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REVIEW ARTICLE

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New insights into the roles and regulation of SphK2 as a therapeutic target in cancer chemoresistance

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Abstract

Chemoresistance is a complicated process developed by most cancers and accounts for the majority of relapse and metastasis in cancer. The main mechanisms of chemoresistance phenotype include increased expression and/or activated drug efflux pumps, altered DNA repair, altered metabolism of therapeutics as well as impaired apoptotic signaling pathways. Aberrant sphingolipid signaling has also recently received considerable attention in chemoresistance. Sphingolipid metabolites regulate main biological processes such as apoptosis, cell survival, proliferation, and differentiation. Two sphingosine kinases, SphK1 and SphK2, convert sphingosine to sphingosine‐1‐ phosphate, an antiapoptotic bioactive lipid mediator. Numerous evidence has revealed the involvement of activated SphK1 in tumorigenesis and resistance, however, contradictory results have been found for the role of SphK2 in these functions. In some studies, overexpression of SphK2 suppressed cell growth and induced apoptosis. In contrast, some others have shown cell proliferation and tumor promotion effect for SphK2. Our understanding of the role of SphK2 in cancer does not have a sufficient integrity. The main focus of this review will be on the re‐evaluation of the role of SphK2 in cell death and chemoresistance in light of our new understanding of molecular targeted therapy. We will also highlight the connections between SphK2 and the DNA damage response. Finally, we will provide our insight into the regulatory mechanisms of SphKs by two main categories, micro and long, noncoding RNAs as the novel players of cancer chemoresistance.

KEYWORDS

apoptosis, chemoresistance, DNA damage, SphK2

1 | INTRODUCTION

Innate and acquired resistances to chemotherapeutic agents are two categories of chemoresistance responsible for failure in cancer treatment and low response rate to therapy (Niederst, Engelman, & Hata, 2018; Yauch, Ye, & Ashkenazi, 2018). Due to the multifactorial nature of chemoresistance, despite much effort to produce novel therapeutic agents, improvement of cancer treatment is still not satisfactory. Numerous mechanisms can illustrate the molecular basis of drug resistance including

increased expression of adenosine triphosphate (ATP)‐dependent drug efflux pumps, which remove multiple drugs from the cytosol of cancer cells, gradually leading to multidrug resistance (MDR; Krishna & Mayer, 2000; Lage, 2016). Loss or altered p53‐dependent apoptotic pathways upon DNA damage (Mogi & Kuwano, 2011), other hampered proapoptotic pathways induced by chemotherapeutic drugs; activation of antiapoptotic signaling pathways, as well as increased level of drug metabolizing enzymes, have been frequently recognized as major causes of resistance (Nonaka et al., 2012; Sineh Sepehr et al., 2014).

In the past two decades, sphingolipid metabolites also have been implicated to play crucial roles in resistance to various therapeutics in many cancer types (Antoon et al., 2011; Ogretmen, 2005). Apart from structural roles, sphingolipids, in particular, three close relative members, ceramide (Cer), sphingosine and sphingosine‐1‐phosphate (S1P), are considered as critical mediators of survival and cell death and regulate many cellular processes such as autophagy, angiogenesis, migration, differentiation, inflammation, and immune responses (Gao & Smith, 2011; Hannun & Obeid, 2008; Johnson, Becker, Facchinetti, Hannun, & Obeid, 2002; Maceyka, Harikumar, Milstien, & Spiegel, 2012; Neubauer & Pitson, 2013; Spiegel & Milstien, 2003). Two distinct sphingosine kinase isoforms, SphK1 and SphK2, convert the backbone of sphingolipids, sphingosine, a proapoptotic molecule to S1P, a prosurvival lipid mediator, and promote cell growth and cancer progression (Lewis, Voelkel‐Johnson, & Smith, 2018; Neubauer & Pitson, 2013; N. J. Pyne et al., 2012; Qin, Kilkus, & Dawson, 2018). SphKs are also involved in cytotoxic drug‐induced DNA damage response (DDR) pathway. Therefore, they have been considered as attractive targets for cancer therapy (Hait, Oskeritzian, Paugh, Milstien, & Spiegel, 2006).

Compelling studies have identified the role of SphK1 in cell survival, tumor progression, and resistance to therapeutics‐induced apoptosis (Plano, Amin, & Sharma, 2014); however, the role of SphK2 in these processes is not firmly recognized. Previous studies have reported both discrepant, antiapoptotic and proapoptotic effects of this enzyme (Gao & Smith, 2011; Gao, Peterson, Smith, & Smith, 2012; H. Liu et al., 2003; Maceyka et al., 2005; Q. Wang et al., 2014). According to the finding of some studies, overexpression of SphK2 results in the induction of cell cycle arrest or cell death, elucidating a proapoptotic role for SphK2 (Igarashi et al., 2003; H. Liu et al., 2003; Maceyka et al., 2005). In contrast, others demonstrated that targeting SphK2 not only attenuated tumor progression in human tumor xenografts in mice (Chumanevich et al., 2010; Wallington-Beddoe et al., 2014), but also appears to inhibit cell proliferation more effectively than targeting SphK1 in several cancer cell lines (Gao & Smith, 2011; van Brocklyn et al., 2005). The existence of a relationship between the microRNAs (miRNAs) and long noncoding RNAs (lncRNAs), two classes of noncoding RNAs (ncRNAs), and drug resistance have also received great attention in recent years (Askarian‐Amiri, Leung, Finlay, & Baguley, 2016). The focus of this review is mainly on the role of SphK2 as a critical drug resistance factor in apoptosis and antiapoptosis signaling pathways and on molecular mechanisms for SphK2 regulation. Finally, the authors provide insight into crosstalk of SphK2 with other molecules that have been recently identified as crucial players of cancer chemoresistance, particularly with two main categories of ncRNAs, miRNA, and lncRNAs.

