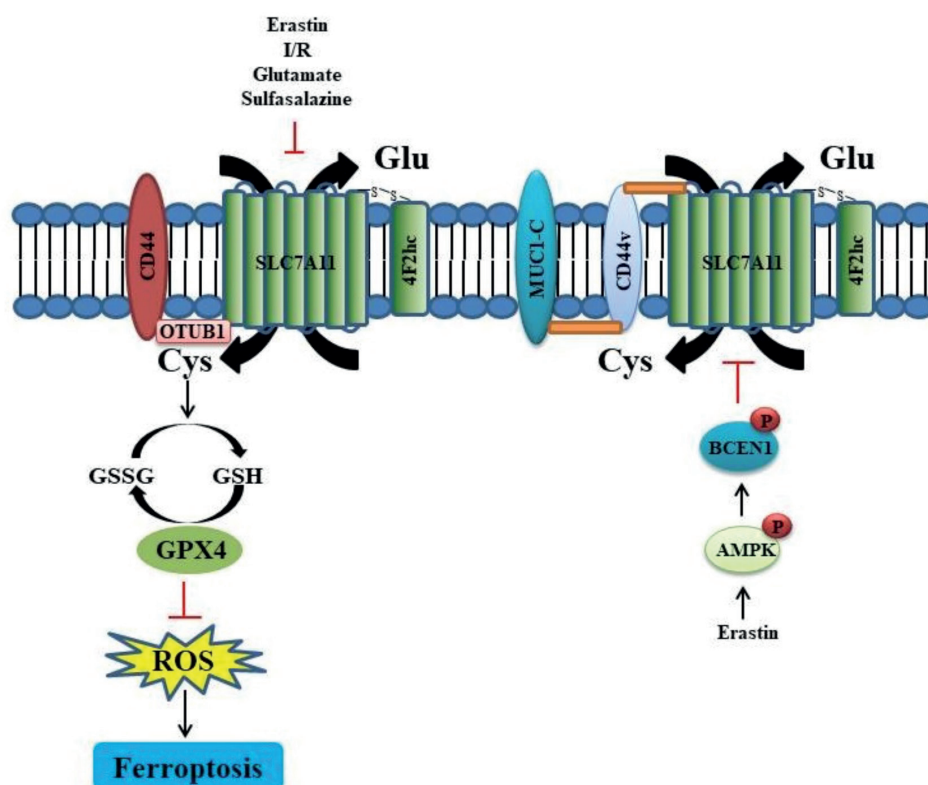


Figure 2. A schematic diagram for post-translational regulation of SLC7A11. Under the conditions of erastin, sulfasalazine, glutamate or ischemia/reperfusion treatment, the function of SLC7A11 is restricted, which decreases the production of GSH and compromise the GPX4 ability to counteract ROS production, leading to ferroptosis. When erastin induces the activation of AMPK, BECN1 is phosphorylated and forms a complex with SLC7A11, causing SLC7A11 dysfunction. However, it will be changed in CD44-positive tumor cells. CD44 (or CD44v)-SLC7A11 complex promotes tumor growth and metastasis, and its stability is affected by OTUB1 and MUC-1, respectively. GSH: glutathione; GPX4: glutathione peroxidase 4; ROS: reactive oxygen species; AMPK: AMP-activated protein kinase; BECN1: beclin 1; OTUB1: OTU deubiquitinase ubiquitin aldehyde-binding 1; MUC-1: mucin 1.

that specific inhibition of the system Xc^- against cystine uptake by erastin can decrease GSH production, which compromises the GPX4 ability to counteract iron-dependent ROS generation and in turn leads to ferroptosis. Thus, suppression of the system Xc^- can promote cancer cell death *via* initiating ferroptosis. As a key component of the system Xc^- , SLC7A11 might be a potential target for the treatment of cancer in clinic⁴³.

SLC7A11's expression is involved in promoting anti-cancer drug resistance (such as cisplatin resistance) and ferroptosis-inducer can overcome this phenomenon. It had been shown that a very short pre-treatment of erastin can synergize with cisplatin to induce cancer cell death⁴⁴. Sulfasalazine has been reported to decrease the generation of GSH by suppressing SLC7A11. GSH interacts with cisplatin to form a conjugate, which is transferred outside of the cells *via* multidrug

resistance-associated protein (MRPs) in tumors. Therefore, repressing the function of SLC7A11 effectively enhanced the intracellular platinum level and cytotoxicity of cisplatin in colorectal cancer (CRC)⁴⁵. In addition, the silence of the SLC7A11 gene in cisplatin-resistant head and neck cancer (HNC) cells led to a significant inhibition of glutamate release and cancer cell viability³⁶. Based on these reports, it is likely that a combination of SLC7A11 inhibitor with cisplatin can raise the therapeutic effect on cisplatin-resistant tumors.

