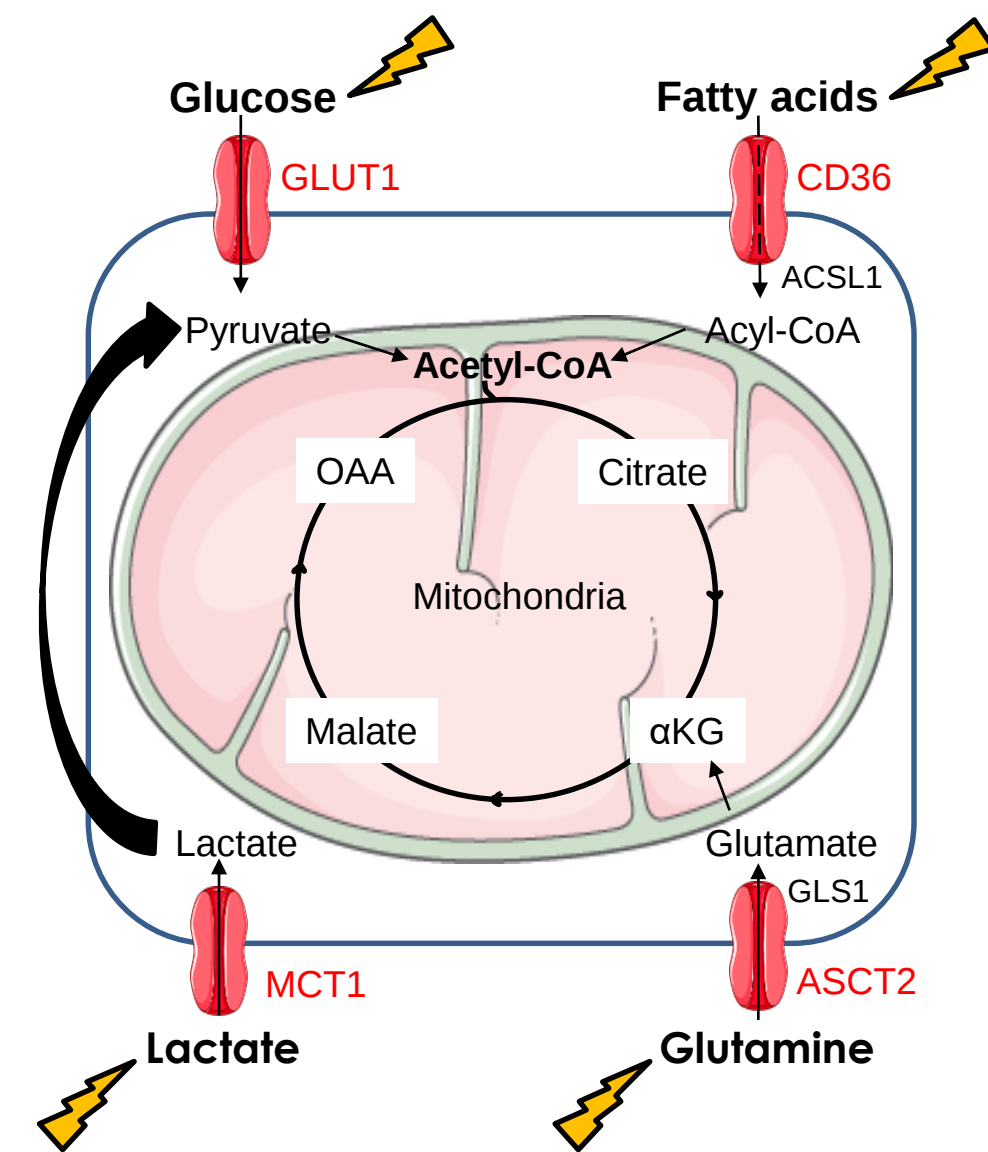
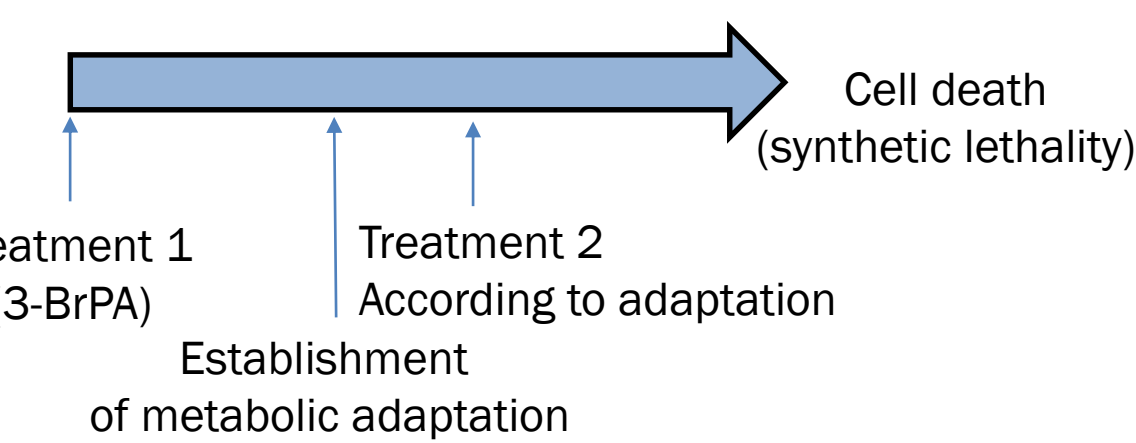