2 | SPHINGOLIPID SIGNALING

Ceramide, sphingosine, and S1P are considered as critical signaling molecules that regulate many cellular functions. S1P is antiapoptotic

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Hannun, & Obeid, 2012).

and progrowth, whereas its precursors, sphingosine, and ceramide are antiproliferative and proapoptotic (Takabe, Paugh, Milstien, & Spiegel, 2008). Based on the new concept of the rheostat, tumor outcome is determined not only by dynamic balance and interconversion between these two bioactive molecules but also by localized production and secretion of these metabolites as well as their involvement in numerous signaling pathways in the cell (Newton, Lima, Maceyka, & Spiegel, 2015). Ceramide which plays a central role in sphingolipid signaling is derived from sphingomyelin of the membrane by sphingomyelinases and de novo synthesis in response to inflammation and many cell stresses such as chemotherapy (Hannun & Luberto, 2000; Morad & Cabot, 2013; Mullen,

In intestinal cells, insulin signaling is impaired by short‐term palmitate or palm oil reservoir via ceramide production. The insulin‐ dependent protein kinase B (Akt) phosphorylation effects of ceramide in Caco‐2/TC7 enterocytes are mediated by protein kinase C (PKC) but not protein phosphatase 2 (Tran et al., 2016). At primary basal cilia, binding of ceramide to Smad7 results in plasma membrane association of transforming growth factor‐β receptor 1 and inhibition of its signaling pathway via sonic hedgehog signaling for migration. This role of ceramide shows the importance of ceramide synthase 4 and according to results of that study on ceramide synthases, only CerS4 was involved in cell migration and tumor metastasis (Gencer, Oleinik, Dany, & Ogretmen, 2016). The ceramidase catabolizes ceramide and liberates another bioactive sphingolipid, sphingosine, which is readily converted to S1P by the enzymatic activity of SphKs (Young, Kester, & Wang, 2013). In sharp contrast to ceramide, S1P has important established roles in cell survival, tumor growth, migration and angiogenesis (Spiegel & Milstien, 2011).

Increased phosphorylation of sphingosine upon activation of SphKs by various stressors results in intracellular accumulation of S1P, which acts within the cells as the second messenger or secreted to outside the cell and signal from the extracellular side as a ligand through a family of five S1P‐specific G protein‐coupled receptors (GPCRs, S1P_{1-5} ; Alshaker et al., 2012). This process has been termed the "inside‐out" signaling by S1P which plays important roles in many diseases such as cancer, atherosclerosis, and autoimmune disorders (Takabe et al., 2008). In a very recent publication, it was suggested that the "sphingolipid rheostat" should be modified to include "inside‐ out" signaling, because the molecular roles of S1P in the rheostat and the mechanisms by which sphingolipid metabolites are involved in the control of cell fate have become more complex. Furthermore, many additional proteins have been identified to be involved in the regulation of sphingolipid metabolism (Newton et al., 2015). However, a novel role of sphingosine phosphorylation in regulating endocytic membrane trafficking and neurotransmission has been shown to occur by membrane recruitment of SphK1 and its direct interaction with the lipid bilayer (Shen et al., 2014). This novel function of S1P in endosomal signaling is beyond the established role of S1P in "inside‐out" signaling and might influence current knowledge on "inside-out" signaling. The intracellular level of S1P is tightly determined by the equivalence between synthesis rate by SphKs and 8164 WILEY-Gellular Physiology **| Allian Contract C**

TABLE 1 Identified intracellular targets of S1P

Note. NF‐kB: nuclear factor‐kB; S1P: sphingosine‐1‐phosphate; TNF: tumor necrosis factor.

cleavage by S1P lyase, S1P‐specific phosphatases, and lipid phosphate phosphatases (Maceyka et al., 2012). S1P is transported out of cells through the ATP‐binding cassette transporters, ABCA1 (Sato et al., 2007), ABCC1, ABCG2 (Mitra et al., 2006; Takabe et al., 2010) and a new S1P‐specific transporter, identified as Spinster 2 (Spns2; Hisano, Kobayashi, Kawahara, Yamaguchi, & Nishi, 2011; Nagahashi et al., 2013). Recently, several novel intracellular targets for S1P were identified which are differentially regulated by SphK1 and SphK2 depending on S1P localized production (Table 1). SphK1‐produced S1P, in response to tumor necrosis factor (TNF), binds to TNF receptor‐associated factor 2 (TRAF2) and stimulates its lysine‐63‐linked polyubiquitylation activity. This binding was shown to be an essential component in the TRAF2‐mediated K63 polyubiquitylation of RIP1, which is a key step in activation of nuclear factor‐κB (NF‐κB; Alvarez et al., 2010). However, in very recent studies TNF‐α induced NF‐κB activation and signaling was shown to be independent of either SphK1 (Etemadi et al., 2015; Xiong et al., 2013) or SphK2 (Xiong et al., 2013). Clearly, this contradiction needs to be further explored. It has been revealed that S1P directly interacts with the peroxisome proliferator-activated receptor γ and enhances the expression of its target genes in

endothelial cells (Parham et al., 2015). S1P also affects the activity of BACE1, the rate‐limiting enzyme of amyloid‐β peptide production (Takasugi et al., 2011). Human telomerase reverse transcriptase, is another example of an intracellular target of S1P derived from SphK2 (Table 1; Panneer Selvam et al., 2015). Exit from the sphingolipid network is done by S1P lyase in irreversible cleavage of S1P to the 2‐hexadecenal and phosphoethanolamine (Young et al., 2013).

3 | SPHINGOSINE KINASES

Human SphK1 and SphK2 are related to a family of lipid kinases conserved in all eukaryotes whose genes are located on chromosomes 17 and 19, respectively (Badalzadeh et al., 2015; Melendez et al., 2000). SphK1 and SphK2 share many common characteristics, however, they exhibit some different features including the number of amino acids (384 and 618 for SphK1 and SphK2, respectively) and subcellular localization.

