

The 5,6-epoxycholesterol metabolic pathway in cancer: emergence of new pharmacological targets

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Abstract

Metabolic pathways have emerged as cornerstones in carcinogenic deregulation providing new therapeutic strategies for cancer management. This is illustrated by the recent discovery of a cholesterol metabolic branch involving the biochemical transformation of 5,6-epoxycholesterol (5,6-ECs). 5,6-ECs have been shown to be differentially metabolized in breast cancers (BC) compared to normal breast tissue. 5,6-ECs are metabolized into the tumour promoter oncosterone in BC, while they are transformed into the tumour suppressor metabolite dendrogenin A (DDA) in normal breast tissue. Blocking oncosterone's mitogenic and invasive potential will represent new opportunities for BC treatment. The reactivation of DDA biosynthesis, or its use as a drug, represents promising therapeutic approaches such as DDA-deficiency complementation, activation of BC cell re-differentiation and BC chemoprevention. This review presents current knowledge as to the 5,6-EC metabolic pathway in BC focusing on the 5,6-EC metabolic enzymes ChEH and HSD11B2, and on 5,6-EC metabolite targets LXR β and GR.

1. Introduction.

Metabolic reprogramming has emerged as a hallmark in cancer, impacting gene expression, cell differentiation and tumour microenvironment (Pavlova & Thompson, 2016). It is well established that cancer cells must rewire the cellular metabolism to satisfy the demands of growth and proliferation, most notably by providing energy, reducing equivalents and building blocks while several metabolites exert a signalling functions promoting tumour growth and progression (Danhier et al., 2017). The exploration of cancer metabolism for clinical benefits is required to identify metabolic pathways that are limiting for tumour progression (Vander Heiden & DeBerardinis, 2017). Cholesterol is a major lipid that is crucial as a building block for membrane formation and protein structuration (Grouleff, Irudayam, Skeby & Schiott, 2015). It is also the precursor of steroid hormones, bile acids and oxysterols (Schroepfer, 2000). Cholesterol biosynthesis is a multi-step process (Nes, 2011) that is subject to homeostasis and finely regulated in cells (Luo, Yang & Song, 2020). In cancer cells several deregulations have recently emerged, opening up new therapeutic strategies (Huang, Song & Xu, 2020; Kuzu, Noory & Robertson, 2016).

Recent epidemiological studies have shown that breast cancer (BC) still represent the world leading female cancer in terms of incidence and mortality (Bray, Ferlay, Soerjomataram, Siegel, Torre & Jemal, 2018; Global Burden of Disease Cancer et al., 2019). Thus, there is an urgent need to find and validate new therapeutic targets in order to improve patient survival and tumour recurrence. BC is a heterogeneous pathology and several molecular BC subtypes have been described driving therapeutic treatments. We can distinguish the following three major subtypes: 1) Estrogen receptor positive breast cancers (ER(+))BC are the most frequent BC and are treated with selective ER modulators (SERM) and aromatase inhibitors (AI). SERM block the mitogenic effects of 17 β -oestradiol (E2) at the ER level, and AI inhibit E2 neosynthesis in BC

(Jordan & Brodie, 2007). 2) ER(-)negative and HER2(+) BC are treated using anti-HER2 therapeutic antibodies that block the activation of HER2-dependent mitogenic pathways with or without conventional chemotherapy (Goldhirsch et al., 2011); 3) triple negative BC (TNBC) that do not express steroid hormone receptors and HER2 are treated by conventional chemotherapy with non-selective cytotoxic drugs (Goldhirsch et al., 2011).

Epidemiological population studies have identified links between cholesterol and cancer. Meta-analysis of clinical trials have shown an inverse relationship between circulating cholesterol levels and BC (Touvier et al., 2015), while hypercholesterolemia has been proposed as a risk factor for BC recurrence (Nelson, 2018), implying that cholesterol metabolism deregulations occurred in BC and that targeting cholesterol metabolism deregulations may be of interest for BC treatment and chemoprevention (Garcia-Estevéz & Moreno-Bueno, 2019).

At the molecular level, recent studies have shown that certain oxysterols display either tumour promoter but also tumour suppressor properties (Fig 1A). 27-hydroxycholesterol (27-HC) has been shown to stimulate ER(+)BC proliferation and invasiveness through the modulation of ER and LXR β respectively (Nelson et al., 2013). It has also been shown that the pro-metastatic action of 27-HC in mice required myeloid immune cell functions such as polymorphonuclear-neutrophils and $\gamma\delta$ -T cells at distal metastatic sites (Baek et al., 2017). In mice, it has been shown that the CXCR2 receptor was involved in this effect (Baek et al., 2017; Raccosta et al., 2013; Raccosta, Fontana, Traversari & Russo, 2013). It has been shown that other side-chain oxysterols displayed similar properties, possibly after sulfation by the sulfotransferase SULT2B1b (Moresco et al., 2018; Raccosta et al., 2013). These observations led to the proposal that combination therapies associating the inhibition of 27-HC biosynthesis at the 27-hydroxylase level (CYP27A1) and the use of ER α and LXR antagonist could increase the efficacy of treatments against ER(+)-BC (Nelson, 2018). In human, clinical studies from the EPIC-Heidelberg cohort showed that high level of circulating 27-HC were associated with a decreased BC risk in postmenopausal women suggesting that 27-HC could prevent BC in these cases (Le Cornet et al., 2020; Lu, Le Cornet, Sookthai, Johnson, Kaaks & Fortner, 2019). In contrast, strategies aiming to target 27HC biosynthesis as well as its effectors, as proposed by Nelson et al, should be limited to ER(+)-BC patients after an endocrine therapy to protect them against BC recurrence.