INTRODUCTION

Nowadays, tumor metabolism represents an attractive field to develop new anticancer drugs. However, tumor metabolic plasticity is such that cancer cells can adapt their metabolic preferences according to the (un-)availability of nutrients or the (in-)capacity to transform them into biosynthetic intermediates and ATP. Direct consequences of metabolic adaptation are the development of resistance and the progressive loss of activity of a metabolism-targeting drug, thereby limiting the clinical applicability of such compounds as monotherapies.

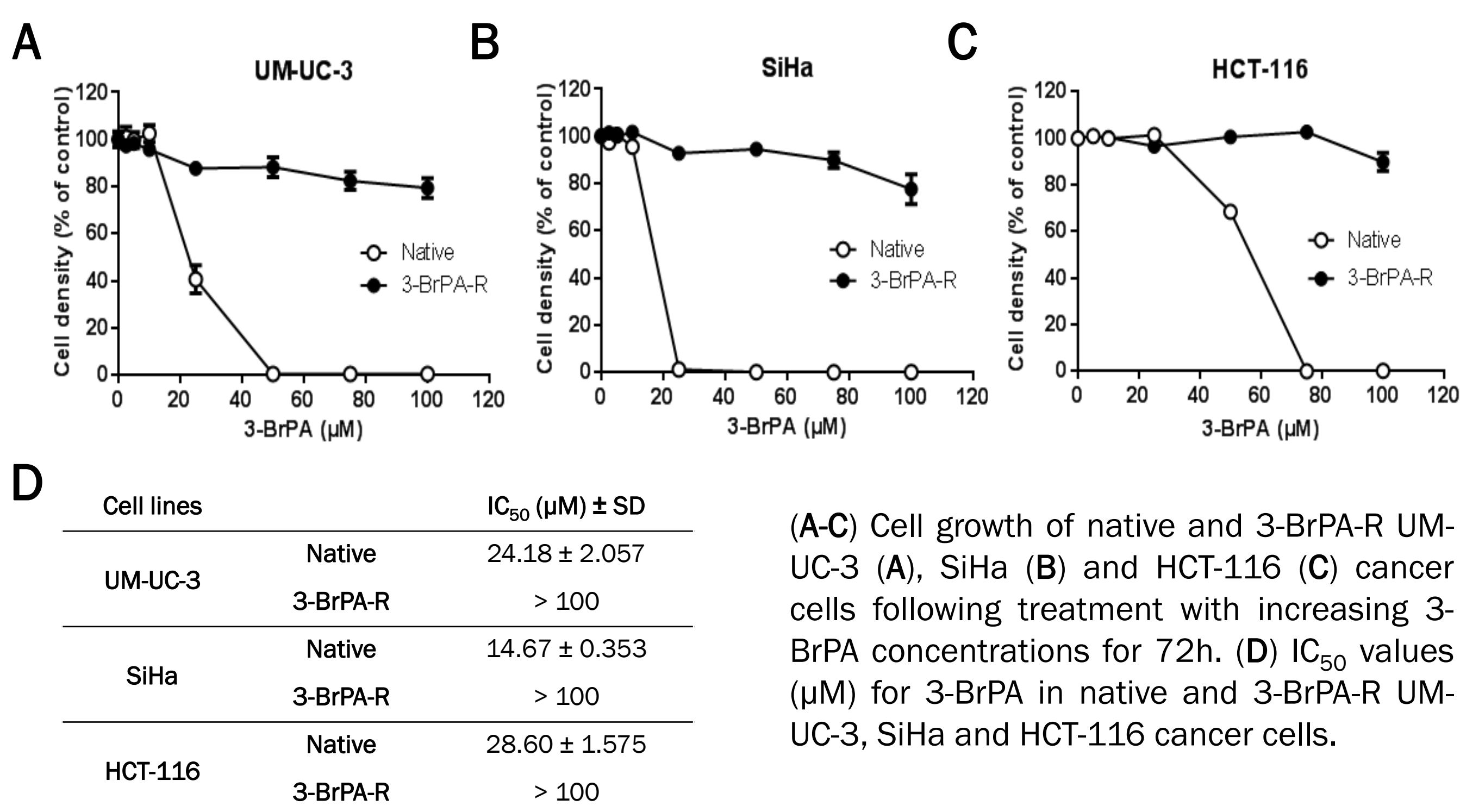


Aim: To identify the optimal combination of metabolism-targeting drugs, in order to prevent a possible escape for cancer cells. Our rationale is, with a first drug, to force cancer cells to become addicted to specific bioenergetic fuels/pathways in order to render a second drug lethal.

