Chemical, physical and biological factors triggering Bcl-xL-mediated apoptosis

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ABSTRACT

We demonstrated recently that Bcl-xL-specific inhibitors prematurely killed virus-infected or RNA/DNA-transfected cells. Here we showed that Bcl-xL-specific agent A-1155463 prematurely killed human non-malignant as well as malignant cells and the small roundworm *C. elegans* when combined with DNA-damaging agent 4-nitroquinoline-1-oxide (4NQO). The synergistic effect of 4NQO-A-1155463 combination was p53-dependent, was associated with the release of Bad and Bax from Bcl-xL and with mitochondrial outer membrane permeabilization (MOMP), indicating that Bcl-xL linked DNA damage response, p53 signalling and apoptotic pathways. In addition, combinations of Bcl-xL specific inhibitors with several anticancer agents, immunosuppressant drug, antiviral drug, DNA binding probes or UV radiation also killed cells. Thus, we identified biological, chemical and physical factors triggering Bcl-xL-mediated apoptosis.

INTRODUCTION

Apoptosis is a tightly regulated process that kills cells with damaged or pathogenic DNA, RNA, and proteins (Elmore, 2007; Shim, Kim, Tenson, Min & Kainov, 2017). When apoptosis is inhibited, cells that should be eliminated may persist and become malignant (Wong, 2011).

B cell lymphoma 2 (Bcl-2) family of proteins are key players in apoptosis (Kale, Osterlund & Andrews, 2018). For example, Bcl-xL, Bcl-2 and Mcl-1 are anti-apoptotic, whereas Bax, Bak and Bad are pro-apoptotic members of the family (Denisova et al., 2012; Fernandez et al., 2018; Kuivanen et al., 2017). Interaction between pro- and anti-apoptotic proteins determine the fate of a cell. In particular, alteration of the interactions could lead to release of Bax and Bak which could form a pore in the mitochondrial outer membrane that allowed cytochrome C to escape into the cytoplasm and activate the caspase cascade (Shamas-Din, Kale, Leber & Andrews, 2013).

Several chemical inhibitors were developed to bind anti-apoptotic of Bcl-2 proteins and induce cancer cells death including recently developed Bcl-PROTACs (Adams, Clark-Garvey, Porcu & Eischen, 2018)(Khan, Zhang et al. 2019, Wang, He et al. 2019, He, Zhang et al. 2020). These small molecules belong to several structurally distinct classes (Fig. 1a). First class of Bcl2i includes ABT-737 and its derivatives ABT-263 (navitoclax) and ABT-199 (venetoclax); second class includes WEHI-539 and its derivatives, A-1331852 and A-1155463. There are other classes of Bcl-2 inhibitors containing structurally similar molecules, such as S63845 and S64315, S55746 and A1210477.

The inhibitors have different affinities to Bcl-2 protein family members (Fig. 1b). For example, ABT-199 has a high affinity to Bcl-2; WEHI-539, A-1331852 and A-1155463 are specific for Bcl-xL; S63845, S64315, S55746 and A1210477 have high affinity to Mcl-1; whereas ABT-263 binds Bcl-2, Bcl-xL and Bcl-w with similar affinity. Importantly, ABT-199 was approved, whereas ABT-263, S63845 and several other Bcl-2 inhibitors are currently in clinical trials against blood cancers and solid tumours (Casara et al., 2018; King, Peterson, Horvat, Rodriguez & Tang, 2017; Korycka-Wolowiec, Wolowiec, Kubiak-Mlonka & Robak, 2019; Timucin, Basaga & Kutuk, 2019) (NCT02920697). These drugs provide opportunities for treatment of hematologic and other types of cancers, but also create new challenges associated with emerging drug resistance of cancer cells and toxicity for non-cancer cells (e.g. thrombocytopaenia).

To obtain additive or synergistic effects, enhance efficacy of treatment and combat genetically heterogeneous cancers, Bcl-2 inhibitors were combined with other anticancer drugs (Fig. 1c; bcl2icombi.info) (Chen et al., 2011; Haikala et al., 2019; Jeong, Oh, Jeong, Lee, Lee & Ahn, 2019; Shen et al., 2018). The drug combinations were also used to lower the dose of Bcl-2 inhibitors to overcome resistance and toxicity issues for non-malignant cells (Adams, Clark-Garvey, Porcu & Eischen, 2018). Dozens of the drug combinations have been reported to be active *in vitro* (cell culture, patient-derived cells or organoids) and *in vivo* (patient-derived xenograft mouse models). In addition, 109 combinations (excluding combinations with biological agents) were in clinical trials. However, only ABT-199 in combination with azacytidine, decitabine or cytarabine was approved for the treatment of acute myeloid leukaemia (AML).

Clinical trials with 31 combinations have been terminated, withdrawn or suspended due to adverse effects or other issues. These include trials with ABT-263 plus bendamustine and rituximab in patients with relapsed diffuse large B cell lymphoma, ABT-263 plus abiraterone acetate with or without hydroxychloroquine in patients with progressive metastatic castrate refractory prostate cancer, as well as ABT-199 plus RICE (rituximab, ifosfamide, carboplatin, etoposide), or plus rifampin, or plus bortezomib and dexamethasone, ixazomib and carfilzomib (NCT02471391, NCT01423539, NCT03064867, NCT01969682, NCT02755597, NCT03314181, NCT03701321). The identification of the adverse effects prior to clinical trials is challenging, but could save lives for many cancer patients.

We noticed that many Bcl-2 inhibitors have been combined with compounds, which damaged cellular DNA, RNA or proteins by targeting DNA replication, RNA transcription and decay, as well as protein signalling and degradation pathways. Here, we shed new light on the mechanisms of actions of such combinations and identified chemical, physical and biological factors which trigger Bcl-xL-mediated apoptosis. First, we showed that combination of DNA-damaging agent 4-nitroquinoline-1-oxide (4NQO) together with Bcl-xL-specific inhibitor A-1155463, but not drugs alone, killed human malignant and non-malignant cells, as well as for *C. elegans*. The synergistic effect of the drug combination was p53 dependent. Moreover, it was associated with the release of Bad and Bax from Bcl-xL. Second, we demonstrated that several anticancer drugs (i.e. amsacrine, SN38, cisplatin, mitoxantrone, dactinomycin. dinaciclib, UCN-01, bortezamib, and S63845), as well as birth-control 17α-ethynylestradiol, immunosuppressant cyclosporin, antiviral brincidofovir, DNA binding MB2Py(Ac), DB2Py(4) and DBPy(5), as well as UV radiation triggered Bcl-xl-mediated apoptosis in non-malignant cells. Finally, we discussed the application of our findings for the development of novel options for treatment of cancer and other diseases.