Certain B-ring oxysterols such as 7-hydroperoxycholesterol and 5,6-epoxycholesterol (5,6-EC) (Fig.1A) have retained the attention of researchers during the last century as they are major autoxidation and photo-oxidation products of cholesterol (Smith, 1981; Smith & Johnson, 1989), and are suspected to be alkylating substances and thus possibly mutagenic and carcinogenic. These oxysterols were shown to induce mutagenicity in some yeast strains (Ansari, Walker, Smart & Smith, 1982; Smith, Smart & Ansari, 1979) and chinese hamster V79 cells (Chang, Jone, Trosko, Peterson & Sevanian, 1988; Peterson, Peterson, Spears, Trosko & Sevanian, 1988; Sevanian & Peterson, 1984; Sevanian & Peterson, 1986) *in vitro*. However *in vivo* tests failed to show any carcinogenic potencies for 5,6-EC (el-Bayoumy et al., 1996). Meanwhile, recent studies have revealed that 5,6-EC are involved in a metabolic branch clearly involved in carcinogenesis and identified new 5,6-EC metabolites with opposite properties regarding BC oncogenesis. 1) 5,6 α -EC can give metabolites with antiproliferative and cancer cell redifferentiation properties: 5,6 α -EC can be sulphated by the sulfotransferase SULT2B1b in BC cells to produce 5,6 α -epoxy-cholesterol-3 β -sulfate (5,6-ECS) (Fig 1A) and 5,6-ECS was shown to induce BC cell death and BC cell redifferentiation activities *in vitro*. In normal breast tissue 5,6 α -EC was shown to be conjugated to histamine to give Dendrogenin A (Fig 1A,B), a steroidal alkaloid that displays tumour suppressive properties (de Medina et al., 2013; Poirot & Silvente-Poirot, 2018; Segala et al., 2017; Silvente-Poirot & Poirot, 2014) (Fig 2A). 2) 5,6 α -EC can be transformed into a tumour promoter: 5,6-ECs were shown to give a secondary metabolite named oncosterone (6-oxo-cholestan-3,6- diol, cholestan-3,6-diol-6-one, OCDO) (Fig 1A,C) with tumour promoter properties in ER(+)BC and TN BC (Poirot, Soules, Mallinger, Dalenc & Silvente-Poirot, 2018; Silvente-Poirot, Dalenc & Poirot, 2018; Voisin et al., 2017) (Fig 2B).

2. The 5,6-epoxycholesterols (5,6-ECs)

5,6-ECs exist as two different diastereoisomers: the 5,6 α -EC and the 5,6 β -EC (Fig 1A). They stem from

the mono-oxygenation of cholesterol on its $\Delta^{5,6}$ -double bond. In biological systems they can be produced as a mixture via a free radical lipid peroxidation process (Iuliano, 2011; Poirot & Silvente-Poirot, 2013; Porter, Xu & Pratt, 2020; Yin, Xu & Porter, 2011). The stereo-selective synthesis of 5,6 β -EC can be achieved using porphyrins, that mimic cytochrome p450 monooxygenases (Poirot & Silvente-Poirot, 2013), and a stereoselective biosynthesis of 5,6 α -EC by a yet unidentified cytochrome p450 have been described in bovine adrenals (Watabe & Sawahata, 1979). 5,6-EC are known as major autoxidation and photo-oxidation products of cholesterol (Smith, 1981). They are present in biological fluids and solid tissues from mammals (Poirot & Silvente-Poirot, 2013; Schroepfer, 2000).

The epoxide ring, is well known by chemists for its reactivity towards nucleophilic groups and is widely used for this reason in organic chemistry (Gorzynski Smith, 1984; Parker & Isaacs, 1959). 5,6 α -EC was suspected to be involved in skin photocarcinogenesis as it accumulated in skin after UV exposure (Black & Douglas, 1973; Black & Lo, 1971; Lo & Black, 1973; Lo & Black, 1972) and activated a ChEH activity to accelerate the hydrolysis and elimination of 5,6-EC (Chan & Black, 1974). Meanwhile, 5,6-EC were found to be chemically stable towards nucleophiles ruling out a direct carcinogenic activity (Paillasse, Saffon, Gornitzka, Silvente-Poirot, Poirot & de Medina, 2012).

In the presence of a catalyst 5,6 α -EC was the only of the two 5,6-ECs that reacts with nucleophiles to give a single product of addition with a 5 α -6 β stereochemistry through a trans-diaxial ring opening (Paillasse, Saffon, Gornitzka, Silvente-Poirot, Poirot & de Medina, 2012; Poirot & Silvente-Poirot, 2013) (Fig 1B). 5,6-EC were reported to be modulators of nuclear receptors such as Liver-X-Receptors α (LXR α) and β (LXR β) (Berrodin, Shen, Quinet, Yudit, Freedman & Nagpal, 2010; Song, Hiipakka & Liao, 2001) showing that these oxysterols are biologically active oxysterols. The metabolism of 5,6-EC has been previously reviewed and showed that 5,6 α -EC and 5,6 β -EC were differentially metabolized in mammals (Poirot & Silvente-Poirot, 2013). Interestingly, 5,6 β -EC was reported to accumulate in breast nipple fluids from patients with BC and preneoplastic breast lesions supporting that the 5,6-EC metabolism was linked to breast carcinogenesis (Gruenke, Wrensch, Petrakis, Miike, Ernster & Craig, 1987; Petrakis, Gruenke & Craig, 1981; Wrensch et al., 1989).