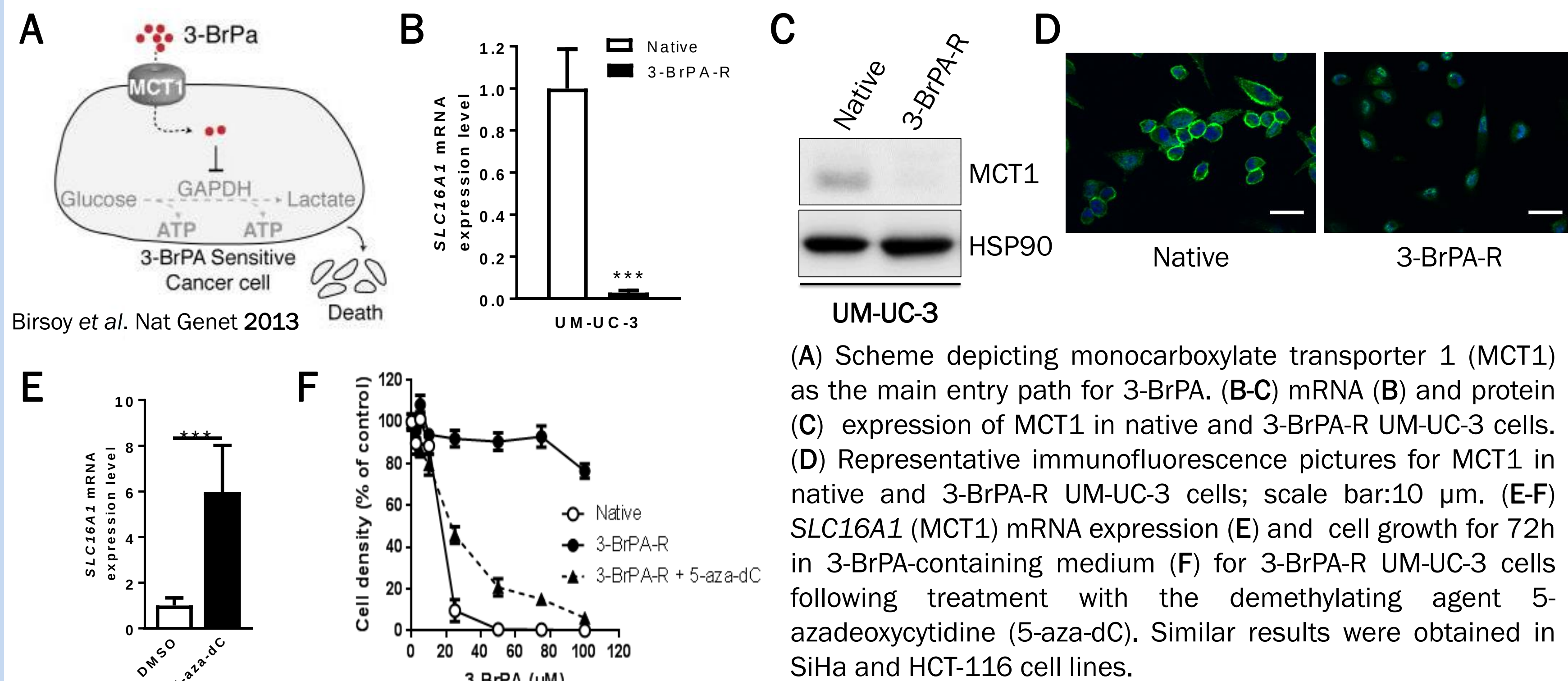


Proof of principle: 3-bromopyruvate (3-BrPA) as a first metabolism-targeting drug to generate resistant clones in three different cancer cell