METHODS

Bcl2iCombi.info database

We reviewed developmental status of Bcl-2 inhibitors and their combinations with other anticancer therapeutics. We summarized the information in freely accessible database (bcl2icombi.info). The drug annotations were obtained from PubChem, DrugBank, DrugCentral, PubMed and clinicaltrials.gov databases (Kim et al., 2019; Ursu et al., 2019; Wishart et al., 2018). The database summarizes activities and developmental stages of the drug combinations and allows their interactive exploration. A feedback form is available on the website. The database will be updated upon request or as soon as a new drug combination is reported.

Compounds

ABT-199 (CAS: 1257044-40-8), A-1331852 (CAS: 1430844-80-6), A-1155463 (CAS: 1235034-55-5), and S63845 (CAS: 1799633-27-4) were purchased from Selleck Chemicals (Houston, TX, USA). 4NQO (CAS: 56-57-5) was from Merck Life Science (Espoo, Finland). Dimeric bisbenzimidazoles DBA(3), DBA(5), DBA(7), monomeric MB2Py(Ac), dimeric DB2Py(4) and DB2Py(5) benzimidazole-

pyrroles were synthesized as described previously (Koval et al., 2018)(Ivanov, Susova, Salyanov, Kirsanov & Zhuze, 2013). A library of 527 approved and emerging investigational oncology drugs were from the collection of the Institute of Molecular Medicine Finland, FIMM (www.fimm.fi/en/services/technology-centre/htb/equipment-and-libraries/chemical-libraries). A library of 48 drugs commonly dispensed in Norway was assembled based on Norwegian Prescription Database (www.norpd.no). Table S1 lists these compounds, their suppliers and catalogue numbers. A library of 50 safe-in-man broad-spectrum antivirals was published previously (Ianevski et al., 2018). To obtain 10 mM stock solutions, compounds were dissolved in dimethyl sulfoxide (DMSO, Sigma-Aldrich, Steinheim, Germany) or milli-Q water. The solutions were stored at −80 °C until use.

Cells

Human telomerase reverse transcriptase-immortalized retinal pigment epithelial (RPE, ATCC) and epithelial colorectal adenocarcinoma (Caco-2, ATCC) cells were grown in DMEM-F12 medium supplemented with 100 U/ml penicillin/streptomycin (Pen/Strep), 2 mM L-glutamine, 10% FBS, and 0.25% sodium bicarbonate (Sigma-Aldrich, St. Louis, USA Human H460 cells were grown in RPMI medium supplied with 10% FBS and Pen-Strep. Human adenocarcinomic alveolar basal epithelial cells (A549, ATCC) were grown in DMEM medium supplied with 10% FBS and Pen-Strep. Human colon cancer cell lines HCT116 *TP53*$^{+/+}$ and HCT116 *TP53*$^{-/-}$ were grown in McCoy's 5A Medium (Sigma, M9309) supplemented with 10% FBS and Pen/Strep. The cell lines were maintained at 37°C with 5% CO2.

Bone marrow aspirates (n=6) were obtained from patients with AML (n=6) after informed consent, using protocols approved by a local institutional review board of Helsinki University Hospital and Comprehensive Cancer Center and in accordance with the Declaration of Helsinki. Mononuclear cells (MNCs) were isolated by density gradient separation (Ficoll-Paque PREMIUM; GE Healthcare, Little Chalfont, Buckinghamshire, UK) and immediately analyzed or vitally frozen for later use. Cells were maintained in mononuclear cell medium (MCM; Promocell, Heidelberg, Germany) or in a 25% HS-5 CM plus 75% RPMI 1640 medium mix. Cell viability was measured using the CellTiter-Glo (CTG) reagent (Promega, Madison, WI), according to the manufacturer's instructions, with a PHERAstar FS plate reader (BMG LABTECH, Ortenberg, Germany).

C. elegans maintenance, lifespan and toxicity assays

Standard *C. elegans* strain maintenance procedures were followed in all experiments (Brenner, 1974; Fang et al., 2019; Fang et al., 2016; Fang et al., 2014). Nematode rearing temperature was kept at 20 °C, unless noted otherwise. N2: wild type Bristol isolate was from Caenorhabditis Genetics Center (CGC).

For lifespan experiments, gravid adult worms were placed on NGM plates containing either A-1155463 (10 µM), 4NQO (10 µM), combination A-1155463 (10 µM) + 4NQO (10 µM) or vehicle control and seeded with OP50 to lay eggs. Progeny were grown at 20°C through the L4 larval stage and then transferred to fresh plates in groups of 30-35 worms per plate for a total of 100 individuals

per experimental condition. Animals were transferred to fresh plates every 2–4 days thereafter and examined every other day for touch-provoked movement and pharyngeal pumping, until death. Worms that died owing to internally hatched eggs, an extruded gonad or desiccation due to crawling on the edge of the plates were censored and incorporated as such into the data set. Survival curves were created using the product-limit method of Kaplan and Meier. The log-rank (Mantel–Cox) test was used for statistical analysis.

A series of toxicity *e*xperiments, including fecundity, egg hatching, larval development, were conducted using N2 Bristol isolate *C. elegans*, which were cultivated as previously described (Brenner, 1974) and maintained at 20°C. Briefly, for the toxicity assay animals were initially synchronised by bleaching gravid adults (adult day 1-4) to extract the eggs. Eggs were placed on nematode growth medium (NGM) plates seeded with *Escherichia coli* (OP50). L4 larvae were subsequently transferred onto fresh OP50-seeded NGM plates and allowed to grow to adulthood. Ten adult day 1 worms (n = 30-50/experimental condition) were transferred onto assay NGM plates with OP50 containing either A-1155463 (1, 10, 100 µM), 4NQO (1, 10, 100 µM), combination A-1155463 (10 µM) plus 4NQO (2, 10, 20 µM) or vehicle control. Animals laid eggs for three hours. Subsequently, adults were removed from the plate and the frequency of eggs laid was quantified as a measure of reproduction and egg-laying capacity of worms. The following day the frequency of unhatched eggs and L1 larvae were counted in order to evaluate the efficiency of egg hatching. Subsequently, 36 h later, development to L4 larvae was assessed, as a measure of larval growth. Finally, growth of L4 larvae to adulthood was quantified after 16 h.

The toxicity assay was conducted at 20°C on 10 ml NGM plates seeded with 100 µl OP50 from an overnight culture. Drug compounds and vehicle solvents were dissolved in a total volume of 200 µl, sufficient to cover the entire surface of the plate, and were dried at room temperature for 1-2 h prior to the transfer of worms. Each chemical concentration was tested three-five times. Statistical analysis was conducted using One-Way ANOVA followed by Tukey's multiple comparison test.

