Immune Cells vs. Cancer Cells: A Microscopic Energy Battle

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45 Abstract

46 Like living organisms, cancer cells require energy to survive and interact with their environment.
47 Recently, investigators demonstrated that cancer cells can hijack mitochondria from immune cells.
48 This behavior sheds light on a pivotal piece in the puzzle of cancer, the 'dependence'. This article
49 illustrates how new, functional mitochondria help cancer cells to survive in the harsh tumor
50 microenvironment, evade immune cells, and improve their malignancy. Finally, we will discuss how
51 blocking the routes supplying energy for cancer cells can improve the treatment outcomes of
52 radiotherapy, chemotherapy, and immunotherapy. This article provides a new theory in oncology,
53 the 'energy battle' between cancer and immune cells. It alludes each party with a higher energy level
54 can be the winner. This theory explains cancer biogenesis and provides novel insights to improve
55 treatment outcomes.

56 Keywords: ATP; Cancer cell; Mitochondria; T cell

57

58 1. Introduction

59   All living organisms require energy for their maintenance, growth, repopulation, and
60 appropriate response to external stimuli. Some organisms are self-sufficient ('autotrophs') and
61 acquire energy from sunlight or chemicals. The remaining organisms ('heterotrophs') rely on
62 autotrophs to secure energy [1]. A recent *in vitro* experiment from the United States demonstrated
63 that cancer cells are dependent on normal cells for their living and function. In Nov 2021, Saha et
64 al. demonstrated that cancer cells can hijack mitochondria (the cell's energy factories) from immune
65 cells via nanoscale tube-like structures [2]. Besides providing energy, mitochondria are essential
66 mediators for cancer cells' survival and evolution. In the following section, we describe how new,
67 functional mitochondria are vital for evolving cancer.

68

69 2. Mitochondria's Benefits for Cancer Cells

70 Mitochondria bring four crucial benefits for cancer cells (**Figure 1**);

71

72 2.1. Surviving in the Harsh Tumor Microenvironment

73   Cancer cells can survive in the harsh tumor microenvironment (TME) by (1) metabolic
74 switch to aerobic glycolysis (Warburg effect), (2) enhanced antioxidant capacity, (3) protective cell
75 cycle arrest ('quiescence' or 'dormancy'), and (4) autophagy [3]. Mitochondria are involved in the
76 aforementioned four strategies. Hexokinase (HK) is the rate-limiting enzyme of glycolysis, which
77 catalyzes the phosphorylation of glucose to glucose-6P. Functional mitochondria enable cancer cells
78 to drive sustained aerobic glycolysis by protecting HK from ubiquitination and by saving HK from

79   the negative-feedback effect of downstream glucose-6P [4]. The sustained glycolytic pathway provides
80   three benefits for cancer cells: (1) aerobic glycolysis can satisfy the anabolic demands of cancer cells
81   by providing lipids, proteins, and nucleotides [5]; (2) the pyruvates (interim products of aerobic
82   glycolysis) can serve as an antioxidant and neutralizes the intracellular reactive oxygen species
83   (ROS)—as a byproduct of cellular metabolism [6]; and (3) normoxic cancer cells can utilize lactate
84   (final products of glycolysis) as an energy source ('metabolic symbiosis') [5]. Emerging evidence has
85   put forward the mitochondria reaction to hypoxia in dormant cancer cells. In an _in vitro_ model of
86   dormant breast cancer, chronic hypoxia led to a marked increase in mitochondria number and
87   mitochondrial ROS (mtROS)—denoting mitochondria metabolism [7]. In addition, mitochondria
88   hijacking enables cancer cells to replace the old, defective mitochondria (degraded by mitophagy)
89   with the new, functional mitochondria from immune cells to reply to the mitochondria demands [2].
90

91   2.2. Immune evasion
92   Mitochondrial hijacking also enables immune evasion by depleting the energy of immune
93   cells. Ample evidence has revealed that T cells (as the lead of immune response to cancer) require
94   energy for the proper activation against cancer cells [8]. This mechanism is next to the formerly
95   recognized immune evasions mechanisms of cancer cells, including expressing immune checkpoint
96   inhibitors, drawing tumor-derived regulatory T cells and myeloid-derived suppressor cells (MDSCs)
97   into TME, defective antigen presentation, and releasing immune-suppressive mediators [9]. In
98   addition, the new functional mitochondria enable cancer cells to run more aerobic glycolysis. The
99   glycolysis upregulation leads to TME acidosis by disposing of lactate—as the end product of aerobic
100   glycolysis—in the extracellular milieu. In low-pH TME, T cells lose their function and enter a state
101   of anergy followed by apoptosis. Moreover, the activated glycolysis leads to enhanced expression of
102   glucose transporters (such as GLUT-1) and glycolytic enzymes in cancer cells. This process is
103   mediated by lactate-induced hypoxia-inducible factor-1α (HIF-1α) overexpression, which in turn
104   upregulates the GLUT-1 [10-12]. This process makes the glucose out of the reach of T cells and further
105   impedes the appropriate function of immune cells.
106