lines: UM-UC-3 (bladder carcinoma), SiHa (cervix carcinoma) and HCT-116 (colorectal carcinoma).

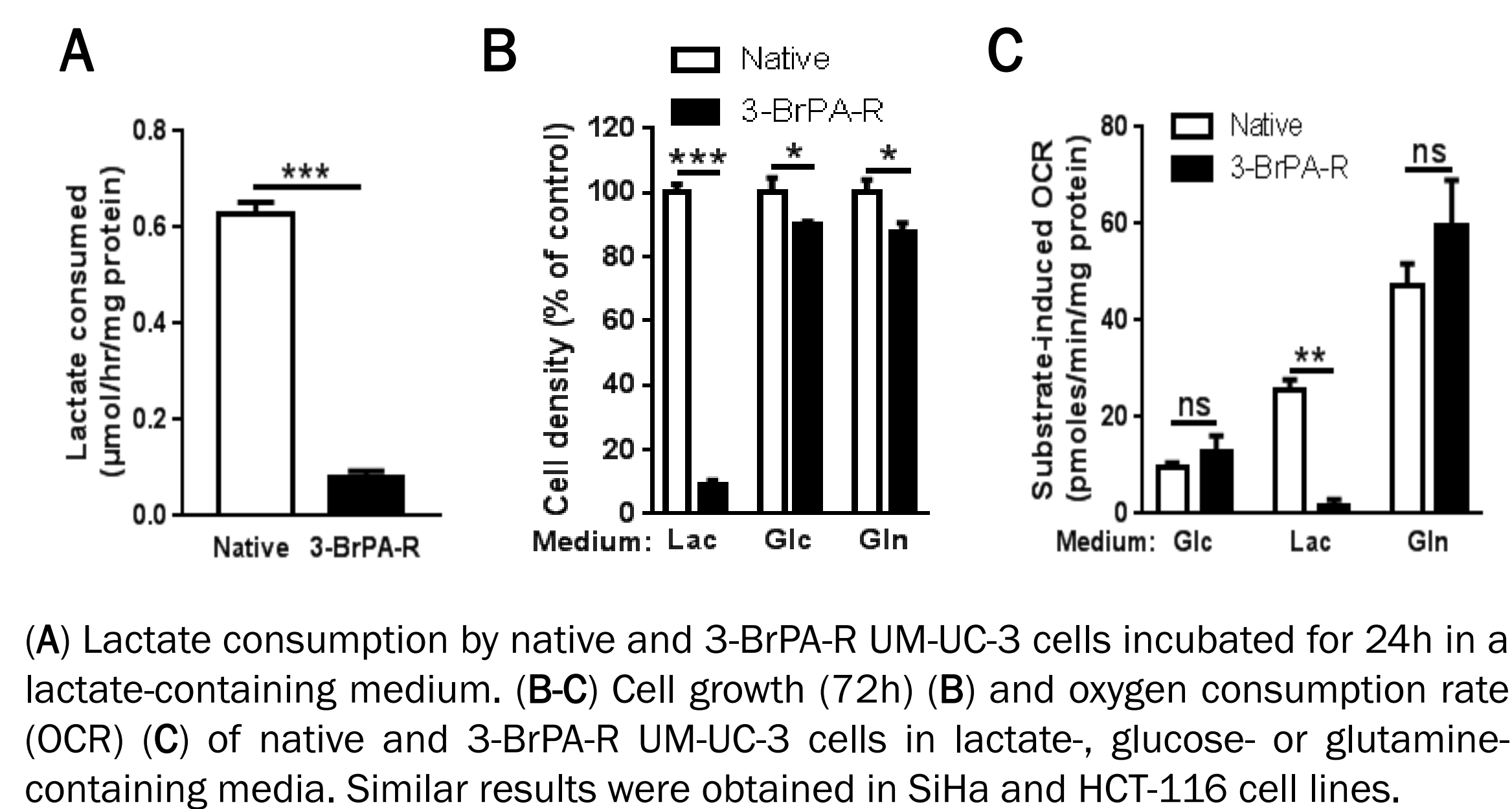
1. Establishment of 3-BrPA-resistant tumor cells