Real-time impedance assay

RPE cells were grown at 37°C in 16-well E-Plates to 90% confluency. The plates were supplied with golden electrodes at the bottom of the wells and a weak electrical current was constantly applied to the cell medium. The changes in the cell adherence indexes (CI) were monitored by the xCELLigence real-time drug cytotoxicity system (ACEA Biosciences, San Diego, USA) as described previously (Solly, Wang, Xu, Strulovici & Zheng, 2004). When cells reached 90% confluency, 1 µM 4NQO, 1 µM A-1155463 or their combination were added. Control cells were treated with 0.01% of DMSO. CI were normalized and monitored for another 24 hours.

Cell viability assay

Approximately, $4x10^4$ RPE or HCT116 cells per well of 96-well plate were treated with A-1155463, 4NQO or both compounds. Control cells were treated with 0.01% of DMSO. After 24 or 48 h,

respectively, the viability of cells was measured using the Cell Titer Glo assay (CTG, Promega). Luminescence was measured using PerkinElmer Victor X3 or Synergy Mx plate readers.

Cell toxicity assay

Approximately, $4x10^4$ HCT116 cells per well of 96-well plate were treated with 1 µM 4NQO, 1 µM A-1155463 or their combination. Control cells were treated with 0.01% of DMSO. After 24 h, the death of cells was detected using the Cell Toxicity Assay (CTxG, Promega). Fluorescence was measured using PerkinElmer Victor X3 Reader.

Early apoptosis assay

Approximately, $4x10^4$ RPE, HCT116 *TP53*$^{+/+}$ or *TP53*$^{-/-}$ cells per well of 96-well plate were treated with 1 µM 4NQO, 1 µM A-1155463 or their combination. Control cells were treated with 0.01% of DMSO. Activation of apoptosis was assessed using RealTime-Glo Annexin V Apoptosis and Necrosis Assay (Promega). Luminescence was measured using PerkinElmer Victor X3 Reader.

Apoptosis and phospho-kinase arrays

Approximately, $1x10^6$ RPE cells per well of 6-well plate were treated with 1 µM 4NQO, 1 µM A-1155463 or their combination. Control cells were treated with 0.01% of DMSO. After 2 h, relative levels of apoptosis-related proteins and protein kinase phosphorylation were determined using proteome profiler human apoptosis and human phospho-kinase array kits, respectively, as described in the manuals (R&D Systems, Minneapolis, MN, USA). Membranes were scanned using Odyssey Li-Cor system.

Metabolic labelling of cellular RNA and proteins

Approximately, $1x10^5$ RPE cells per well of 12-well plate were treated with 1 µM 4NQO, 1 µM A-1155463 or their combination dissolved in 500 µl cell growth medium. Control cells were treated with 0.01% of DMSO. The medium was supplemented with 3 µl of [alpha-P32]UTP (9,25 MBq, 250 µCi in 25 µl). Cells were incubated for 2 h at 37 °C. Cells were washed twice with PBS. Total RNA was isolated using RNeasy Plus extraction kit (Qiagen, Hilden, Germany). RNA was separated on 1% agarose gel. Gel was dried. Total RNA was detected using ethidium bromide. ^{32}P-labeled RNA was monitored using autoradiography and visualised using Typhoon 9400 scanner (GE Healthcare).

In a parallel experiment, the compounds or DMSO were added to 500 µl cysteine- and methionine-free DMEM medium (Sigma-Aldrich, Germany) containing 10% BSA and 3 µl [^{35}S] EasyTag Express protein labelling mix (7 mCi, 259 MBq, 1175 Ci/mmol in 632 ml; Perkin Elmer, Espoo, Finland). After 2 h of incubation at 37 °C cells were washed twice with PBS, lysed in 2 × SDS-loading buffer and sonicated. Lysates were loaded and proteins were separated on a 10% SDS-polyacrylamide gel. ^{35}S-labelled proteins were monitored using autoradiography and visualised using a Typhoon 9400 scanner (GE Healthcare).

UV radiation assay

RPE cells were exposed to UVC (λ = 254 nm) or to UVB (λ = 302 nm) using Hoefer UVC 500 Ultraviolet Crosslinker (20 J/cm^2) or VM25/30/GX trans-illuminator as UV sources, respectively. 1 µM A-1155463 or 0.1% DMSO were added to the cell medium. After 24 h viability of cells was measured using CTG assay (Promega, Madison, USA). The luminescence was read with a PHERAstar FS plate reader (BMG Labtech, Ortenberg, Germany).

Synergy calculations

RPE cells were treated with increasing concentrations of a Bcl-2 inhibitor and other drug. After 24 h cell viability was measured using CTG assay. To test whether the drug combinations act synergistically, the observed responses were compared with expected combination responses. The expected responses were calculated based on Bliss reference model using SynergyFinder web-application (Ianevski, He, Aittokallio & Tang, 2017). For in vitro combinatorial experiments where the whole dose-response matrix was measured, a normalized Bliss reference model, i.e. Zero Interaction Potency (ZIP) model was utilized. Unpaired t-test p-value was calculated using stats R package (v.3.6.3), to test the null hypothesis that no difference exists between synergy score mean values of two groups.

Fractionation of RPE cells

RPE cells were remained untreated or treated with 1 µM A-1155463, 1 µM 4NQO or their combination for 2 h. The cells were washed with PBS and collected in the cell lysis buffer consisting of 10 mM HEPES, pH 7.5, 10 mM KCl, 0.1 mM EDTA, 1 mM dithiothreitol, 0.5% Nonidet‑40 and protease inhibitor cocktail. The cells were placed on ice for 20 min with vortexed mix every 5 min, and then centrifuged at 12,000 g at 4°C for 10 min. The supernatant was collected as cytoplasmic fraction. Remaining cell pellets were washed three times with the cell lysis buffer and resuspended in the nuclear buffer consisting of 20 mM HEPES, pH 7.5, 400 mM NaCl, 1 mM EDTA, 1 mM dithiothreitol, protease inhibitor cocktail. The resuspended nuclear fraction was placed in ice for 30 min and centrifuged at 12,000 g at 4°C for 15 min. The supernatant was collected as nuclear extracts. Protein concentration of all cell fractions was determined using Bradford's reagent (BioRad, USA).