Sorafenib is the only ferroptosis inducer approved for the treatment of liver cancer, thyroid cancer, and kidney cancer. There was a report that sorafenib increased the anti-tumor activity of cisplatin in drug resistant HNC cells⁴⁶. In this study, sorafenib or aspirin alone enhanced the toxicity of cisplatin in HNC cells *via* inhibition of SLC7A11

(mRNA and protein) expression, deletion of GSH, accumulation of ROS and damage of DNA *in vitro* and in a tumor xenograft mouse model, and these effects were further enhanced by a combination of sorafenib and aspirin. The mechanisms for the inhibitory effect of sorafenib on SLC7A11 expression remain unclear. Previously, Drayton et al⁴⁷ reported that miRNA-27a was able to target SLC7A11 and contributed to cisplatin resistance *via* modulation of GSH biosynthesis. It is not known, however, whether the inhibitory effect of sorafenib on SLC7A11 expression also involves miRNA-27a or not. It is worth mentioning that the application of sorafenib plus aspirin in cancer treatment is reported to overcome resistance to chemotherapy. However, this is based on a limited number of studies, and the efficacy is poor to non-existent. Therefore, research for better strategies is warranted.

Contribution of System Xc⁻ to Ferroptosis in Neurological Disorders

Besides its involvement in ferroptosis of tumors, system Xc⁻ also contributes to ferroptosis in neurological disorders. It has been shown that BECN1-SLC7A11 complex not only plays a pivotal role in tumors but also involves in subarachnoid hemorrhage (SAH) in rats. Inhibition of BECN1-SLC7A11 by siRNA enhanced its antioxidative capacity and ameliorated neurological deficits and brain edema, suggesting that BECN1 modulates ferroptosis through interacting with the system Xc⁻⁷. Actually, ferroptosis also exists in other neurological disorders, such as Alzheimer's disease, ischemic and/or hemorrhagic stroke^{48,49}. A number of hydroxylated chalcones have been reported to inhibit amyloid-beta peptide aggregation as well as ferroptosis simultaneously, indicating that chalcones compounds were good inhibitors of erastin-induced ferroptosis and could prevent or slow down Alzheimer's disease⁴⁸. In the ischemic stroke of rodents and humans, SLC7A11 and its function are upregulated, and these effects could last several days. Genetic deletion of SLC7A11 in cortical cells of mice inhibited either oxygen-glucose deprivation/reoxygenation (OGDR) or cerebral ischemia/reperfusion-induced glutamate excitotoxicity-related cell death *in vitro* and *in vivo*⁴⁹; using a mouse model of hemorrhagic stroke, Karuppagounder et al⁴⁹ have found that N-acetylcysteine, a cysteine prodrug, prevented hemin-induced ferroptosis *via* neutralizing toxic lipids generated by arachidonate-dependent arachidonate 5-lipoxygenase (ALOX5) activity, and

the efficacy of N-acetylcysteine required the increase of glutathione and was correlated with suppression of reactive lipids by glutathione-dependent enzymes such as glutathione S-transferase. These reports confirmed that system Xc⁻ exerts an important role in ferroptosis in cerebral ischemia and/or hemorrhagic stroke.

Actually, system Xc⁻ also plays an important role in the mediation of central nervous system (CNS) toxicity. Oxidative stress, inflammation, mitochondrial dysfunction, and excitotoxicity are key players in the pathogenesis of many neurological diseases/disorders. Two important neurological disorder players are GSH and glutamate. Increased extracellular glutamate levels, which induce excitotoxic damage, can also compromise the proper functioning of system Xc⁻, resulting in GSH depletion and cell death. Piani and Fontana's study⁵⁰ demonstrated that neuronal killing by macrophage-mediated glutamate release was dependent on system Xc⁻ activity *in vitro*, firstly showing the neurotoxic potential for this transporter. In addition, the export of glutamate *via* system Xc⁻ from glioma cells produces an excitotoxic necrosis that aids in tumor growth, migration, and invasion both *in vitro* and *in vivo*⁵¹. These reports support the key role of system Xc⁻ in mediating the CNS excitotoxicity, which might be involved in ferroptosis.