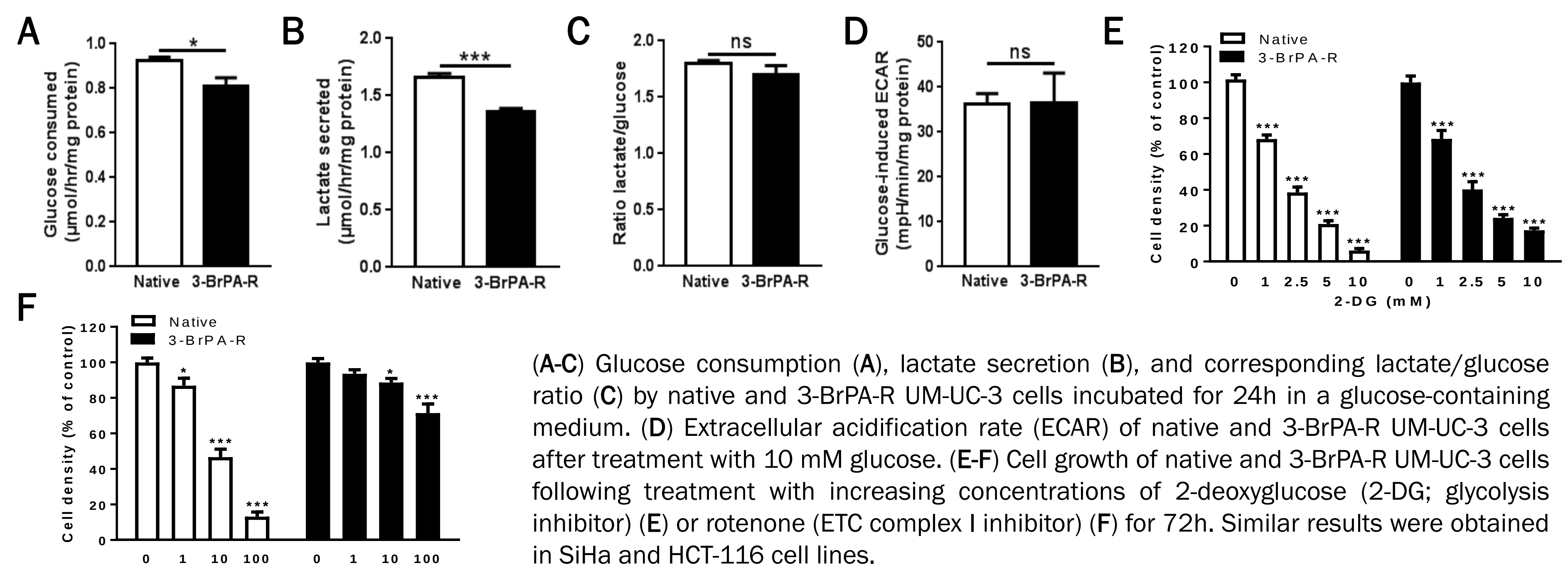
2. Epigenetic MCT1 silencing as a source of resistance to 3-BrPA