SphK2 possesses additional amino acids at N‐terminal and a central region that are not present in SphK1, which are responsible for additional roles such as regulation of membrane localization (Evangelisti et al., 2016). For SphK1, three splice variants (a, b, and c) with various amino acid sequences at N-termini have been identified. Two isoforms for SphK2: short (SphK2‐S or SphK2a) and long (SphK2‐L or SphK2b) isoforms with 618 and 654 amino acids, respectively, have been identified. In comparison with SphK2‐S, SphK2‐L possesses 36 amino acids sequences extended at the N‐terminal (Pitson, 2011). SphK2 in addition to cytosol and plasma membrane is localized predominantly to the nucleus and membrane of internal organelles such as mitochondria and the endoplasmic reticulum (ER). This enzyme can shuttle in and out of the nucleus in conformity with its nuclear localization and export signals (Hait et al., 2009; S. Pyne, Adams, & Pyne, 2016). However, SphK1 has never been shown to be localized in these compartments. SphK1 has been generally known to be a cytosolic enzyme which under various stressors and in response to stimulators, translocates to the plasma membrane (Johnson et al., 2002). These observations indicate that two isoforms of SphK have distinct biological roles. Both SphK1 and SphK2 have been demonstrated to be overexpressed in various types of human cancer and have been documented to be oncogenes that induce neoplastic transformation in vivo (Neubauer et al., 2016; Xia et al., 2000). Although the two SphKs exhibit some redundant and similar functions, they appear to play some separate roles. Where the role of SphK1 in cancer development is well characterized, with high SphK1 expression observed in different types of cancers, the roles of SphK2 and its involvement in cancer are much less understood (Heffernan‐Stroud & Obeid, 2013).

4 | SPHINGOSINE KINASE 2 (SPHK2) REGULATION

4.1 | External effectors: SphK2 stimulators

Many stimulators and agonists have been reported to increase the catalytic activity of SphK1 (Pitson, 2011), which subsequently influence subcellular localization of SphK1 from cytosol to plasma membrane where it produces critical signaling molecule S1P. Many of these pathways trigger vast physiological processes in normal cells and pathophysiological responses in disease conditions (Maceyka et al., 2012). In contrast, external stimuli identified to stimulate SphK2 are much less than that of SphK1 and include epidermal growth factor (EGF; Hait et al., 2005), phorbol esters such as phorbol 12‐myristate 13‐acetate (PMA; Hait, Bellamy, Milstien, Kordula, & Spiegel, 2007) TNF‐α (Mastrandrea, Sessanna, & Laychock, 2005), interleukin‐1β (IL‐1β; Mastrandrea et al., 2005), crosslinking of the immunoglobulin E receptor FcεRI (Olivera et al., 2006), hypoxia-inducible factor 1α signaling-independent hypoxia in A549 lung cancer cell line (Schnitzer, Weigert, Zhou, & Brune, 2009) and in vivo (Wacker, Park, & Gidday, 2009) as well as activated JNK/CREB pathway through direct binding of CREB with the 5′ promoter region of SphK2 in response to serum depletion leading to increased transcription and enzymatic activity of SphK2 in human colon cancer cells (Mizutani et al., 2015). As an important strategy for the regulation of protein function in diverse biologic

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processes, posttranslational modifications (PTMs) are commonly used by cells and phosphorylation is often the first wave of PTMs under various cellular stimuli. Like SphK1, SphK2 activation can occur via phosphorylation by extracellular signal‐regulated kinase 1/2 (ERK1/2) at Ser351 and/or Thr578 on short isoform of SphK2 (SphK2a) and Ser387 and Thr614 on a long variant of SphK2 (SphK2b; Hait et al., 2007).

Phosphorylation at each site exhibits a specific function, for example, phosphorylation by protein kinase D at either Ser419 or Ser421 within the nuclear export signal of SphK2 leads to its nuclear export for modulating subsequent cellular functions such as cell proliferation and survival. Shuttling of this molecule between the cytosol and the nucleus can be facilitated by phosphorylation depending on the regulation of its nuclear localization and export signals (G. Ding et al., 2007). An important result of phosphorylation of SphK2 by PKC following PMA treatment of the cells is activation and local production of S1P in the nucleus and inhibition of histone deacetylase (HDAC) 1/2 followed by enhanced histone acetylation and transcription re‐expression of cyclin‐dependent kinase inhibitor p21 and cell growth arrest in MCF‐7 breast cancer cells. This finding suggests that SphK2 can inhibit cell proliferation and induce cell cycle arrest by its involvement in epigenetic modifications (Hait et al., 2009). Apart from phosphorylation, an alternative way of activation of SphK2 has also been reported by previous studies, which occurs upon the direct interaction with eukaryotic elongation factor 1A (eEF1A), a canonical molecule in polypeptide elongation during protein synthesis (Leclercq, Moretti, Vadas, & Pitson, 2008).

4.2 | SphK2 inhibitors

In addition to regulation by activation, SphK2 can also be regulated by inhibition with various chemical inhibitors and antagonists. Here, studies on SphK2 inhibitors and their application in relation to cell survival, growth and cancer drug resistance in various cancer types are reviewed. As mentioned, S1P is a crucial cell survival mediator and a second messenger in cell proliferation, inhibiting apoptotic pathways and the promoter of cell growth. Therefore, it is not surprising that SphK1 and SphK2, the only enzymes that generate S1P, are often altered in cancer (Spiegel & Milstien, 2000, 2002). SphK null mice, small interfering RNAs (siRNAs) and small molecule inhibitors are the three most-used approaches to further demonstrate the physiologic importance of these enzymes. To date, a number of selective SphK inhibitors with various specificities have been developed (Evangelisti et al., 2016). The earliest SphK inhibitors, including N,N-dimethyl-p-erythro-sphingosine (DMS), L-threo-dihydrosphingosine (DHS, also known as safingol), and N,N, N trimethylsphingosine were based on competitive inhibition of sphingosine. These first generation inhibitors had low-potency, specificity and selectivity in most cases (Neubauer & Pitson, 2013; Santos & Lynch, 2014). The well-characterized inhibitor in the last decade, SKI‐II (also called SKi), is a nonlipid small molecule inhibitor which has been identified by high throughput screening (French et al., 2003). Despite being more described as a SphK1‐specific inhibitor,