System Xc⁻ and Apoptosis

Apoptosis is a caspase-dependent regulated cell death with the intrinsic and extrinsic pathways. Caspase-3 is the common executioner caspase for both intrinsic and extrinsic pathways of apoptosis⁵². Since system Xc⁻ itself possesses the anti-apoptotic function, the suppression of system Xc⁻ has been repeatedly reported to accelerate the activation of apoptosis pathway. Here are the reports to support the involvement of system Xc⁻ in apoptosis: (1) GSH levels were decreased rapidly while the caspase 3-dependent apoptosis was elevated in the SLC7A11^{-/-} neutrophils cells compared with the wild-type cells⁵³; (2) in case of oxidative stress, SLC7A11-deficient cells triggered apoptosis *via* the c-Jun N-terminal kinase (JNK) pathway and the latter induced the caspase-dependent (caspase-9-caspase-3) apoptosis as well as the endoplasmic reticulum (ER) apoptotic signaling pathway (eIF2-CHOP)⁵⁴. Under such condition, TNF receptor-associated protein 1 (TRAP1), the member of heat shock protein 90 (HSP90) family located in mitochondria, favors the phosphorylation of eIF2a and attenuates

caspase-dependent translation, which enhances the synthesis of stress-responsive proteins including ATF4 and SLC7A11, attenuating the ER stress, oxidative damage, and nutrient deprivation⁸; (3) in addition to endogenous factors, the change of amino acid content also affects the activity of SLC7A11. On one hand, lysine starvation causes the downregulation of SLC7A11, leading to cell-cycle arrest and apoptosis. On the other hand, excess glutamate regulates chondrogenic differentiation toward mineralization via apoptosis mechanism-mediated the depletion of intracellular GSH after the retrogradation of system Xc^- ^{9,55}; (4) SLC7A11 is highly expressed in Kaposi's sarcoma-associated herpesvirus (KSHV)-infected primary effusion lymphoma (PEL) cell lines, which induce KSHV-infected PEL apoptosis¹⁰; and (5) the upregulation of miR-375 can inhibit the proliferation and invasion of oral squamous cell carcinoma *via* inhibiting the expression of SLC7A11. The miR-375 directly targeted SLC7A11 3' UTR and suppressed its expression, contributing to the cell cycle arrest in the G0/G1 phase and induced cell apoptosis compared with negative controls⁴¹.

Besides ferroptosis and apoptosis, there is evidence that system Xc^- also involves in autophagy-dependent cell death. In hepatocellular carcinoma cells, knockdown of SLC7A11 results in the aggregation of PE-conjugated microtubule-associated protein LC3-II signals with an increase of intracellular ROS levels, following by autophagy-dependent cell death^{12,56}, while in sut melanocytes, SLC7A11 deficiency leads to autophagy-dependent cell death *via* activation of p38 MAPK and NF- κ B pathways and subsequently inhibiting the functions of Akt/mTOR/p70S6K survival pathways. However, phenyl butyric acid, function as facilitating protein folding and ameliorating endoplasmic reticulum stress, prevents the conversion of LC3 I to LC3 II in SLC7A11-deficient sut melanocytes, further confirming the involvement of system Xc^- in autophagy-dependent cell death¹³.

Inhibitors or Activators of System Xc^- : the Potential Drugs for Treating Cancer or Neurological Disorders

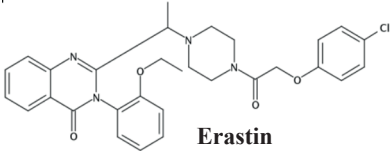
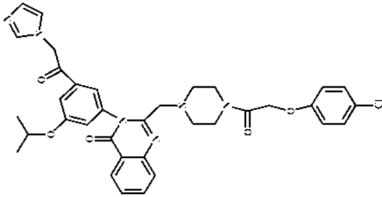
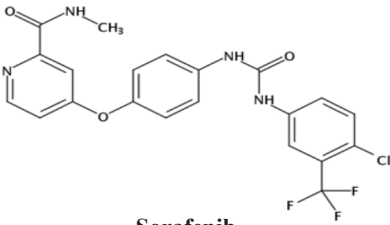
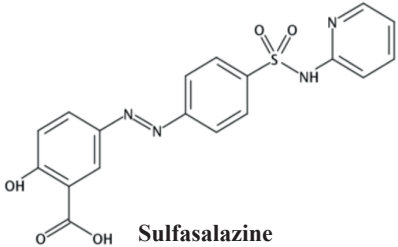
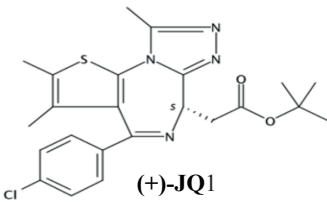
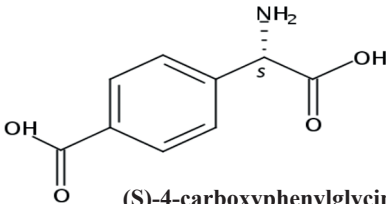
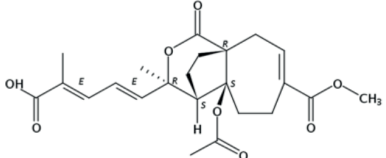
Due to its involvement in ferroptosis, apoptosis, and autophagy-dependent cell death, system Xc^- might be a potential therapeutic target for multiple diseases, particularly for cancer and neurological disorders. To date, a number of potential inhibitors for system Xc^- are identified as follows: (1) Erastin, the firstly identified system