107   2.3. Upgrading Malignancy
108   Mitochondria generate 90% of the total cellular ROS volume [13]. Cancer cells with more
109   functional mitochondria have an elevated 'ROS balance'. In other words, they can generate more
110   mtROS on one hand, and better remove the generated ROS on the other hand. The former gives
111   rise to genomic instability, cell cycle checkpoint evasion, and enhances the ability to metastasize (by
112   driving epithelial-mesenchymal transition), and the latter impedes self-damage of oxidative stress to
113   mitochondrial and cellular nucleic acid, proteins, and lipids [14].
114

115   2.4. Resistance to Treatment
116   Most chemotherapeutics trigger cell death through oxidative stress. This is mediated by
117   damage to cancer cell components and promoting apoptosis [15]. Ionizing radiation can damage cancer

118   cells by direct damage to DNA or dominantly through ROS generation and indirect damages to
119   cellular or mitochondrial components [16]. Mitochondria protect cancer cells from chemotherapy and
120   radiotherapy by scavenging the generated ROS. Besides, mitochondria can give rise to multidrug
121   resistance by providing enough ATP molecules for the ATP-dependent multidrug efflux pumps [17].
122   In addition to radiotherapy and chemotherapy, mitochondria can enhance the resistance to
123   immunotherapy. This notion was demonstrated in an *in vivo* experiment, in which blocking the
124   mitochondria trafficking from T cells to cancer cells improved the efficacy of anti-programmed cell
125   death protein-1 (anti-PD-1) immunotherapy [2].
126

127   3. Discussion
128   In this article, we demonstrated the vital role of mitochondria in cancer cells' survival,
129   malignancy, and the confrontation with immune cells. In the struggle between immune and cancer
130   cells, each party with a higher energy level can win the battle. More functional mitochondria empower
131   the cancer cells and enable them to overcome their opponent, the immune cells.
132   As alluded to above, more functional mitochondria can better scavenge the ROSs and increase the
133   resistance threshold of cancer cells to radiotherapy and chemotherapy. Moreover, mitochondria
134   hijacking from immune cells upgrades the cancer cells' resistance to anti-PD-1 antibodies [2]. This
135   finding supports the hypothesis that T cells' mitochondria status determines response to anti-PD-1
136   immunotherapy [18]. In Jan 2021, Akbari and Taghizadeh-Hesary et al. demonstrated that T cells'
137   mitochondrial activation can improve the response to anti-PD-1 antibodies by improving
138   recognition (through PD-1 downregulation on T cells) and providing energy for long-term T cell
139   activation.
140   These strategic findings can introduce a new, potential theory in oncology, the 'energy battle'. In this
141   theory, shifting the energy balance toward the immune cells can improve the radiotherapy,
142   chemotherapy, and immunotherapy outcomes. Theoretically, leveling up the immune cells (against
143   cancer cells) can potentially serve as monotherapy. Immune cells with stronger mitochondria are
144   more efficient in all phases of cancer cell recognition (through PD-1 downregulation), activation,
145   proliferation, migration, and cancer cell killing [18-20]. All these phases are ATP-dependent [8, 18]. On
146   the other hand, cancer cells with weaker mitochondria cannot tolerate the bulk of ROSs generated
147   during radiotherapy and chemotherapy. Shifting the energy balance toward the immune cells can be
148   achieved by improving T cells' mitochondria in quantity and quality. For the primer, the T cells'
149   mitochondria numbers can be saved by blocking mitochondria hijacking [2]. The mitochondria
150   quality can increase by two strategies; (1) improving the lifestyle by regular exercise [21], low-SDA
151   (specific dynamic action) diet [22], good sleep [23], healthy weight [24], and smoking cessation [25]; and
152   (2) mitochondria boosting agents [e.g., activators of adenosine monophosphate-activated protein
153   kinase (AMPK), mammalian target of rapamycin (mTOR), and peroxisome proliferator-activated
154   receptor-gamma coactivator 1-alpha (PGC-1α)][26].
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156

157 4. Conclusions

158 Hitherto, scientists believed that cancer is an autonomous organism that does not obey the general

159 body regulations [27]. This notion seems to be true; however, it is not the whole story. The recent

160 finding of mitochondria hijacking from immune cells revealed another behavior of cancer cells, the

161 reliance on normal cells for survival and function. This feature seems to be cancer's Achilles' heel,

162 and the human being can overcome cancer by targeting this—and the possible other— route for

163 energy supply. Further studies are warranted to examine this theory.

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167 Declarations

168

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Figure 1. The pivotal role of mitochondria in cancer survival, immune evasion, malignancy, and resistance to treatments. Abbreviations: EMT, epithelial–mesenchymal transition; GLUT-1, Glucose transporter-1; HIF, hypoxia-inducible factor; HK, hexokinase; PD-1, programmed cell death protein-1; ROS, reactive oxygen species; TME, tumor microenvironment. (Created with BioRender.com)