3. Metabolism of 5,6-epoxycholesterols

3.1. The cholesterol epoxide hydrolase (ChEH).

ChEH is responsible for the hydration of 5,6-ECs to give cholestane-3 β ,5 α ,6 β -triol (CT) (Aringer & Eneroth, 1974; Chan & Black, 1974; Nashed, Michaud, Levin & Jerina, 1985; Sevanian & McLeod, 1986) (Fig 1C). Like other epoxide hydrolases, ChEH was initially considered as a type II detoxification enzyme to eliminate toxicants (Morisseau & Hammock, 2005). However, the biological functions epoxide hydrolases have been extended to the control of the production of bioactive lipids (Kodani & Hammock, 2015; Morisseau, 2013; Newman, Morisseau & Hammock, 2005) as observed for other families of type two detoxification enzymes such as glutathione transferases (Board & Menon, 2013). CT was shown to display certain biological properties suggesting it may have a physiological role in mammals. CT is an oxysterol that can induce cytotoxicity *in vivo* and *in vitro* in normal and cancerous cells (Carvalho, Silva, Moreira, Simoes & Sa e Melo, 2010; Carvalho, Silva, Moreira, Simoes & Sa, 2011; Imai, Werthessen, Subramanyam, LeQuesne, Soloway & Kanisawa, 1980; Kandutsch, Chen & Heiniger, 1978) and hypocholesterolemia in animals (Aramaki, Kobayashi, Imai, Kikuchi, Matsukawa & Kanazawa, 1967). As opposed to other oxysterols such as 25-hydroxycholesterol, CT is not an inhibitor of the HMG-coA reductase, the rate-controlling enzyme of the cholesterol pathway, (Cavenee, Gibbons, Chen & Kandutsch, 1979). This hypocholesterolemic property of CT might be due to its inhibition of post-lanosterol cholesterologenic enzymes such as DHCR7 (Witiak, Parker, Dempsey & Ritter, 1971) and C4 lanosterol demethylase (Scallen, Dhar & Loughran, 1971), and to a modulation of the LXR α /SREBP2 axis (Lin et al., 2013). CT stimulates phospholipid biosynthesis and CTP-phosphocholine Cytidyltransferase in mammalian cells (Mahfouz, Smith, Zhou & Kummerow, 1996). CT was shown to inhibit osteoblastic differentiation and the induction of bone marrow stromal cell apoptosis (Liu, Yuan, Xu, Wang & Zhang, 2005). CT was also reported to suppress prostate cancer cell proliferation, migration and invasion (Lin et al., 2013), and to inhibit voltage-gated sodium channels (Tang et al., 2015; Tang et al., 2018). CT displays

chaperone properties for the Niemann-Pick C1 protein, which is an intracellular sterol transporter (Ohgane, Karaki, Noguchi-Yachide, Dodo & Hashimoto, 2014) and is also a blood marker for Niemann-Pick C1 Disease (Porter et al., 2010). This illustrates the fact that CT displays certain biological properties.

ChEH was characterized in 2010 as being carried out by a multiproteinaceous hetero-oligomeric complex. This complex includes enzymes involved in the late stages of cholesterol biosynthesis (de Medina, Paillasse, Segala, Poirot & Silvente-Poirot, 2010). ChEH is composed of the 3β -hydroxyterol- $\Delta 8$ - $\Delta 7$ -isomerase (D8D7I) and of the 3β -hydroxyterol- $\Delta 7$ -reductase (DHCR7). D8D7I also known as the emopamyl binding protein (EBP) is the catalytic subunit, and DHCR7 is a regulatory subunit of ChEH (Fig 3A). ChEH was characterized as a pharmacological target of the antitumour drugs tamoxifen and toremifene (de Medina, Paillasse, Segala, Poirot & Silvente-Poirot, 2010; de Medina et al., 2013; Segala et al., 2013; Sola et al., 2013). The different structural classes of drugs that inhibit the ChEH activity were also found to be inhibitors of EBP and/or DHCR7 leading to the accumulation of $\Delta 8$ - and/or $\Delta 7$ -cholesterol intermediates in the biosynthesis of cholesterol (Kedjouar et al., 2004; Korade et al., 2016; Segala et al., 2017; Silvente-Poirot & Poirot, 2012) (Fig 3B). $\Delta 8$ -cholesterol precursors such as zymostenol (cholest-8-ene- 3β -ol) were shown to induce BC cell arrest in the G1 phase of the cell cycle (Payre et al., 2008), lysosome biogenesis and autophagy (de Medina et al., 2009; de Medina, Silvente-Poirot & Poirot, 2009; Segala et al., 2017; Sola et al., 2013). Inhibition of EBP has been shown to enhance oligodendrocyte formation and myelination (Allimuthu et al., 2019; Hubler et al., 2018) suggesting that $\Delta 8$ intermediates in cholesterol biosynthesis play a role in cell differentiation. Truncated APC-selective inhibitors (TASIN) including EBP and DHCR7 inhibitors that are under development for colorectal cancer treatment applications (Cully, 2016; Theodoropoulos et al., 2020; Wang, Zhang, Morlock, Williams, Shay & De Brabander, 2019; Zhang, Kim, Luitel & Shay, 2018; Zhang et al., 2016). Interestingly, $\Delta 8$ - and $\Delta 7$ -sterols including zymostenol are unstable sterols that are prone to autoxidation (Kedjouar et al., 2004; Lamberson, Muchalski, McDuffee, Tallman, Xu & Porter, 2017; Payre et al., 2008; Porter, Xu & Pratt, 2020) to produce B-ring oxysterols (Lamberson, Muchalski, McDuffee, Tallman, Xu & Porter, 2017). On the other hand, B-ring oxysterols are known as endogenous ChEH inhibitors (de Medina, Paillasse, Segala, Poirot & Silvente-Poirot, 2010). This and the fact that EBP carries the ChEH activity, suggests that it will be important to consider these parameters in the cell differentiation effects of TASIN compounds especially if they are developed for clinical applications. The recent elucidation of the EBP structure complexed with tamoxifen (Long, Hassan, Thompson, McDonald, Wang & Li, 2019) by X-ray crystallography will encourage structure-function studies to identify amino acid residues responsible for ChEH activity.