Xc^- inhibitor, is frequently used to induce ferroptosis^{20,21,26,28,44}. Imidazole ketone erastin, an erastin analogue, also exerts anti-tumor effect *via* inhibition of system Xc^- , leading to GSH depletion and lipid peroxidation in a diffuse large B cell lymphoma⁵⁷; (2) Sorafenib, a new type of oral anti-cancer drug, dramatically reduces plasmodium liver stage parasite infection *via* downregulation of SLC7A11⁵⁸; (3) Sulfasalazine, an FDA approved anti-inflammatory drug, retains the activity of SLC7A11 and prevents KSHV plus PEL cells progression¹⁰. Meanwhile, sulfasalazine selectively kill the CD44v-expressing cells, enhancing the cytotoxicity of cisplatin²⁷; (4) (+)-JQ1, an inhibitor of BRD4, can downregulate the GPX4, SLC7A11 and SLC3A2, and increase the anti-cancer function of erastin- or RSL3-induced ferroptosis²⁵; (5) (S)-4-carboxyphenylglycine is able to inhibit cysteine uptake by inhibiting system Xc^- ⁵⁹; and (6) Pseudolaric acid B, a natural compound, can deplete intracellular GSH *via* p53-mediated SLC7A11 pathway, which further exacerbates accumulation of H_2O_2 and lipid peroxides in glioma cells⁶⁰.

Although the above-mentioned system Xc^- inhibitors all possess anti-tumor activity on certain cancer cells, their clinical potentials are varied. As the most commonly used system Xc^- inhibitor, erastin's clinical prospect is dim due to the poor water solubility and renal toxicity⁶¹. Compare to erastin, imidazole ketone erastin, a derivative of erastin, shows an increased potency (about 100-fold over erastin), solubility, and stability, making it an attractive molecule for *in vivo* pre-clinical study⁵⁷. As a selective BET bromodomain inhibitor, (+)-JQ1 shows effects on tumor growth and survival, cell cycle arrest, and differentiation^{62,63}. Some BET inhibitors structurally similar to (+)-JQ1 are being tested in clinical trials for a variety of cancers⁶⁴. More information regarding the possible system Xc^- inhibitors and therapeutic potentials are summarized in Table I.

In addition to the inhibitors of system Xc^- inhibitor, several potential activators of system Xc^- have also been reported. SRS 16-86 can recover spinal cord injury from ferroptosis through the upregulation of SLC7A11 and GPX4, accompanied by downregulation of 4-HNE production and lipid peroxidation^{65,66}; lactacystin, a proteasome inhibitor, elevates the mRNA and protein levels of SLC7A11, resulting in the proliferation of colorectal cancer cells³⁹; pituitary adenylate cyclase-activating polypeptide activates system Xc^- , which can convey signals to astrocytes at

Table I. System Xc⁻ inhibitors and therapeutic potentials.

Chemical structure	Molecular formula	Pharmacological actions	Ref
 <p>Erastin</p>	C ₃₀ H ₃₁ ClN ₄ O ₄	Irreversible inhibitor of system Xc ⁻ , exert anti-tumor effect via inducing ferroptosis.	23, 25, 27, 30, 41
 <p>Imidazole Ketone Erastin</p>	C ₃₅ H ₃₅ ClN ₆ O ₅	Erastin analogue, slowing tumor growth in a diffuse large B cell lymphoma.	57
 <p>Sorafenib</p>	C ₂₁ H ₁₆ ClF ₃ N ₄ O ₃	Oral anti-cancer drug, reducing plasmodium liver stage parasite infection and cisplatin resistance in head and neck cancer cells.	44, 58
 <p>Sulfasalazine</p>	C ₁₈ H ₁₄ N ₄ O ₅ S	Anti-inflammatory drug, retain KSHV plus PEL cells and CD44v- positive cancer cell progression as well as cisplatin resistance in colorectal cancer.	3, 6, 7, 11, 58
 <p>(+)-JQ1</p>	C ₂₃ H ₂₅ ClN ₄ O ₂ S	Increasing the anti-cancer function of erastin- or RSL3-induced ferroptosis.	21
 <p>(S)-4-carboxyphenylglycine</p>	C ₉ H ₉ NO ₄	Decreasing cystine uptake in primary neurons cells and intestinal epithelial cells.	59, 67
 <p>Pseudolaric acid B</p>	C ₂₃ H ₂₈ O ₈	Exacerbating accumulation of H ₂ O ₂ and lipid peroxides in glioma cells.	60