Analysis of mitochondrial membrane potential

RPE cells were remained untreated or treated with 1 µM A-1155463, 1 µM 4NQO or their combination for 2 h. The mitochondrial potential was determined using JC-1 dye staining according to the manufacturer's instruction (ThermoFisher Scientific). The cells were washed once with PBS and stained with 10 ug/ml of JC-1 dye in culture medium for 10 min. The images of JC-1 staining were captured using EVOS fluroscence microscope and the mitochondrial potential was indicated by the shift of the fluorescence intensity ratio of J-aggregate (535/590 nm) and monomers (485/530 nm).

Immuno-precipitation and immuno-blotting

RPE cells were remained untreated or treated with 1 μM A-1155463, 1 μM 4NQO or their combination for 2 h. Cells were lysed in buffer containing 20 mM Tris-HCl, 0.5% NP-40, 150 mM NaCl, 1.5 mM MgCl2, 10 mM KCl, 10% Glycerol, 0.5 mM EDTA, pH 7.9 and protease inhibitor cocktail (Sigma). Bcl-xL-associated factors were immuno-precipitated using rabbit anti-Bcl-xL antibody (54H6, Cell Signalling Technology) immobilized on the magnetic Protein G Dynabeads (Thermo Fisher Scientific). Normal rabbit IgG (Santa Cruz Biotechnology, sc-2025) was used to control immunoprecipitation with an equal volume of cell lysate. The immobilized protein complexes together with the appropriate whole-cell extract inputs were subjected for SDS-PAGE followed by immunoblotting.

Proteins were transferred to nitrocellulose membrane (Sartorius). The membranes were blocked with 10% BSA (Santa Cruz Biotechnology) in TBS. Primary antibodies (rabbit anti-Bax, SC-493, 1:1000; rabbit anti-BAD, sc-493, 1 : 1000; rabbit anti-Bad, D24A9, 1:1000; mouse anti-p53, sc-126, 1 : 1000; mouse anti-GAPDH, sc-32233; 1 : 1000 (Santa Cruz Biotechnology); goat anti-p53, af1355, 1:1000 (RnD Systems) anti-Bcl-xL, 1 : 1000, 54H6) were diluted in TBS and added to the membranes. After overnight incubation at 4 °C, membranes were washed three times with TBS buffer containing 0.03% Tween 20 (Tween/TBS). Secondary antibodies conjugated to HRP (Santa Cruz Biotechnology, anti-mouse: m-IgGκ BP-HRP, sc-516102; anti-rabbit mouse anti-rabbit IgG-HRP, sc-2357) were added. Chemiluminescence was detected using the Western Lightning Chemiluminescence Reagent (Perkin Elmer) by ChemiDoc Imaging System (BioRad).

HCT116 *TP53*$^{+/+}$ and *TP53*$^{-/-}$ cells remained untreated or were treated with 1 μM A-1155463, 1 μM 4NQO or both compounds. After 16 h, cells were lysed, and proteins were separated using 4-20% gradient SDS-PAGE. The proteins were transferred to a Hybond-LFP PVDF membrane. The membranes were blocked using 5% milk in Tris-buffered saline (TBS). p53 and GAPDH were detected using mouse anti-p53 and mouse anti-GAPDH antibodies as described above.

Confocal microscopy

RPE cells were treated with 1 μM A-1155463, 1 μM 4NQO or both compounds. Control cells were treated with 0,1% DMSO. After 1 and 2 h cells were fixed using 3.3% formaldehyde in 10% FBS and PBS, pH 7.4. Cells were permeabilized using 10% FBS and 0.1% Triton X-100 in PBS. Bad, Bax (2 different antibodies), Bcl-xL, p53 and Tom40 were detected using rabbit anti-Bcl-xL (1 : 250; clone 54H6; Cell Signalling Technology), mouse anti-Bax (1:250; 2D2, sc-20067), rabbit anti-Bax (1:250; N-20, sc-493), rabbit anti-BAD (1:250; clone D24A9; Santa Cruz Biotechnology), mouse anti-p53 (1 : 250; Santa Cruz Biotechnology) and anti-Tom40 (1:250; Santa Cruz Biotechnology, sc-11414) antibodies were used. Secondary goat anti-mouse IgG (H+L) Alexa Fluor® 488 and 568 (Thermo Scientific), goat anti-rabbit IgG (H+L) Alexa Fluor® 488 and 568 (Thermo Scientific) antibodies were used. ProLong™ Gold Antifade Mountant (Invitrogen) with DAPI was used for mounting of cells. Cells were imaged using Zeiss LSM710 confocal microscope.

RESULTS

Toxicity of A-1155463-4NQO combination in C. elegans

We demonstrated recently that A-1155463 prematurely killed virus-infected or RNA/DNA-transfected cells via Bcl-xL-mediated apoptosis (Bulanova et al., 2017; Kakkola et al., 2013; Shim, Kim, Tenson, Min & Kainov, 2017). We hypothesised that not only invasive RNA or DNA (biological factors) but also DNA/RNA-damaging chemical or physical factors could trigger apoptosis in A-1155463-sencitized cells. We tested DNA-damaging agent 4NQO (Walker & Sridhar, 1975) plus Bcl-xL-specific inhibitor A-1155463 in C. elegans. The worms treated with A-1155463-4NQO combination died faster than those treated with either A-1155463 or 4NQO (Fig. 2a, b). Moreover, the worms treated with the drug combination exhibited defects in reproduction and development (Fig. 2c). The Bliss synergy scores for adult development, L4 development and egg hatching were 19, 21 and 24 respectively. Treatment with A-1155463 or 4NQO alone did not affect these stages. Thus, combination of 4NQO with A-1155463 had a severe impact on the C. elegans lifespan, reproductive system and development.

Toxicity of A-1155463-4NQO combination for human non-malignant and malignant cells

To recapitulate the *in vivo* toxicity of A-1155463-4NQO combination in *in vitro* experiments, we used human non-malignant retinal pigment epithelium (RPE) cells. PRE cells died 3 h after treatment with A-1155463-4NQO combination, whereas majority of cells treated with either A-1155463 or 4NQO remained viable for 24 h as measured by real-time impedance assay (Fig. 3a). Another cell viability assay, which quantified intracellular ATP, demonstrated that the effect of A-1155463-4NQO combination was synergistic (ZIP synergy score, 14±3; Fig. 3b). Similar results were obtained with 4NQO in combination with another Bcl-xL-specific inhibitor, A-133852 (ZIP synergy score, 17±0; Fig. 3c). ABT-263, a pan-Bcl-2 inhibitor, also showed synergy with 4NQO (ZIP synergy score, 8±1; Fig. 3c). In contrast, combinations of 4NQO with the Bcl-2- or Mcl-1-specific inhibitors did not show a synergy (ZIP synergy scores, 3±1 and 2±1, respectively; Fig. 2c). These results suggested that the DNA-damaging agent combined with Bcl-xL-, but not Bcl-2- or Mcl1-specific inhibitors facilitated the death of human non-malignant cells.