In the clinic, Kaplan-Meier analyses of several BC transcriptome patient datasets showed that EBP and DHCR7 expression were positively correlated and were overexpressed in all BC subtypes compared to normal breast tissue (Voisin et al., 2017). In addition, it was reported that high levels of expression of EBP and DHCR7 were associated with a lower survival rate of patients (Voisin et al., 2017). ChEH can therefore represent an interesting target for the development of anticancer compounds which deserves further exploration with regard to redifferentiation therapies (Bizzarri, Giuliani, Cucina & Minini, 2020).

3.2. Oncosterone

3.2.1. Oncosterone an oncometabolite and a tumour promoter in BC

Studies on the 5,6-ECs metabolism in BC cell lines have shown that they are metabolized into CT by ChEH and that CT was subsequently transformed into a substance structurally characterized as the 6-oxo-cholestan- $3\beta,5\alpha$ -diol (OCDO, Oncosterone) (Fig 1C). Since ChEH is known to be inhibited by antiproliferative substances (de Medina, Paillasse, Segala, Poirot & Silvente-Poirot, 2010; Silvente-Poirot & Poirot, 2012), and that CT has been reported to display certain carcinogenic properties after oxydation (Cheng, Kang, Shih, Lo & Wang, 2005). This suggested that oncosterone could promote BC cell proliferation. Indeed, oncosterone was shown to dose-dependently stimulate the proliferation of human and mouse ER(+) and TNBC cell lines suggesting a receptor-mediated effect of oncosterone. Importantly, oncosterone was shown to stimulate the growth of BC tumours *in vivo*. The inhibition of ChEH inhibited BC tumour growth, and oncosterone addition rescued tumour growth. Together these data establish that oncosterone is a tumour promoter.

Thus blocking oncoesterone biosynthesis or neutralising oncoesterone receptor(s) provides a new rational for the pharmacological control of BC growth which is extremely attractive especially for TNBC for which no targeted therapy has been developed to date.

Only a few recent studies have included the dosage of oncoesterone (OCDO) in addition to other oxysterols (Dalenc et al., 2017; Iuliano et al., 2015; Soules et al., 2017). Since 5,6-EC and CT have been linked to several pathologies such as cancer and Niemann-Pick C1 disease, it will be interesting to include the dosage of oncoesterone in future studies to determine its potential role in these pathologies

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Oncosterone (OCDO) is an enzymatic oxidation product of CT and is not an autoxidation product of cholesterol (Poirot, Soules, Mallinger, Dalenc & Silvente-Poirot, 2018). Oncosterone was shown to be generated from CT by the 3β-hydroxysteroid dehydrogenase type 2 (HSD11B2) (Voisin et al., 2017). HSD11B2 is expressed in BC from patients and BC cell lines, while weakly or not expressed in normal breast tissue, and the expression of HSD11B2 paralleled OCDO levels, establishing that oncoesterone is an oncometabolite (Voisin et al., 2017). HSD11B2's primary function is the inactivation of cortisol by oxidation to produce cortisone (Chapman, Holmes & Seckl, 2013). This reaction is known to be reverted by HSD11B1, and HSD11B1 was earlier reported to reduce 7-ketocholesterol into 7β-hydroxycholesterol (Mitic et al., 2013). HSD11B1 was also found to catalyse the conversion of OCDO into CT (Voisin et al., 2017). HSD11B1 requires hexose-6-phosphate dehydrogenase (H6PD) for the regeneration of its cofactor NADPH in order to achieve a reductase activity. In the absence of H6PD, it was reported that HSD11B1 functions as an oxidase like HSD11B2 (Odermatt & Klusonova, 2015). HSD11B1 and H6PD were found weakly or not expressed in the breast and in BC as well as in BC cell lines showing that the eventual equilibrium of CT oncoesterone conversion was completely displaced in favour of oncoesterone production in BC (Voisin et al., 2017).

The knock down of HSD11B2 in the ER(+)-BC cell line MCF-7 blocks the endogenous production of oncoesterone, cell proliferation and clonogenicity *in vitro* and tumour growth *in vivo*. Addition of exogenous oncoesterone reverts the effect of HSD11B2 knock down (Voisin et al., 2017). These data suggest that the oncoesterone biosynthesis enzyme HSD11B2 may constitute a target for the development of inhibitors in BC treatment. Natural and synthetic inhibitors of HSD11B2 have been described and it would be of interest to define their impact on OCDO biosynthesis (Latif, Pardo, Hardy & Morris, 2005; Morris, Latif, Hardy & Brem, 2007; Vitku et al., 2016; Zhou, Ye, Wu, Ye & Chen, 2017). An open question and an exciting challenge will be to develop HSD11B2 inhibitors that block oncoesterone biosynthesis with little or no impact on the cortisol metabolism to limit side effects such as hypertension. Such inhibitors could display anticancer properties in all BC-subtypes, offering new targeted therapies for TN BC. Such a hypothesis should deserve further exploration.