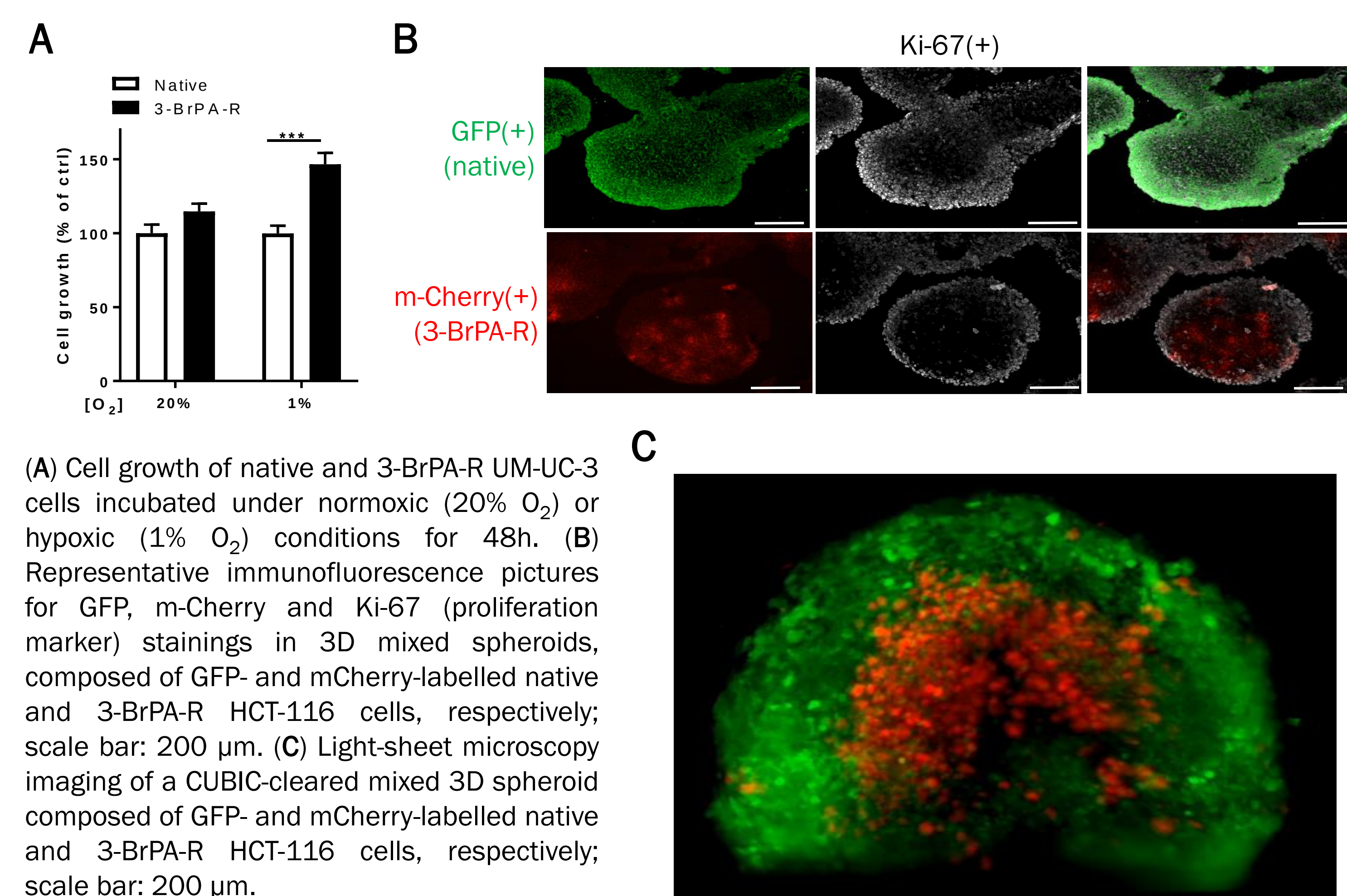
3. Lactate uptake and utilization are impaired in 3-BrPA-R tumor cells