We also tested 4NQO-A-1155463 and 4NQO-A-1331852 combinations in 3 cancer cell lines (A549, H460 and Caco-2; Fig. 3d). In addition, we tested 4NQO-A-1155463 combination in a panel of patient-derived primary cell cultures (Fig. 3e). The combinations showed synergy in all tested cells, indicating that the DNA-damaging agent combined with Bcl-xL-specific inhibitor facilitated the death of human non-malignant as well as malignant cells.

4NQO triggered overexpression of p53, A-1155463 mediated release of Bad and Bax from Bcl-xL, and concerted action of 4NQO and A-1155463 led to mitochondrial outer membrane permeabilization

Immunoblot analysis of whole-cell extracts, nuclear and cytoplasm fractions showed that p53, a key regulator of DNA-damage response and Bcl-xL-dependent apoptosis, was over-expressed and

accumulated in the nucleus of RPE cells after 2 h in response to 4NQO treatment (both as single agent and in combination; Fig. 4a, b). Confocal microscopy confirmed this observation (Fig. 4c).

Immuno-precipitation of Bcl-xL-interacting partners showed that A-1155463 displaced Bad and Bax from Bcl-xL in RPE cells after 2 h of treatment (Fig. 4a). This is in agreement with previous observations that upon treatment with a Bcl-xL inhibitor, BAX localized to the outer mitochondrial membrane and dimerize with BAK to form the pores to induce mitochondrial outer membrane depolarization (MOMP) (Kakkola et al., 2013; Lai, Chi & Chen, 2007).

We monitored MOMP with the membrane-permeant JC-1 dye. JC-1 dye exhibits potential-dependent accumulation in apoptotic mitochondria, indicated by a fluorescence emission shift from green to red. Fig. 4d shows that treatment of RPE cells with 4NQO-A-1155463 combination for 4 h decreased the red/green fluorescence intensity ratio compared to non-, 4NQO- or A-1155463-treated cells. This result indicated that concerted action of DNA-damaging agent and Bcl-xL inhibitor led to MOMP.

Of note, treatment of RPE cells for 2 h with 4NQO, A-1155463 or their combination did not substantially affect general translation as well as expression levels of several apoptotic proteins (Fig. S1b,c). By contrast, RNA synthesis and protein phosphorylation (EGFR, ERK1/2, PYK2 and c-Jun) were affected by the combination (Fig. S1a,d). These effects could represent the immediate early responses to apoptosis.

p53 is needed for A-1155463-4NQO synergy

To understand the significance of p53 overexpression for A-1155463-4NQO synergy, we used malignant HCT116 TP53$^{-/-}$ cells, which lacked p53 expression (Fig. 5a). A-1155463-4NQO combination had substantially lower effect on viability, death and early apoptosis of TP53$^{-/-}$ cells (Fig. 5b-d). By contrast, A-1155463-4NQO combination killed malignant HCT116 TP53$^{+/+}$ cells, at the same concentrations as for RPE cells. These results indicated that p53 was essential for A-1155463-4NQO synergy.

Synergistic toxicity of Bcl-xL-specific inhibitors combined with other anticancer agents

We next tested combinations of A-1155463, A-133852, ABT-199, and S63845 with 39 DNA, RNA and protein damaging agents in RPE cells. The experiment revealed that A-133852 and A-1155463 in combination with these agents were highly synergistic, indicating that Bcl-xL was essential for induction of apoptosis in non-malignant cells under chemical insults (Fig. 6a, b). Importantly, combinations with high or low synergy scores (δ from 7.5 to 47.7) induced expression of p53 after 2 h of treatment (Fig. 6c). Interestingly, combinations of S63845 with Bcl-xL, but not Bcl-2 inhibitors were highly synergistic (cytotoxic) indicating that S63845 could damage Mcl-1 or another potential cellular target (Fig. 6d).

Moreover, screening of A-1331852 with 527 approved and emerging investigational anticancer agents revealed 64 highly synergistic combinations (δ>7.5; Table S2). The hit anticancer agents

targeted mainly cellular DNA replication (i.e. amsacrine, SN38, cisplatin, mitoxantrone, etoposide, dactinomycin), RNA transcription (i.e. dinaciclib, THZ2, alvocidib, fludarabine), protein signalling (i.e. AMG-232, UCN-01, pictilisib, triciribine) or cytoskeleton (i.e. idasanutiin , indibulin, vinorelbine), and, therefore, damaged DNA, RNA and proteins (Fig. 6e). Thus, these agents induced p53-dependent Bcl-xL-mediated apoptosis, i.e. Bcl-xL was essential for induction of apoptosis in non-malignant cells treated with RNA, DNA or protein-damaging agents.

Chemical agents that trigger Bcl-xL-mediated apoptosis

Next, we tested monomeric bisbenzimidazole-pyrrole MB2Py(Ac), dimeric benzimidazole-pyrroles DB2Py(4) and DB2Py(5), as well as dimeric bisbenzimidazoles DBA(3), DBA(5), and DBA(7) on A-1155463-sensitized and non-sensitized RPE cells. These 6 molecules were developed to bind minor groove of DNA (Ivanov, Susova, Salyanov, Kirsanov & Zhuze, 2013; Koval et al., 2018). MB2Py(Ac), DB2Py(4) and DB2Py(5), but not DBA(3), DBA(5), and DBA(7), primed A-1155463-sensitized cells for apoptosis ($p = 0.01$, unpaired t-test; Fig. 7a). The synergy scores calculated using 3 highest doses of MB2Py(Ac), DB2Py(4) and DB2Py(5) were 6 , 5 and 4, respectively, whereas for DBA(3), DBA(5), and DBA(7) they were -11, -16, and -14, respectively.

Given that DB2Py(4) and DB2Py(5) differed from DBA(n) molecules by the pyrrole fragment and the N-methylpiperazine end group (instead of dimethylaminopropylamide; Fig. S2), these differences appeared to be essential for initiation of apoptosis in A-1155463-sensitized RPE cells. Moreover, dimerization of B2Py(n) was not essential for Bcl-xL-mediated apoptosis, since both MB2Py(Ac) and DB2Py(n) had similar synergy scores. Most probably, MB2Py(Ac) bound minor groove of cellular DNA and altered pol II transcription, which led to accumulation of aberrant RNA transcripts, that triggered apoptosis in A-1155463-sensitized RPE cells. Thus, the MB2Py(Ac), DB2Py(4) and DB2Py(5) possessed DNA-binding activity that could interfere with general transcription.