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SKI-II inhibits SphK2 with slightly higher affinity than SphK1 (Ki 7.9 µM for SphK2 vs. 16 µM for SphK1; Gao et al., 2012). During the treatment of several cancer cell lines with SKI‐II, the proteasome is activated as a result of SphK1 inhibition by this inhibitor which is followed by induction of degradation of SphK1 (Loveridge et al., 2010). Furthermore, there are some additional off‐target effects reported for SKI‐II, including inhibition of dihydroceramide desaturase (Cingolani et al., 2014) and enhancement of signaling via the transcription factor Nrf2 (Mercado et al., 2014). ABC294640 is the other nonlipid small molecule inhibitor analog of SKI‐II, a first‐in‐class selective SphK2 inhibitor which was developed from structure– activity relationship studies (French et al., 2010). ABC294640 is the most studied SphK inhibitor in vivo that exhibits antiproliferative and antitumor effects in several cell lines and mice xenografts and is currently used in phase II clinical trials to treat advanced solid tumors (X. Ding et al., 2016). Some off‐target effects of ABC294640 have been reported, which include partial inhibition of estrogen receptors in breast cancer cells as well as induction of the proteasomal degradation of SphK1 and dihydroceramide (McNaughton, Pitman, Pitson, Pyne, & Pyne, 2016; Venant et al., 2015), which may be responsible for, at least in part, its anticancer effects in vitro and in vivo (Table 2).

The immunomodulatory prodrug FTY720 that structurally possesses a backbone common in other sphingosine analog inhibitors is phosphorylated by SphK2, but not SphK1, to form FTY720‐ phosphate (FTY720‐p). FTY720 is considered to be competitive; with sphingosine, an inhibitor of SphK1 (White, Alshaker, Cooper, Winkler, & Pchejetski, 2016). Minor modifications in the chemical structure of FTY720 convert it to (R)‐FTY720‐methyl ether ((R)‐FTY720‐OMe), and impart selectivity for SphK2 over SphK1 (Lim, Sun, Bittman, Pyne, & Pyne, 2011). The properties of this inhibitor are shown in Table 2. Second generation inhibitors are more drug‐like than low potent and nonselective inhibitors, developed earlier. The amidine-based compounds have recently been introduced as SphK inhibitors and the most potent SphKs inhibitors at the time of their discovery (Raje et al., 2012). The trans isomers of a scaffold bearing small quaternary ammonium salts, Trans‐12a and 12b, have been synthesized and demonstrated as compounds with low micromolar inhibitory activities to selectively inhibit SphK2 (Table 2; Raje et al., 2012). K145 has recently been shown to be a thiazolidine‐based selective SphK2 inhibitor, which acts in a competitive manner with respect to sphingosine and inhibits the phosphorylation of FTY720, a SphK2 selective substrate, which confirms selectivity of inhibition for SphK2 over SphK1 (K. Liu et al., 2013). Continuous efforts to generate more potent and selective SphK2 inhibitors have led to the synthesis of guanidine‐based compounds. SLR080811, a scaffold in which a cationic guanidine headgroup was featured instead of the amidine group, was shown to be a selective SphK2 inhibitor, which acts as a competitive inhibitor with sphingosine (Kharel et al., 2012). SLR080811 exhibited a reversed selectivity (about 10‐fold) towards SphK2 as compared to 1a, an amidine‐based inhibitor based on which SLR080811 was synthesized, and a 10‐fold weaker affinity for SphK1 (Table 2; Kharel

et al., 2012; Santos & Lynch, 2014). Surprisingly, in vivo characterization of SLR080811 demonstrated that administration of this inhibitor to wild‐type mice has led to a rapid increase in S1P plasma concentrations in mice, which is in contrast to findings of those obtained by SphK1 selective inhibition in vivo (Kharel et al., 2012). This surprising finding of the unknown mechanism is reminiscent of works published on the genetics of SphK2 null mice (Olivera et al., 2007; Zemann et al., 2006).

The same group of researchers in understanding actual SphK functions continued their structure–activity relationship studies of guanidine‐based SphK inhibitors by the same scaffold but altering a key methylene unit important to switch isoform selectivity. These studies resulted in the synthesis of SLP120701, a compound bearing an oxadiazole ring in the scaffold (Patwardhan et al., 2015). SLP120701 displayed an improved half‐life in mice when compared with SLR080811 but had increased blood S1P levels (Congdon et al., 2015).

Subsequent modifications to further understand the in vivo function of SphK2 led to a scaffold that features a naphthalene ring where a benzyltrifluoromethyl "tail" results in the generation of SLC5091592, a selective SphK2 inhibitor over SphK1 with K_i value of 1.02 for SphK2 versus >20 µM for SphK1 (Congdon et al., 2016). This compound seems to be the most potent and selective SphK2 inhibitor, as reported earlier (Table 2). The adenosine analogs to target the ATP‐binding site of kinases in the literature, have been used in conventional methods of kinase inhibition, as well. This strategy has been implicated by previous studies as a successful approach (Goldstein, Gray, & Zarrinkar, 2008). A very recent study using template‐based modeling of the ATP‐binding pocket of SphK1 has reported a first in-class ATP-binding site-directed SphK inhibitor, MP‐A08. This small molecule inhibits both SphK1 and SphK2, with a somewhat higher affinity towards SphK2 over SphK1, and K_i value of 6.9 μ M for SphK2 and 27 μ M for SphK1 (Pitman et al., 2015). MP‐A08 blocks proproliferative signaling pathways, induces intrinsic pathway of apoptosis, and reduces tumor growth in mice via induction of tumor cell apoptosis, reduction of tumor S1P as well as inhibiting tumor angiogenesis (Pitman et al., 2015). Unfortunately, current SphK2 inhibitors have moderate potency and selectivity, even though most of them exhibit therapeutic preclinical in vivo efficacy. Compared with SphK1, there are a limited number of SphK2 specific inhibitors described, with K_i values displaying by most of them in the micromolar range (Congdon et al., 2016). We are still far from understanding the structure and function of SphK2 and rational design of SphK2 inhibitors due to the lack of crystal structure of this isoform. Knowledge of the SphK crystal structure may help in the exploration of allosteric sites and generation of improved and specific molecules to modify SphK2 activity (Adams, Pyne, & Pyne, 2016; Hatoum, Haddadi, Lin, Nassif, & McGowan, 2017). To fully exploit the therapeutic potential of targeting SphKs, investigations on the structure–activity relationship of these molecules should be continued to find novel strategies for the efficient discovery of small molecule inhibitors for several disease states including cancer.