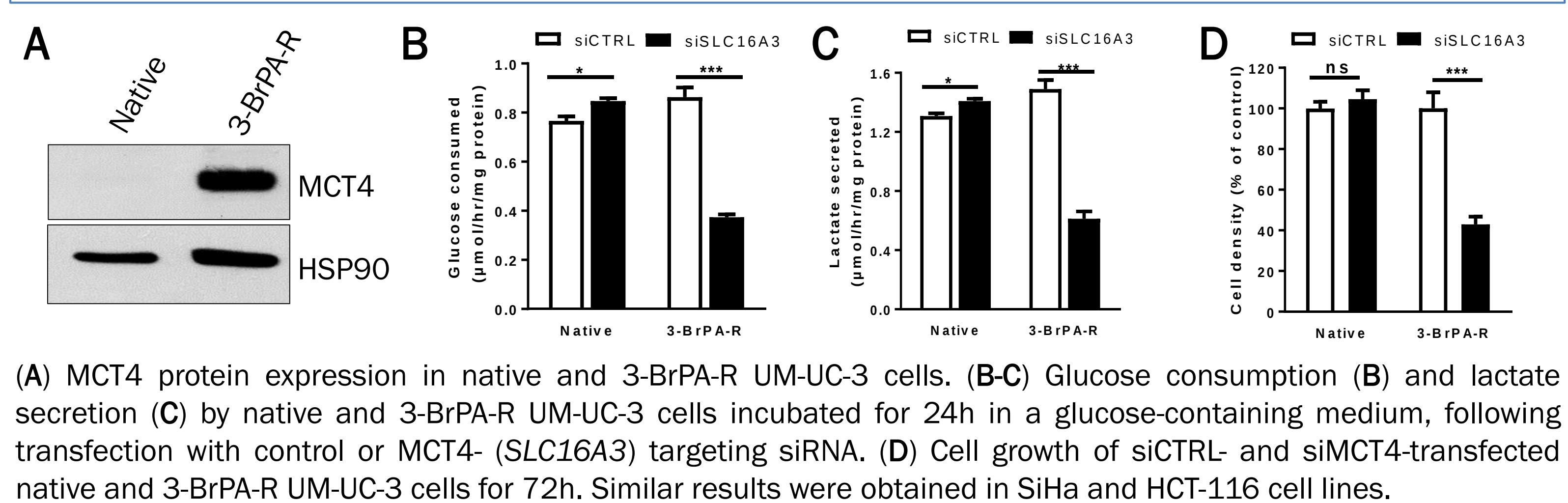
4. Glycolytic flux is maintained and preferred to OXPHOS in 3-BrPA-R cells



5. Glycolytic 3-BrPA-R tumor cells are particularly suited to survive under hypoxia



6. MCT4 supports glycolysis and growth in 3-BrPA-R tumor cells



CONCLUSIONS AND PERSPECTIVES