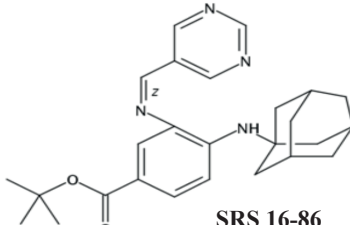
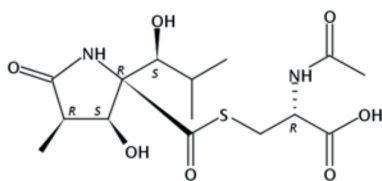
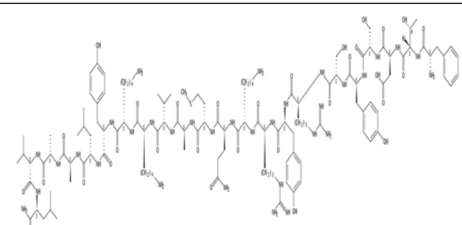
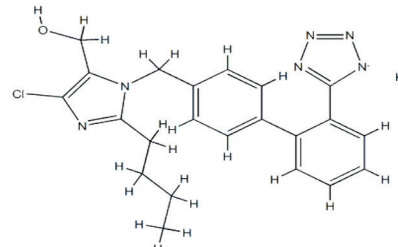
the synapse by PACAP/ vasoactive intestinal polypeptide (VIP) signal⁵⁹; and erythropoietin plays a role in red blood production, which mediates cytoprotection in intestinal epithelial cells *via* activation of system Xc^{-67,68}. The possible system Xc⁻ activators and therapeutic potentials are summarized in Table II.

Conclusions

Cell death is the most common biological phenomenon under physiological or pathological con-

ditions. Thus, promotion of cell death (such as anti-cancer therapy) or prevention of cell death (such as anti-infarction therapy) is an important strategy for disease treatment. Identification of the signaling pathways that involve in the regulation of cell death is the first step to provide the targets for drug development. Here, we provide evidence to support the role of system Xc⁻ in regulated cell death, including ferroptosis, apoptosis, and autophagy-dependent cell death. As an antiporter for cysteine and glutamate, system Xc⁻ plays a key role in maintaining intracellular GSH homeostasis directly and ROS homeostasis indirectly. Its role in

Table II. Possible system Xc⁻ activators and therapeutic potentials.

Chemical structure	Molecular formula	Pharmacological actions	Ref
 <p style="text-align: center;">SRS 16-86</p>	C ₂₆ H ₃₂ N ₄ O ₂	Promoting functional recovery in contusion spinal cord injury.	⁶⁵
 <p style="text-align: center;">Lactacystin</p>	C ₁₅ H ₂₄ N ₂ O ₇ S	Defending colorectal cancer cells against oxidative stress	³⁴
 <p style="text-align: center;">Pituitary adenylate cyclase-activating polypeptide</p>	C ₁₂₁ H ₁₉₃ N ₃₃ O ₃₁ S	Enhancing cystine uptake in astrocytic for treatment of neurological disorders.	⁵⁹
 <p style="text-align: center;">Erythropoietin</p>	C ₂₂ H ₂₂ ClKN ₆ O	Mediating cytoprotection in intestinal epithelial cells as well as neuroprotective effect in B104 cell line.	^{67, 68}

the regulation of ferroptosis was immersing with Dixon et al³² report in 2012 because system Xc⁻ specific inhibitor (erastin)-induced cell death could be attenuated by iron chelator (deferrioxamine). In addition to its key role in ferroptosis, system Xc⁻ was also reported to be involved in apoptosis and autophagy-dependent cell death. To date, system Xc⁻-relevant regulated cell death has been found to play an important role in cancer, neurodegenerative diseases, myocardial infarction, and stroke. While the intervention of system Xc⁻ by inhibitor or activator has achieved a beneficial effect on anti-cancer or anti-infarction therapy, there is still a long way to go before translating these findings into clinical applications.

Conflict of Interest

The Authors declare that they have no conflict of interests.

Acknowledgements

This work was supported by the National Natural Science Foundation of China (No. 81872873 to Jun Peng; No. 82073849 to Xiu-Ju Luo).

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