TABLE 2 Inhibitory properties of selected SphK2 inhibitors

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TABLE 2 (Continued) (Continued) TABLE 2

Vote. ND: not determined. Note. ND: not determined.

4.3 | | Internal regulators

4.3.1 | Epigenetic factors (ncRNAs)

The ncRNAs are conserved and endogenous RNA molecules that do not encode a protein, however, this definition does not reflect their emerging important roles and information that they have (Mattick & Makunin, 2006). Based on their differences in size, these RNA molecules are broadly categorized into two small and lncRNA categories (St. Laurent, Wahlestedt, & Kapranov, 2015). Small ncRNAs termed miRNAs: miRNAs are about 22 nucleotides in length and play essential roles in the regulation of gene expression by binding to the 3'-untranslated regions (3'-UTRs) of their target messenger RNA (mRNAs), resulting in inhibition of target genes (Bartel, 2004). MiRNAs are involved in a variety of biological and pathological states such as cancer (Liang et al., 2017). To date, more than 30 miRNAs have been discovered to play important roles in the regulation of lipid metabolism (Yousefi et al., 2012); however, studies investigating the role of miRNAs in regulation of sphingolipid metabolism and corresponding enzymes are few; therefore, the author 's attention was turned to obtaining information on involvement of miRNAs in the roles and regulation of lipid kinases such as SphKs associated with induction of apoptosis and chemoresistance in various cancer types (Table 3).

LncRNAs refer to RNAs that have a length greater than 200 nucleotides (nt), which account for the largest class of noncoding transcripts in the human genome [100]. LncRNAs together with other transacting factors such as miRNAs and RNA ‐binding proteins (RBPs), mediate transcriptional and posttranscriptional regulatory processes and play important roles in the control of gene expression associated with cell cycle regulation, apoptosis, and DNA damage repair (Audic & Hartley, 2004; Cheetham et al., 2013; Di Leva et al., 2014; K. C. Wang & Chang, 2011). lncRNAs may be part of a broad epigenetic regulatory network and induce epigenetic modifications by binding to chromatin ‐modifying proteins in special chromatin remodeling complexes and recruiting their catalytic activity to specific chromatin sites, altering the chromatin structure and gene expression (Mercer & Mattick, 2013). As mentioned earlier, various external stimulators can potentiate the expression of SphK1 (Pitson, 2011); however, the internal modulators of SphK1 gene expression and molecular mechanisms by which transcription of SphK1 is controlled in response to these stimuli, are largely unclear. Recently, an antisense IncRNA named Khps1 was reported to enhance SphK1 gene expression by recruiting the histone acetyltransferase p300/ CBP to the SphK1 promoter, in an E2F1-dependent manner (Postepska ‐Igielska et al., 2015). Mechanistically, Khps1 is tethered to the SphK1 promoter and forms a DNA ‐RNA triplex structure which in turn ensures binding of transcription factor E2F1 to this complex facilitating E2F1-dependent expression of SphK1; thereby, promoting cell proliferation as well as restriction of E2F1 ‐induced apoptosis (Postepska ‐Igielska et al., 2015). Highly upregulated in liver cancer (HULC) is another lncRNA that upregulates SphK1 and contributes to the promotion of tumor angiogenesis in liver cancer (Lu et al., 2016). Mechanistically, HULC has been shown to activate

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TABLE 3 Selected miRNAs identified to influence SphKs regulation

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TABLE 3 (Continued)

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the promoter of SphK1 in hepatoma cells through sequestering of miR‐107, which in turn upregulates transcription factor E2F1 through by targeting mRNA 3′‐UTR of E2F1.

E2F1 was shown to be able to bind to E2F1 element in the SphK1 promoter (Lu et al., 2016). HULC promoted tumor angiogenesis through miR‐107/E2F1/SphK1 signaling in HCC in vitro and in vivo. Levels of HULC were in accordance with levels of SphK1 and S1P in samples of patients with hepatocellular carcinoma (HCC) and knockdown of SphK1 abrogated HULC‐enhanced angiogenesis. These findings provide new insights into the mechanism of regulation of SphK1 expression and tumor angiogenesis (Lu et al., 2016). H19, a maternally expressed lncRNA induced in human fibrotic/cirrhotic liver and bile duct ligated mouse liver was recently shown to play a critical role in the disease progression of cholestasis and to be leading cause of gender disparity of cholestatic liver injury in multidrug resistance 2 gene knockout (Mdr2^{-/-}) mice, a well-established model of cholestatic cholangiopathies (Li et al., 2017). Both bile acid taurocholate (TCA) and estrogen (17β-estradiol) via upregulation of S1P receptor 2 (S1PR2) and estrogen receptor alpha (ERα), respectively, activated significantly, the ERK1/2 signaling pathway and induced H19 expression mainly in cholangiocytes, but not hepatocytes. S1PR2‐ dependent activation of ERK1/2 subsequently increased protein level of SphK2 in female Mdr2^{-/-} mice, which was blocked by short hairpin RNA‐mediated H19 knocking down in cholangiocytes (Li et al., 2017). To the best of the author' knowledge, this is the first evidence of regulation of SphK2 by a lncRNA with a gap in knowledge on the mechanism by which H19 regulates SphK2 expression.

4.3.2 | Transcription factors

In a recent study, the regulatory mechanism of SphK2 expression and its involvement in the control of cell fate under various cellular stresses in human colon cancer cell lines was analyzed. Among the various cellular stresses tested, serum deprivation enhanced mRNA, protein, and activity of SphK2 but not SphK1. The rapid and transient activation of c‐Jun N‐terminal kinase followed by activation of CREB and direct binding as a candidate transcription factor to the CREB binding site of 5′ SphK2 promoter region was the major regulator of increased SphK2 transcription. Importantly, the role of SphK2 in serum-deprived cells was prosurvival but not cell cycle inhibitor or proapoptotic (Mizutani et al., 2015; Figure 1). To date, the exact mechanism of SphK2 transcription and possible involved transcription factors has not yet been reported. To the best of the author's knowledge, this is the first report describing the regulation of SphK2 expression via direct binding of a transcription factor to its promoter and modulation of its transcription.