We further exploited Bcl-xL-mediated apoptosis for identification of chemical agents that damage cellular DNA, RNA or proteins. We tested library consisting of 48 drugs commonly dispensed in Norway as well as random library consisting of 50 safe-in-man broad-spectrum antiviral agents. We found that 17α-ethynylestradiol, bortezomib, cyclosporin and brincidofovir primed A-1155463-sensitized RPE cells for apoptosis (Bliss synergy score >6). These results indicated that 17α-ethynylestradiol, cyclosporin and brincidofovir could damage cellular DNA, RNA or proteins and subsequently could induce apoptosis (Fig. 7b,c). Moreover, we confirmed that bortezomib impaired protein degradation, which could be associated with accumulation of damaged proteins, which triggered Bcl-xL-mediated apoptosis (Kim, Song, Zhang, Bartlett & Lee, 2014).

Physical factors that trigger Bcl-xL-mediated apoptosis

We next exposed A-1155463-sensitized and non-sensitized RPE cells to UVB and UVC radiation, which similarly to the 4NQO treatment, induced lesions in DNA (Walker & Sridhar, 1975). After 24 h the cell viability was measured using the CTG assay. We observed that already 8 sec of UVB or UVC exposure killed A-1155463-sensitized but not non-sensitized RPE cells (Bliss synergy scores: 31.2

and 23.8, respectively; Fig. 8a,b). Similar effect was observed in UVC-exposed A-1155463-sensitized cancer A549, H460 and Caco-2 cell lines (Fig. 8c). This indicated that UV triggered Bcl-xL-mediated apoptosis in non-malignant and malignant human cells.

DISCUSSION AND CONCLUSIONS

We showed recently that non-malignant cells infected with viruses or transfected with viral RNA or plasmid DNA were sensitive to Bcl-xL-specific inhibitor A-1155463 (Bulanova et al., 2017; Kakkola et al., 2013; Shim, Kim, Tenson, Min & Kainov, 2017). This indicated that invasive RNA or DNA, i.e. biological factors, could trigger apoptosis, and that Bcl-xL could serve as 'safety fuse' controlling the process (Fig. 9).

Here we identified physical and chemical factors which trigger Bcl-xL-mediated apoptosis. We showed that anticancer agents targeting DNA replication (i.e. amsacrine, SN38, cisplatin, mitoxantrone, etoposide, dactinomycin), RNA transcription (i.e. 4NQO, dinaciclib, THZ2, alvocidib, fludarabine), protein signalling (i.e. AMG-232, UCN-01, pictilisib, triciribine) or cytoskeleton (i.e. idasanutib, indibulin, vinoirelbine) killed cells sensitized with Bcl-xL-, but not Bcl-2- or Mcl-1-specific inhibitors. Moreover, we found that birth-control drug 17α-ethynylestradiol, immunosuppressant cyclosporin, antiviral agent brincidofovir, DNA-binding probes MB2Py(Ac), DB2Py(4) and DB2Py(5), as well as UVB and UVC radiation killed A-1155463-sencitized cells.

In addition, we demonstrated that DNA-damaging agent 4NQO killed human non-malignant and malignant cells, as well as small roundworm C. elegans, which were sensitized with A-1155463. The cell death was dependent on the concentration of both agents. The synergistic effect of 4NQO-A-1155463 combination was p53 dependent and was associated with the release of Bad and Bax from Bcl-xL. Our results suggest that intracellular receptors sensed damaged DNA, transmitted this information via p53 to anti-apoptotic Bcl-xL, which released pro-apoptotic Bax and Bad to trigger MOMP which led to cell death. Thus, when concentration of damages in the cellular factors reached critical levels, Bcl-xL triggered apoptosis (Fig. 9). The p53-dependent Bcl-xL-mediated apoptotic pathway is evolutionary conserved (from *C.elegans* to *H. sapiens*).

Importantly, systemic Bcl-xL-mediated apoptosis could be lethal for patients, whereas locally induced Bcl-xL-mediated apoptosis could have a clinical potential. For example, skin cancers could be treated with local Bcl-xL-specific inhibitor plus topical UV radiation, oncolytic virus infection or anticancer medication. Recent studies support this idea by showing, for example, that combination of radiotherapy with pan-Bcl-2 inhibitors ABT-737 and ABT-263 killed breast and small cell lung cancer cells *in vitro* (Table S3) (Li, Wang, Deng, Han, Hong & Lin, 2019; Wu et al., 2014). Moreover, ABT-737 sensitized chronic lymphocytic leukaemia cells to reovirus and vesicular stomatitis oncolysis (Samuel et al., 2013). In this respect, antibody-Bcl-xL inhibitor conjugates or Bcl-xL PROTACs can be used to achieve tissue selectivity and targeted delivery of the compounds (Khan, Zhang et al. 2019, Wang, He et al. 2019, He, Zhang et al. 2020).

In conclusion, we identified chemical, physical and biological factors that induced Bcl-xL-mediated apoptosis. This could provide novel opportunities for discovery of therapeutic and adverse effects of

anticancer medications as well as to identify conditions to prevent aging, and treat non- and communicable diseases, given that cells with high concentration of damaged DNA, RNA or proteins or with invasive DNA and RNA molecules would be eliminated from an organism receiving a Bcl-xL-specific inhibitor.

DATA AVAILABILITY

Supplementary Data are available online.

ACKNOWLEDGEMENT

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FIGURE LEGENDS

Figure 1. Introduction into inhibitors of Bcl-2 protein family members and their combinations with other anticancer drugs. (a) Analysis of structural similarities between inhibitors of Bcl-2 proteins using C-SPADE. (b) Literature analysis of targets for inhibitors of Bcl-2 proteins. (c) Developmental status of drug combinations containing Bcl-2 inhibitors. For more information please visit bcl2icombi.info.

Figure 2. A combination of Bcl-xL- specific inhibitor A-1155463 and DNA-damaging agent 4NQO exhibits synergistic toxicities on lifespan, reproduction and development to the wild type roundworm C. elegans. (a) Kaplan-Meier survival curves and estimates of survival data (b) of worms challenged with 10 µM A-1155463, 10 µM 4NQO, drug combination or vehicle. The log-rank Mantel–Cox test was used for statistical analysis. (c) Toxicity detection for the different stages of C. elegans reproduction and development after the treatment with 10 µM A-1155463, 10 µM 4NQO or their combination (Mean ± SD). Dotted lines above combination bars represent the expected effect given by Bliss reference model.