Analysis of HSD11B2 expression in patient BC samples showed that it was significantly higher than in normal matched tissue. Kaplan-Meier analyses of several BC transcriptome patient datasets showed that high levels of HSD11B2 mRNA were associated with a poor prognosis. High expression levels of both ChEH subunits and HSD11B2 were associated with the risk highest risk of patient mortality (Voisin et al., 2017). These data strongly support the development of ChEH and HSD11B2 inhibitors for BC treatment.

3.2.3. Oncosterone is a ligand and a modulator of nuclear receptors.

Glucocorticoid receptor (GR) and oxysterol receptors LXR have been identified as oncoesterone receptors. Oncosterone was shown to activate the nuclearization of GR in MDA-MB231 TN BC cells as observed with cortisol. Oncosterone was found to antagonize cortisol in its stimulation of the expression of two GR-dependent SGK1 and MKP1 genes. Gene reporter assays further confirmed that oncoesterone did not modulate other oxysterol receptors such as RORs or FXR (Voisin et al., 2017), and binding assays showed that oncoesterone interacted with LXRs and GR. GR knock down in BC cell lines induced a loss of the proliferative effects of oncoesterone. A similar effect was also observed with GR ligands such as mifepristone (RU38486) and dexamethasone showing that GR mediates oncoesterone mitogenicity. Structural differences

between cortisol and oncoesterone are key elements that drive GR activation differently in terms of gene regulation and cell proliferation. This suggests that conformational modifications of GR complexes will affect differently the recruitment of co-regulators, GR dimerization states (Kadmiel & Cidlowski, 2013; Vandewalle, Luypaert, De Bosscher & Libert, 2018) and even GR heterodimerization with other nuclear receptors (De Bosscher, Desmet, Clarisse, Estebanez-Perpina & Brunsveld, 2020).

In contrast, the LXR knock down did not affect OCDO-mediated BC cell proliferation (Voisin et al., 2017). Since LXR was found to control 27HC invasiveness, it was postulated that LXR could mediate the pro-invasive effects of oncoesterone. Further investigations will be required to show that genetic and pharmacological inhibition of LXR can block the effects of oncoesterone. These observations, in addition to the links that have already established between GR, glucocorticoids and BC (Kanai et al., 2020; Obradovic et al., 2019; Perez Kerkvliet et al., 2020; Tonsing-Carter et al., 2019), highlight the pharmacological interest of GR targeting for the control of BC development. The discovery of oncoesterone as an endogenous GR ligand in BC will add a new rationale to consider the implication of GR in BC development. Together these data underline the pharmacological importance of GR and LXR as effector of oncoesterone and give a new rationale for the targeted therapy of BC (Fig 3).

3.3. Dendrogenin A (DDA)

3.3.1. DDA is enzymatically produced in normal tissues

Researchers have hypothesized that 5,6-EC could be metabolized into inducers of cell-differentiation such as dendrogenin A for several reasons: 1) ChEH contains the microsomal anti-oestrogen binding site (AEBS) which controls BC cell death and differentiation, showing that 5,6-EC and 5,6-EC metabolites mediated BC cell differentiation (de Medina et al., 2009; Payre et al., 2008; Segala et al., 2013; Silvente-Poirot & Poirot, 2012); 2) ChEH subunits EBP and DHCR7 are required for human development programs (Herman, 2003; Porter & Herman, 2011) opening up the possibilities that ChEH activity and 5,6-EC metabolites could contribute to development programs as inducers of cell differentiation; 3) at the chemical level, 5,6 α -EC was found to be reactive towards nucleophilic groups such as mercaptant and amines only in the presence of a catalyst and give a single conjugated stereoisomer amongst multiple possibilities (Silvente-Poirot, de Medina, Record & Poirot, 2016). This supported the possible existence of a new metabolic branch based on 5,6 α -EC stereospecific conjugation since homochirality is a common occurrence in life (Blackmond, 2019; Fujii & Saito, 2004); 4) the AEBS binds 5,6-EC and nucleophilic substances such as histamine or polyamines opening up a possibility of conjugation reaction at the ChEH level (Leignadier, Dalenc, Poirot & Silvente-Poirot, 2017). The chemical synthesis of 5,6 α -EC conjugation products with certain biogenic amines including histamine and polyamine has been performed (de Medina, Paillasse, Payre, Silvente-Poirot & Poirot, 2009). As expected, 5,6 α -EC conjugates displayed strong cell differentiation properties *in vitro* (de Medina, Paillasse, Payre, Silvente-Poirot & Poirot, 2009). Amongst these conjugates, the histaminic adduct called dendrogenin A (DDA), was found to induce cell differentiation properties in pluripotent undifferentiated cells (de Medina, Paillasse, Payre, Silvente-Poirot & Poirot, 2009) and normal progenitor cells (Khalifa, de Medina, Erlandsson, El-Seedi, Silvente-Poirot & Poirot, 2014). DDA was reported to induce cell differentiation and death in mouse and human cells of various tissue origins (Bauriaud-Mallet et al., 2019; de Medina, Paillasse, Payre, Silvente-Poirot & Poirot, 2009; de Medina et al., 2013). More specifically DDA was found to induce BC cell re-differentiation to produce breast epithelial-like cells (Bauriaud-Mallet et al., 2019; de Medina, Paillasse, Payre, Silvente-Poirot & Poirot, 2009; de Medina et al., 2013). The production of chemical tools such as radio- and deuterium-labelled DDA, and the development of analytical methods has made possible the detection and quantification of DDA in mammalian tissues which has led to the demonstration that DDA exists in mammals (de Medina et al., 2013; Soules et al., 2019). DDA can be formed in mammalian tissue from 5,6 α -EC and histamine and this reaction was shown to require a proteinaceous enzyme that remains to be identified (de Medina et al., 2013). Cultured normal breast epithelial cells produced DDA, while DDA was not detectable in BC cell lines (de Medina et al., 2013). This suggests that a deregulation in DDA metabolism could occur during oncogenesis and it may result from an alteration of the DDA metabolism in epithelial cells. This was confirmed in patients by comparing DDA levels in BC tumours and normal