5 | ROLE OF SPHK2 IN DNA DAMAGE RESPONSE AND CELL CYCLE

The DDR, a complex network of interconnected signaling pathways, is evoked in response to various stressors including chemotherapeutic

FIGURE 1 Role of SphK2 in the DNA damage response. DNA damage induces activation of ATM and ATR, leading to activation of CHK1 and CHK2 which in turn activate p53. CHK1 and CHK2 can signal through the inhibition of CDC25 to cause cell cycle arrest. Activated p53 signals an apoptotic pathway through PUMA/NOXA and BAK/BAX resulting in apoptosis. P53 also signals through p21, cyclin‐ CDK to cause cell cycle arrest. SphK2 can involve in p53‐independent induction of p21 and cell cycle arrest by chemotherapeutics (i.e., DOX) leading to protection against apoptosis. Downregulation of SphK2 inhibits MCL‐1 and leads to induction of apoptosis. Inhibition of SphK2 can also induce transcriptional upregulation and translocation of TRAIL death receptors, such as death receptor 4 and 5 (DR4 and DR5), to the plasma membrane through p53‐independent mechanisms, linking intrinsic apoptotic pathway to extrinsic pathway and the decreasing threshold of apoptosis. DNA damage via both p53‐dependent and p53‐independent mechanisms can induce transcriptional upregulation of death receptors. CDK: cyclin‐dependent kinase; MCL‐1: myeloid cell leukemia‐1 [Color figure can be viewed at wileyonlinelibrary.com]

agents and ionizing radiation. The ultimate goal of DDR is to preserve genomic integrity through different routes including cell cycle checkpoint activation, DNA repair and in a severe damage, initiation of apoptosis (Karimaian et al., 2017; Majidinia & Yousefi, 2017; Majidinia et al., 2017; Nowsheen & Yang, 2012; Su, 2006; Tehrani, Karimian, Parsian, Majidinia, & Yousefi, 2018). Disturbance of DDR may lead to a number of important pathological diseases such as cancer and defects in the DNA repair account for one of the main mechanisms by which human cancer cells develop chemoresistance (Carroll, Donaldson, & Obeid, 2015; Pan, Li, Lin, & Hung, 2016).

Recently, ceramides, sphingosine, and S1P were shown to be critical regulators of the physiological response of the cell to DNA damage (Carroll et al., 2015). It has been widely accepted that ceramide increases in response to many cancer therapeutics or upon exposure of cells to radiation, and is also accumulated in the serum of irradiated patients due to catabolism of sphingomyelin, increased de novo synthesis or both, leading to interaction with multiple signaling 8172 WILEY Cellular Physiology **Account 2018** HASANIFARD ET AL.

pathways and in the final step, programmed cell death (Reynolds et al., 2004; Sathishkumar et al., 2005). Where sphingosine similar to ceramides induces cell growth arrest and apoptosis after DNA damage, S1P effectively promotes cell proliferation and survival (N. J. Pyne et al., 2012; S. Pyne et al., 2016). By phosphorylating sphingosine, the product of ceramide hydrolysis, SphKs was linked to DNA damage (Carroll et al., 2015). The regulation of SphK1 in response to DNA damage has been extensively elucidated. SphK1 is an essential downstream target of p53 in response to DNA damage and the inhibition of SphK1 is a necessary step in the p53-mediated induction of apoptosis (Heffernan‐Stroud et al., 2012; Taha et al., 2004). Despite the fact that both enzymes catalyze the same reaction, most studies that utilized overexpression systems to examine SphK2 function in apoptosis and cancer chemoresistance found an opposite role for SphK1, which can promote cell cycle arrest and apoptosis (Igarashi et al., 2003; H. Liu et al., 2003; Maceyka et al., 2005). Although all the signaling pathways triggered by DNA double‐ strand breaks converge on the tumor suppressor p53 (Reinhardt & Schumacher, 2012), DNA damage can increase the expression of some death receptors, including FAS and death receptor 5 (DR5), via both p53‐dependent and ‐independent mechanisms, leading to enhancement of cellular sensitivity to death‐receptor ligands (Ashkenazi, 2002). Recently, Yang et al. (2015) showed that targeting SphK2 upregulated DR4 and DR5, and promoted translocation of these receptors from the cytoplasm to plasma membrane followed by enhancement of the sensitivity to tumor necrosis factor‐related apoptosis inducing ligand (TRAIL) in NSCLC.

In another study by Sankala et al. it was demonstrated that endogenous SphK2 in response to doxorubicin (DOX) in a p53‐ independent manner induces p21 expression in MCF‐7 breast cancer cells and showed that SphK2 knockdown reduces basal and DOX‐induced p21 expression and G2/M cell cycle arrest in MCF‐7 cells. Downregulation of SphK2 also markedly enhanced apoptosis induced by DOX. SphK2 was shown to be a regulator of balance between cytostasis and apoptosis of cancer cells (Sankala et al., 2007; Figure 1). Other studies also showed the involvement of SphK2 in the intrinsic pathway of apoptosis through an effect on components of this pathway. Downregulation of SphK2 by ABC294640 directed MCL‐1 for proteasome degradation, enhanced expression of Noxa, a proapoptotic protein, and suppressed the growth of multiple myeloma cells in a mouse xenograft cancer model (Kummetha Venkata et al., 2014). These findings indicate that SphK2 by exhibiting the ability to link intrinsic and death receptor‐mediated pathway of apoptosis can amplify the response of the cancer cells to various stimuli and this can be useful in increasing chemosensitivity in some cell types in which commitment to apoptosis needs augmentation of the death‐receptor signal by the intrinsic pathway (Ashkenazi, 2002). SphK2 can also participate in cellular stress by localization in the ER in response to serum starvation. S1P produced at this site can promote a sphingosine salvage pathway of mammalian cells that finally leads to the production of ceramide by ER‐localized S1P phosphatase and ceramide synthase (Maceyka et al., 2005; Figure 1).