Figure 3. Combinations of DNA-damaging agent 4NQO with Bcl-xL-, but not Bcl-2- or Mcl-1-specific inhibitors, exhibit synergistic toxicities on human non-malignant RPE cells, human cancer A549, H460, Caco-2 cells as well as on mononuclear cells (MNCs) isolated from AML patients. (a) Real-time impedance traces for RPE cells exposed to 1 µM 4NQO, 1 µM A-1155463 or their combination. Control trace represents cells exposed to 0.1% DMSO (Mean ± SD; n = 8). (b) The interaction landscapes of A-1155463-4NQO combination. It represents the net combinational effects on viability of RPE cells, as measured with CTG assays. (c) Synergy scores of combinations of 4NQO and 5 Bcl-2 inhibitors (Mean ± SD; n = 3). RPE cells were treated with increasing concentrations of a Bcl-2 inhibitor and 4NQO. After 24 h cell viability was measured using the CTG assay. Synergy scores were quantified based on the ZIP model. (d) Synergy scores of combinations of 4NQO and 2 Bcl-xL inhibitors (Mean ± SD; n = 3). Human cancer A549, H460, Caco-2 cells were treated with increasing concentrations of a Bcl-xL inhibitor and 4NQO. After 24 h cell viability was measured using the CTG assay. Synergy scores were quantified based on the ZIP model. (d) Synergy scores of combinations of 4NQO and inhibitors (Mean ± SD; n = 3). MNCs were treated with increasing concentrations of a A-1155463 and 4NQO. After 24 h cell viability was measured using the CTG assay. Synergy scores were quantified based on the ZIP model.

Figure 4. 4NQO induces p53 expression, while A-1155463 triggers release of pro-apoptotic Bad and Bax from Bcl-xL to initiate MOMP in RPE cells. (a) RPE cells were treated with 1 µM 4NQO, 1 µM A-1155463 or their combination. Control cells were treated with 0.1% DMSO. Whole cell extracts (WCE) were obtained 2 h after treatment. Proteins were immuno-precipitated by anti-Bcl-xL antibody. P53, Bcl-xL, Bad, Bax, and GAPDH were analysed using Western blotting in WCE and immunoprecipitates. (b) RPE cells were treated as for (a) and nuclear and cytoplasm fractions were prepared. P53, Bcl-xL, Bad, Bax, and GAPDH were analysed using Western blotting. (c) RPE cells were treated as for (a). Two hours after treatment cells were fixed. P53 and Bcl-xL were stained with corresponding

antibodies. Nuclei were stained with DAPI. Cells were imaged using a confocal microscopy. Representative images (n=8) were selected. Scale bar, 20 μm. (d) RPE cells were treated as for (a). The mitochondrial potential was determined using JC-1 dye staining. The images of JC-1 staining were captured using fluorescence microscope and the mitochondrial potential was indicated by the shift of the fluorescence intensity ratio of J-aggregate (535/590 nm) and monomers (485/530 nm). Representative images (n=3) were selected. Scale bar, 100 μm.

Figure 5. p53 is needed for A-1155463-4NQO synergy. (a) HCT116 TP53-/- and TP53+/+ cells were treated with 1 μM 4NQO, 1 μM A-1155463 or their combination. Control cells were treated with 0.1% DMSO. 2 h after treatment p53 and GAPDH were analysed using western blotting of whole-cell extracts. (b) Cells were treated as for (a). Cell viability was measured by the CTG assay. Mean ± SD, n = 3. (c) Cells were treated as for (a). Cell death was measured by the CTxG assay. Mean ± SD, n = 3. (d) Cells were treated as for (a). Apoptosis was measured by the Annexin V assay. Mean ± SD, n = 3.

Figure 6. Identification of anticancer agents, which trigger Bcl-xL-mediated apoptosis. (a) Heatmap showing synergy scores for combinations of four Bcl-2 inhibitors and 39 anticancer agents. RPE cells were treated with 0, 10, 30, 100, 300, 1000, 3000 and 10000 nM Bcl-2 inhibitors and anticancer agents. After 24 h cell viability was measured by the CTG assay. (b) Distribution of synergy scores based on (a). (c) Immunoblot analysis of p53 and GAPDH (loading control) expression levels after 2h of treatment of RPE cells with selected anticancer agents. (d) Heatmap showing synergy scores for combinations of four Bcl-2 inhibitors with each other. RPE cells were treated with 0, 10, 30, 100, 300, 1000, 3000 and 10000 nM Bcl-2 inhibitors. After 24 h cell viability was measured by the CTG assay. (e) Cellular targets of anticancer agents which showed synergy with A-133852. RPE cells were treated with A-133852 and 527 anticancer agents as for panel (a). After 24 h cell viability was measured using the CTG assay. The compounds with synergy >7.5 were selected and plotted against their targets. ZIP method was used to calculate synergy scores for all panels.

Figure 7. Identification of chemical agents, which trigger Bcl-xL-mediated apoptosis. (a) Effect of different concentrations of dimeric bisbenzimidazoles DBA(3), DBA(5) and DBA(7), monomeric bisbenzimidazole-pyrrole MB2Py(Ac) and dimeric benzimidazole-pyrroles DB2Py(4) and DB2Py(5) on viability of A-1155463-sensitized (1 μM) and non-sensitized (0.1% DMSO) RPE cells. Mean ± SD, n = 3. (b) Bliss synergy scores for A-1155463 and 48 commonly dispensed drugs. A-1155463-sensitized (1 μM) and non-sensitized (0.1% DMSO) RPE cells were treated with 0, 0.1, 0.4, 1.2, 3.7, 11.1, 33.3, and 100 μM of drugs. After 24 h cell viability was measured by the CTG assay (n=3). (c) Bliss synergy scores for A-1155463 and 50 safe-in-man broad-spectrum antiviral agents. A-1155463-sensitized (1 μM) and non-sensitized (0.1% DMSO) RPE cells were treated with 0, 0.04, 0.12, 0.37, 1.11, 3.33, 10, and 30 μM of antiviral agents. After 24 h cell viability was measured by the CTG assay (n=3).

Figure 8. Identification of physical factors, which trigger Bcl-xL-mediated apoptosis. (a,b) RPE cells were exposed to UVB or UVC radiation for the indicated times and covered with medium containing 1

μM A-1155463 or 0.1% DMSO. After 24 h, viability of cells was measured using the CTG assay. Mean ± SD, n = 3. (c) Synergy scores of A-1155463-UVC combinations in 4 cell lines. Cells were treated with increasing A-1155463 concentrations and exposed UVC radiation for 0, 20, 40, 80, 160, and 240 sec. After 24 h cell viability was measured using the CTG assay. Synergy scores were quantified using Bliss model.