adjacent tissues (de Medina et al., 2013). Interestingly, thanks to the improvement of analytical methods for DDA quantification, dendrogenin B which is a 5,6 α -EC conjugate of spermidine with neurodifferentiation and neurone regeneration properties (Dalenc, Poirot & Silvente-Poirot, 2015; de Medina, Paillasse, Payre, Silvente-Poirot & Poirot, 2009; Fransson, de Medina, Paillasse, Silvente-Poirot, Poirot & Ulfendahl, 2015; Khalifa, de Medina, Erlandsson, El-Seedi, Silvente-Poirot & Poirot, 2014) was found to exist as a mammalian metabolite (Soules et al., 2019). This showed that a new metabolic branch existed in the cholesterol pathway and this branch is centered around 5,6 α -EC conjugation and produces inducers of cell differentiation.

3.3.2. DDA is an oxysterol with chemopreventive and oncosuppressive properties

DDA is a mammalian metabolite present in mammalian tissue including the breast, the levels of which decreased drastically during oncogenesis. Tested on preclinical models of BC in immunocompetent mice, DDA was found to inhibit the growth of aggressive syngeneic tumours at low doses (0.035 μ g/kg). This effect was observed on a chemopreventive setting and after 10 days of post implantation of BC cells in mice. Analysis of tumours from treated animals showed that cancer cells harboured features of normal epithelial mammary cells, and that tumours were infiltrated with T lymphocytes and dendritic cells (de Medina et al., 2013). This data suggested that the immune system could contribute to the anti-cancer action of DDA. This was further supported by the fact that the same treatment with the same dose of DDA was inefficient to cure or prevent BC development in immunodepressed nude mice (Sandrine Silvente-Poirot et al, unpublished observations). It has been reported that DDA inhibits ChEH (de Medina et al., 2013) and OCDO production in BC cells (Voisin et al., 2017). This explains the control of OCDO mitogenicity *in vitro* and *in vivo* in BC tumors implanted in immunocompromised mice at DDA doses that induced ChEH inhibition (Voisin et al., 2017). This confirmed the existence of a metabolic balance involving on 5,6-EC and controlled by ChEH (Silvente-Poirot & Poirot, 2014; Voisin et al., 2017). Whether the DDA/oncosterone ratio reflects a pre-cancerous or a cancerous situation in the breast deserves further investigations. Together these data suggest that the use of DDA could be an interesting alternative strategy for BC treatment through a metabolic deficiency complementation- and redifferentiation-therapy.

3.3.3. DDA is an LXR modulator that induces lethal autophagy in cancer cells.

DDA was found to induce cell death and differentiation in mouse and human cancer cells. Further work was done to study the molecular mechanisms involved in DDA cytotoxicity. It was found that DDA induced cytotoxicity in cultured cancer cells in a dose- and time-dependent manner suggesting the implication of a receptor, death was not apoptotic, and required gene expression and protein neosynthesis (Segala et al., 2017), as observed with other ChEH inhibitors (de Medina et al., 2009; Leignadier, Dalenc, Poirot & Silvente-Poirot, 2017; Payre et al., 2008). However, as opposed to other ChEH inhibitors, DDA cytotoxicity was not inhibited by anti-oxidants because 5,6-EC do not accumulate and are not second messengers of DDA (de Medina et al., 2009; Leignadier, Dalenc, Poirot & Silvente-Poirot, 2017; Payre et al., 2008; Segala et al., 2017). Studies on the DDA molecular mechanism of cytotoxicity showed that it induced lethal autophagy (Segala et al., 2017) as opposed to other ChEH inhibitors that induced a protective autophagy (Leignadier, Dalenc, Poirot & Silvente-Poirot, 2017). ChEH contributed to autophagy through the accumulation of pro-autophagic Δ 8-sterols due the inhibition of its EBP subunit (de Medina, Silvente-Poirot & Poirot, 2009; Silvente-Poirot, Segala, Poirot & Poirot, 2018). DDA was found to be a ligand of LXR α and LXR β receptors as opposed to other ChEH inhibitors (Segala et al., 2013). Genetic and pharmacological evidences has been given to confirm that LXR β was required for lethal autophagy. Although DDA was a poor modulator of canonical LXR-dependent genes, it activated via LXR β the transcription of genes encoding master regulators of lysosome biogenesis and autophagy such as the transcription factor EB (TFEB) (Segala et al., 2017). DDA is, to our knowledge, the first example of an LXR ligand that induces TFEB expression. Such an effect has not been reported to date by other cytotoxic natural LXR ligands belonging to the oxysterols family. It was further established that DDA did not modulate other common nuclear receptors establishing its selectivity to LXRs (Segala et al., 2017).