TABLE 4 Discrepant roles of SphK2 in resistance to apoptosis (extrinsic pathway) to apoptosis (extrinsic pathway resistance TABLE 4 Discrepant roles of SphK2 in

tumor necrosis factor α.

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TABLE 5 Role of SphK2 in resistance to apoptosis (intrinsic pathway) TABLE 5 Role of SphK2 in resistance to apoptosis (intrinsic pathway)

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3; TNF-a: tumor Note. NF‐kB: nuclear factor‐kB; NSCLC: non‐small cell lung cancer; PKD: Polycystic kidney disease; S1P: sphingosine‐1‐phosphate; STAT3: signal transducer and activator of transcription 3; TNF‐α: tumor activator of transcription pue transducer disease; S1P: sphingosine-1-phosphate; STAT3: signal lung cancer; PKD: Polycystic kidney non-small cell Vote. NF-kB: nuclear factor-kB; NSCLC: necrosis factor a. necrosis factor α.

The involvement of SphKs has also shown in some intracellular functions of insulin-like growth factor (IGF) binding proteins (IGFBPs) such as regulation of cell growth, survival, and DNA damage repair (Granata et al., 2004). In addition to their endocrine role in IGF transport, the six members of the IGFBP family have many actions within the nucleus, including induction of apoptosis and DNA damage repair which are, indicative of their involvement in tumor progression and chemoresistance. In endothelial cells, SphK activation can be potentiated by stimulatory effects of IGFBP ‐3 on this enzyme which in turn results in S1P production and signaling through IGF1R, EGFR and potentially, other tyrosine kinase receptors. S1P can act within the cells as the second messenger or transactivate a number of growth factor receptors, at least partly, via a mechanism so ‐called "criss ‐cross " also known as "inside ‐out " signaling, which was discussed earlier (Baxter, 2014; Chua et al., 2015). Furthermore, inhibiting SphK1 and SphK2 by DMS hampers the protective effect of IGFBP ‐5 against ceramide ‐induced cell death (Baxter, 2014; McCaig et al., 2002). The above ‐mentioned studies have only just begun to show that SphKs regulate and are regulated in response to various cell stresses such as DNA damage. Although the effects of SphK2, either alone or in combination with chemotherapeutics on the DDR has been shown over the past two decades, none of them has shown upstream and downstream components of DDR affected by this isoform (Carroll et al., 2015). There is only one exception in this regard, as mentioned earlier, the study that demonstrated that SphK2 is involved in the induction of p21 by DOX, which is p53 ‐ independent (Sankala et al., 2007). Interestingly, SphK2 in combination with other therapeutics other than DOX (i.e. TRAIL) also acts as p53 independently (Yang et al., 2015). To further explore the function of SphK2 in the DDR, more studies are required.

6 | DEVELOPMENT OF RESISTANCE BY SPHK2 VIA ABERRANT REGULATION OF APOPTOSIS

In initial publications, a proapoptotic role was considered for SphK2 both in studies that utilized overexpression systems and others that showed the same role for endogenous SphK2 (Igarashi et al., 2003; Maceyka et al., 2005; Okada et al., 2005). Nevertheless, there is now an emerging body of evidence indicating that SphK2, similar to SphK1, mediates oncogenesis and plays a role in promoting survival and proliferation (Neubauer et al., 2016; Ogretmen, 2005), and also accounts for greater anticancer effect than SphK1. Downregulation of SphK2 with siRNA inhibited proliferation of glioblastoma cells more potently than that observed for SphK1 knockdown (van Brocklyn et al., 2005), suggesting that SphK2 is a more viable candidate for chemotherapeutic targeting. Based on previous studies, SphK2 has the differential ability to be involved in either extrinsic or intrinsic pathway of apoptosis, depending on the type of cell line studied, presence or absence of serum, growth factors and glucose, the type of chemotherapeutic/agent used, as well as other stressors such as hypoxia (Kreitzburg et al., 2018; Mizutani et al., 2015; Okada et al., 2005).

6.1 | Extrinsic pathway

The "extrinsic pathway" of apoptosis is generally engaged by death receptors including CD95, TNFR1, DR4, and DR5 and two nonfunctional decoy receptors, DcR1 and DcR2 (Ashkenazi, 2002; Giussani, Tringali, Riboni, Viani, & Venerando 2014; Yousefi et al., 2015). Apo2 ligand also called TRAIL, which binds to DR4 and DR5, exhibits a selective toxicity

against cancer cells and a low toxicity towards normal cells; therefore, it is not surprising for it to be an attractive anticancer agent in cancer research area (Leili, Nasser, Nadereh, Siavoush, & Pouran, 2018). In a recent study, induction of apoptosis by SphK2 inhibition and its connection with TRAIL efficacy in two groups of NSCLC cells, resistant (A549 and H1299) and sensitive (H460) cells to TRAIL cytotoxicity, were shown with high expression of SphK2 in resistant cancer cells. TRAIL in

FIGURE 2 Proposed scheme for the role of SphK2 in exhibiting the dual antiapoptotic and proapoptotic effects in response to cell stresses. Chemotherapeutic drugs can induce ceramide production through the activity of acid sphingomyelinase. The ceramide production may lead to cell cycle arrest, autophagy and cell death, however, some cancer cells convert ceramide to sphingosine and activate sphingosine kinases including SphK2 to produce S1P, which can act within the cells as second messenger or secrete to outside of the cell and signal from extracellular side as a ligand through S1P‐specific GPCRs resulting in survival and proliferation. SphK2 can also act as a proapoptotic protein when localized to the endoplasmic reticulum, through producing S1P which is channeled into the biosynthesis of proapoptotic ceramide. At the mitochondria, SphK2‐derived S1P has been reported to activate and cooperate with the mitochondrial protein, BAK, to promote mitochondrial outer membrane potential and cytochrome c release leading to cytochrome c release and apoptosis. SphK2 due to possessing a BH3 domain can sequester and inhibit the prosurvival Bcl-2 family member, Bcl-xL, which results in apoptosis. In response to serum starvation, SphK2 transcription can be increased via rapid and transient JNK activation followed by CREB activation. The direct binding of activated CREB as a candidate transcription factor to the CREB binding site of 5′ SphK2 promoter region, results in enhancement of both nuclear and cytoplasmic SphK2 activity. The role of SphK2 in serum‐depleted cells is prosurvival but not cell cycle inhibitor or proapoptotic. The nuclear localization and activation of the SphK2 can induce cell cycle arrest and protect apoptosis by its involvement in the induction of p21 as a result of HDAC1/2 inhibition by localized SphK2‐derived S1P. Downregulation of SphK2 can inhibit MCL‐1 and induce upregulation and translocation of TRAIL death receptors, DR4 and DR5, to the plasma membrane, linking intrinsic and extrinsic apoptotic pathways. CREB: cAMP response element binding protein; GPCRs: G‐protein‐coupled receptors; HDAC: histone deacetylase; JNK: c‐Jun N‐terminal kinase; MCL‐1: myeloid cell leukemia 1; TRIAL: tumor necrosis factor‐related apoptosis inducing ligand [Color figure can be viewed at wileyonlinelibrary.com]

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combination with SphK2 inhibitor, ABC294640, reduced proliferation and survival of A549 and H1299 cancer cells (Yang et al., 2015). Our recent study also showed similar results, in which ABC294640 enhances doxorubicin‐induced apoptosis of NSCLC cells via altering Survivin expression (Leili et al., 2018). Knockdown of endogenous SphK2 in HEK293 cells or mouse embryonic fibroblasts prevents the induction of apoptosis by TNF- α , as well (Chipuk et al., 2012; Okada et al., 2005; Table 4). There are few studies on the involvement of SphK2 in drug‐ induced mitochondria‐independent apoptosis in human cancer. Knowledge of Sphk2 in drug resistance is still poorly understood; therefore, further investigation of the role of SphK2 in altering apoptotic threshold of cancer cells to specific therapeutics is required.

6.2 | Intrinsic pathway

Another pathway that controls apoptosis is an intrinsic pathway, a mitochondrial-initiated event, which involves a number of non-receptordependent stimuli including radiation, chemotherapeutics, hypoxia, and free radicals (Elmore, 2007). The final goal of both extrinsic and intrinsic pathways involves caspases and lead to apoptotic cell death (Giussani et al., 2014). Targeting SphK2 can restore sensitivity to chemotherapeutics through the intrinsic pathway of apoptosis and could be a useful approach for resensitization of tumors to standard therapy. As shown in Table 5, SphK2 can counteract the final goal of therapy in favor of cell survival and also show an opposite role for SphK2 in cancer chemoresistance in some instances.

7 | THE INTERPLAY OF SPHK2 WITH SIGNALING PATHWAYS INVOLVED IN DRUG RESISTANCE

The interactions of Sphk1 and the signaling pathways often activated in malignancies have been previously explored in cancer cells (Song et al., 2011); however, there are few studies on the role of Sphk2 in these signaling pathways. As the phosphorylation and activation of Sphk2 are achieved by ERK1/2, it can be placed downstream of all signaling cascades that activate ERK1/2 pathways such as Ras, B‐Raf, and MEK1/2 (Hait et al., 2007; Saliani et al., 2013).

The discrepant roles of this less‐known isoform, when compared with its counterpart (SphK1) in the cell cycle, survival and apoptotic cell death is illustrated in a figure (Figure 2) to further show how SphK2 participates in these processes under various cell stressors and different conditions. SphK2 has been shown to play a role in the regulation of signaling pathway of IL‐12, an immunoregulatory cytokine that promotes T helper 1 (Th1) differentiation. It was identified that mouse SphK2 is associated with the cytoplasmic region of receptor β1 of IL‐12 and transient expression of wild‐type SphK2 potentiates IL‐12‐induced STAT4‐mediated transcriptional activation in T‐cell hybridoma. In Th1 cell clone, ectopic expression of dominant‐negative SphK2 reduced IL‐ 12 induced production of IFN‐γ, while that of wild‐type SphK2 enhanced it (Yoshimoto et al., 2003). It has been shown that Sphk2 inhibition can attenuate the NF‐κB survival signaling and blockade of

both viability and survival in the endocrine therapy-resistant MDA-MB-231 and chemoresistant MCF‐7TN‐R as well as induction of the intrinsic pathway of apoptosis (Antoon et al., 2011). A very recent study has unraveled the interplay of sphingolipids and transforming growth factor‐β (TGF‐β) signaling in the human corneal fibroblasts (HCFs). Exogenous S1P in HCFs reduced cellular migration and downregulated SphK1, SphK2, and S1PR3. In contrast to high dose, low dose of S1P upregulated both TGF‐β1 and TGF‐β3. It was suggested that sphingolipids cross‐talk with TGF‐β signaling pathway in human cornea exhibit different functions based on the cell type (Nicholas, Rowsey, Priyadarsini, Mandal, and Karamichos, 2017).

8 | CONCLUDING REMARKS

There are contradictory results regarding the role of SphK2 in cell death and cancer progression. SphK2 is present in several subcellular compartments. Spatial and temporal changes in SphK2 subcellular localization render this enzyme the ability to switch between proapoptotic and prosurvival under specific states of the cell. It is still unclear whether selective inhibition of SphK2 is beneficial or detrimental; therefore, there is difficulty in targeting SphK2 in "rheostat" modulation therapies. SphK2 exhibits some nonoverlapping functions with SphK1 and there is lack of crystal structure of SphK2 to develop specific ligands to allosteric sites to modulate SphK2 activity and show the exact molecular mechanism of this protein in cell fate. Hence, rational design of potent and selective SphK2 inhibitors is necessary so that, the results obtained from their application can reflect the direct result of modulating enzyme activity. On the contrary, in the literature, there is a scarcity of dedicated studies on the role of SphK/S1P in epigenetic regulation such as DNA methylation, chromatin modification, and ncRNAs. The connection points between sphingolipid metabolism and epigenetic factors are just emerging either in physiological or pathophysiological states such as cancer. So, it would be of great interest to further explore the regulation of expression of genes associated with drug resistance such as SphK2, under the influence of epigenetic events.

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CONFLICTS OF INTEREST

The authors declared that there are no conflicts of interest.

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