It was next established that DDA, at cytotoxic doses, actively inhibit the growth of human and mouse tumours implanted into immunocompromized mice with different administration modes, including primary

tumours from patients (Segala et al., 2017). Knock down of LXR receptors in cancer cells using small interfering RNA (siRNA) or single hairpin RNA (shRNA) approaches strongly impaired DDA induction of autophagy and its anticancer activities *in vitro* and *in vivo* (Segala et al., 2017). This showed that LXR β was required to control the anticancer activity of DDA. The particular cell death induced by DDA compared to conventional ChEH inhibitors and LXR modulators is probably due to its specific LXR β -dependent regulation of gene expression and induction of Δ 8-sterols accumulation as discussed earlier (Poirot & Silvente-Poirot, 2018). Moreover, this suggests that the control of autophagy might be a specific physiological function of the LXR β isoform when activated by specific ligands such as DDA. This data shows the importance of LXR in cancer cells as targets for anticancer strategies. Due to the established importance of LXR in the tumour micro-environment (Ma & Nelson, 2019) and in the control of the immune response (Fessler, 2016), it will be interesting to determine how autophagy and LXR from immune cells can contribute to the anti-tumour action of DDA observed in immunocompetent mice (de Medina et al., 2013). It would be of interest to determine the impact of combination treatments of DDA with other chemotherapeutic agents acting through different molecular mechanisms, and in particular with drugs that have a limited therapeutic outcome or resistance through the induction of protective autophagy.

4. Conclusion:

We report herein that 5,6-ECs are at the center of a newly discovered metabolic branch that controls carcinogenesis (Fig 4). The identification of oncoesterone, its biosynthetic pathway and its effectors, highlights the existence of interesting targets for the development of anticancer drugs applicable for TNBC treatment (Fig 5). This is reminiscent of the development of targeted therapeutic strategies against the tumour promoter 17 β -oestradiol for ER(+)-BC treatment (Simpson & Santen, 2015). On the other hand, studies of the 5,6 α -EC metabolism in normal tissues led to the identification of DDA. Surprisingly DDA was found to display tumour suppressor properties on BC through the activation of cell differentiation and death programs, and the inhibition of oncoesterone biosynthesis, highlighting the existence of a metabolic balance between the tumour promoter oncoesterone and the tumour suppressor DDA. This opens up new options for the development of new anticancer agents targeting the oncoesterone pathway in BC and new strategies for the chemoprevention of BC. This also provides a new rational at the molecular level to study potential relationships that may exist between cholesterol, diet and BC oncogenesis programs (Silvente-Poirot, Dalenc & Poirot, 2018).

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List of abbreviations: DDA: dendrogenin A; 5,6-EC: 5,6-epoxycholesterol; 5,6alpha-EC: 5,6alpha-epoxycholesterol; 5,6beta-EC: 5,6beta-epoxycholesterol; CT: Cholestane-3beta,5alpha,6beta-triol; OCDO: 6-oxo-cholestan-3beta,5alpha-diol ; AEBS: microsomal antioestrogen binding site; D8D7I: 3beta-hydroxyterol-Delta8-Delta7-isomerase; EPB: emopamyl binding

protein; DHCR7: 3β -hydroxyterol- $\Delta 7$ -reductase; ChEH: cholesterol-5,6-epoxide hydrolase; HSD11B1: 11β -hydroxysteroid dehydrogenase type 1; H6PD, HSD11B2: 11β -hydroxysteroid dehydrogenase type 2; ER: estrogen receptor; LXR: liver-X-receptor; GR: glucocorticoid receptor; BC: breast cancer; ER(+)/BC: estrogen receptor positive BC; TNBC, triple negative BC; HER2: Epithelial Growth Factor Receptor of type 2; SERM: selective ER modulators; AI: aromatase inhibitors; 27-HC: 27-hydroxycholesterol; CXCR2: C-X-C Motif Chemokine Receptor 2; SULT2B1b: hydroxysteroid sulfotransferase 2B1b; CYP27A1: Cytochrome P450 Family 27 Subfamily A Member 1; 5,6-ECS: 5,6 α -epoxy-cholesterol- 3β -sulfate; zymostenol: cholest-8-ene- 3β -ol.

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Figure legends:

Figure 1: A) Detailed chemical structure of: cholesterol, 27-hydroxycholesterol (27-HC), 5,6 α -epoxycholesterol (5,6 α -EC), 5,6 β -epoxycholesterol (5,6 β -EC), 5,6 α -epoxy-cholesterol- 3β -sulfate (5,6-ECS), DDA: dendrogenin A, Cholestane- $3\beta,5\alpha,6\beta$ -triol (CT), 6-oxo-cholestan- $3\beta,5\alpha$ -diol (oncosterone). B) 5,6 α -EC can react with histamine to give dendrogenin A in the presence of a chemical catalyst or an enzyme. C) 5,6-EC is hydrated by the cholesterol-5,6-epoxide hydrolase (ChEH) to give CT. CT is transformed into OCDO by the 11β -hydroxysteroid dehydrogenase type 2 (HSD11B2) to give oncosterone. The reverse reaction is catalysed by the 11β -hydroxysteroid dehydrogenase type 1 (HSD11B1) and the hexose-6-phosphate dehydrogenase (H6PD), the enzyme that produces the cofactor NADPH necessary for the reductase activity of HSD11B1.

Figure 2: A) DDA is a mammalian metabolite produced in normal tissues. DDA is a tumour suppressor metabolite that induces cancer cell re-differentiation into normal-like cells and kills cancer cells via a mechanism of lethal autophagy. DDA inhibits oncosterone biosynthesis at the ChEH step. B) Oncosterone is a tumour promoter that stimulates cancer cell proliferation.

Figure 3: A) ChEH is made of two subunits involved in the late steps of cholesterol biosynthesis. ChEH catalyses the trans-hydration of the epoxide ring 5,6-EC to produce CT which can be subsequently transformed into oncosterone. B) DDA inhibits ChEH which blocks the hydration of 5,6-EC and induces the accumulation of zymostenol.

Figure 4: Snapshot of the 5,6-EC metabolism in normal and pathological breast.

Figure 5: Diagram showing different pharmacological strategies to block the enzymes responsible of oncosterone biosynthesis from 5,6-EC and the receptors that are effectors of oncosterone tumour promoter activity. DDA can control oncosterone biosynthesis and action at the ChEH and LXR levels.

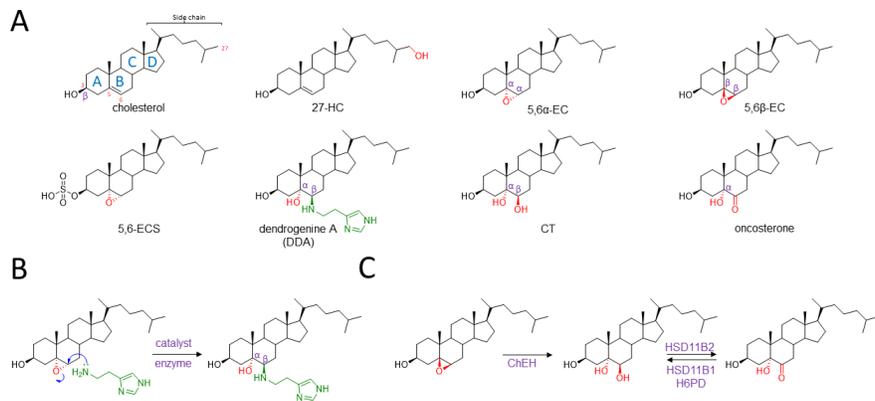


Figure 1

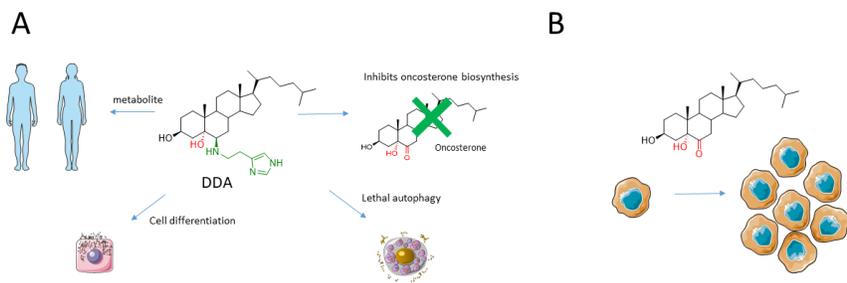


Figure 2

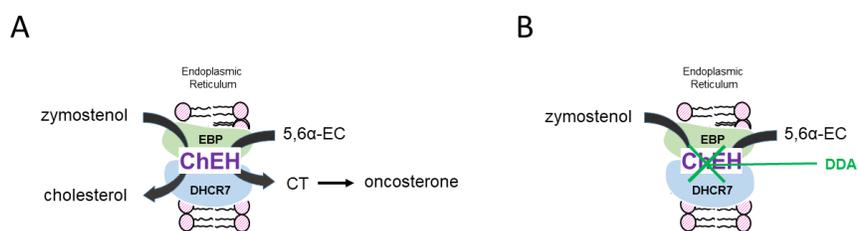


Figure 3

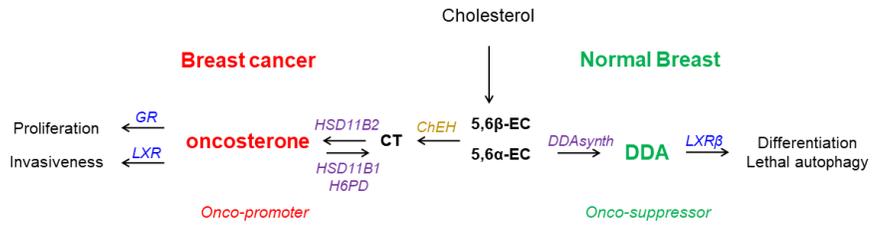


Figure 4

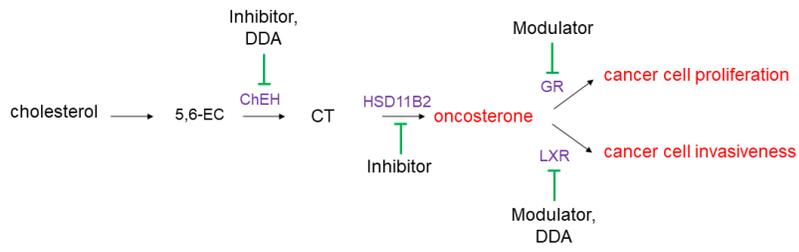


Figure 5