Figure 9. Schematic diagram showing how apoptosis could be initiated in response to chemical and physical stimuli or viruses, and how Bcl-xL-specific inhibitors could facilitate this process. Damage response (DR) factors and pattern recognition receptors (PRRs) recognize damaged molecules and invasive DNA or RNA, respectively. These proteins transduce signals to Bcl-xL via p53 or other protein(s). Pro-apoptotic Bax and Bad are released from anti-apoptotic Bcl-xL. When concentration of damaged or invasive molecules reach critical level, released Bax and Bad trigger mitochondrial outer membrane permeabilization (MoMP), which lead to inhibition of ATP synthesis, irreversible release of intermembrane space proteins, and subsequent caspase activation. This results in cell death. Alternatively, DR proteins and PRRs could mediate repair or degradation of damaged or invasive molecules, respectively, which would leave cells alive. Bcl-xL-specific inhibitors facilitate death of cells and, thus, impair repair or degradation of damaged or invasive factors.

FIGURES

Figure 1.

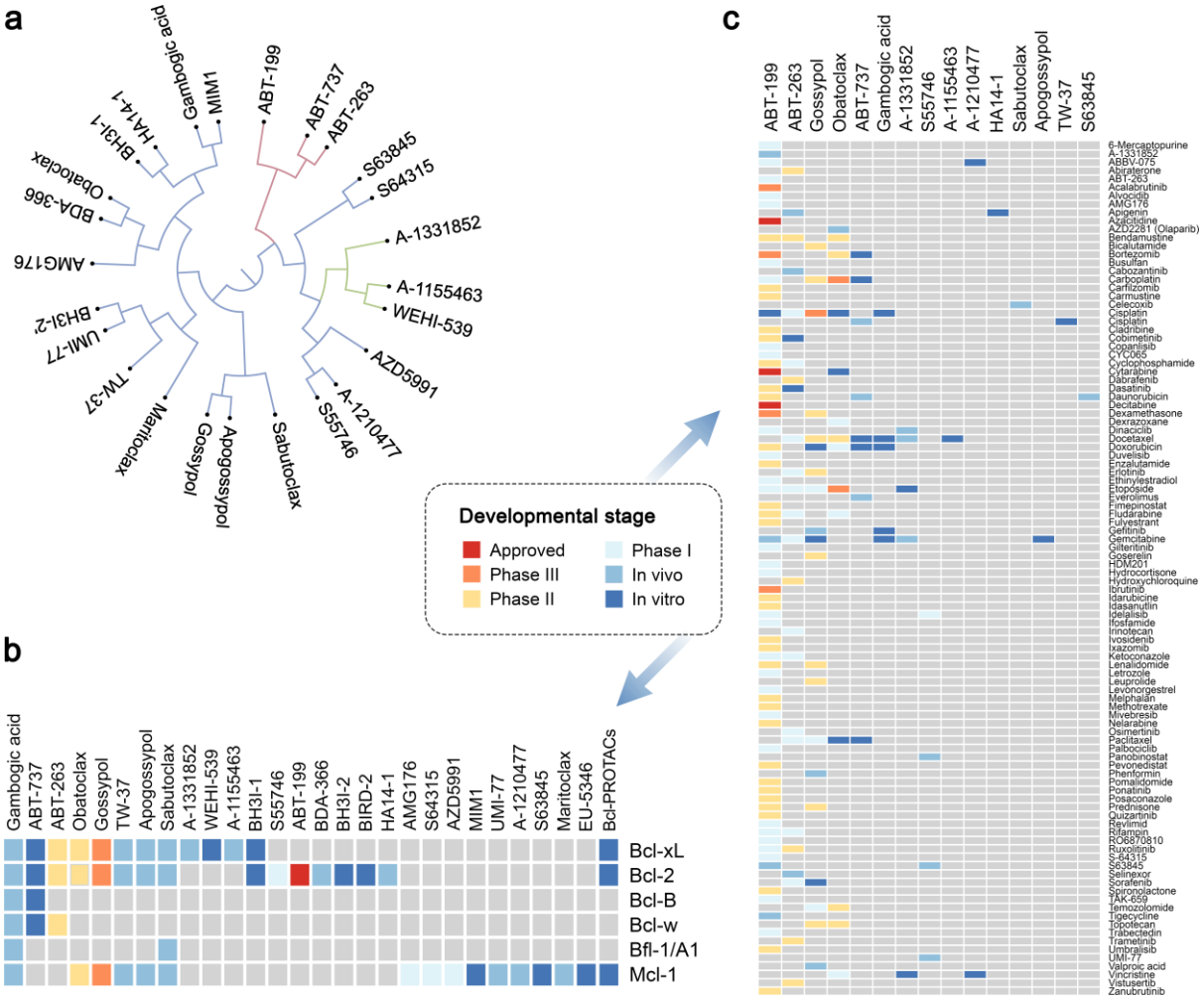
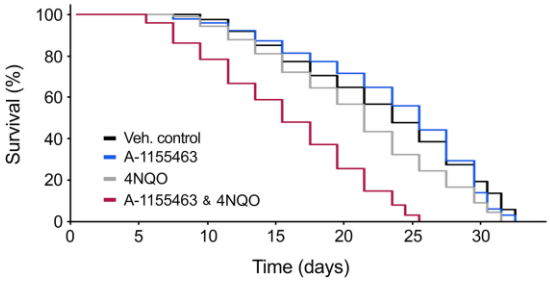


Figure 2.

a



b

	Veh	A-1155463	4NQO	A-1155463+4NQO
Minimum	9	7	7	5
Median	23	25	21	15
Maximum	32	32	31	25
Mean	22.55	23.19	20.58	15.34
Std. Deviation	6.787	6.54	6.486	5.738
Std. Error of Mean	0.724	0.648	0.684	0.568

c

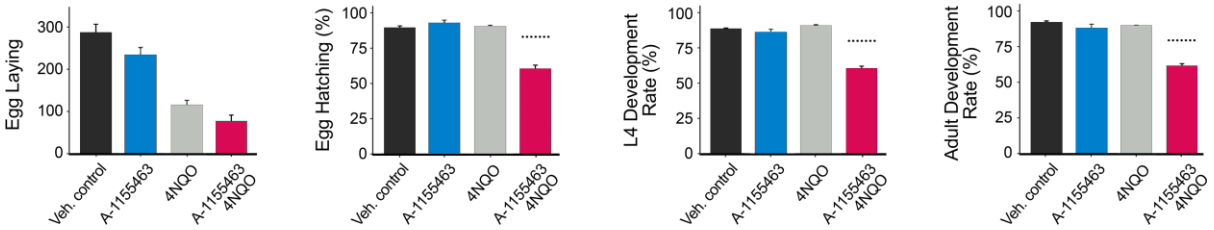


Figure 3.

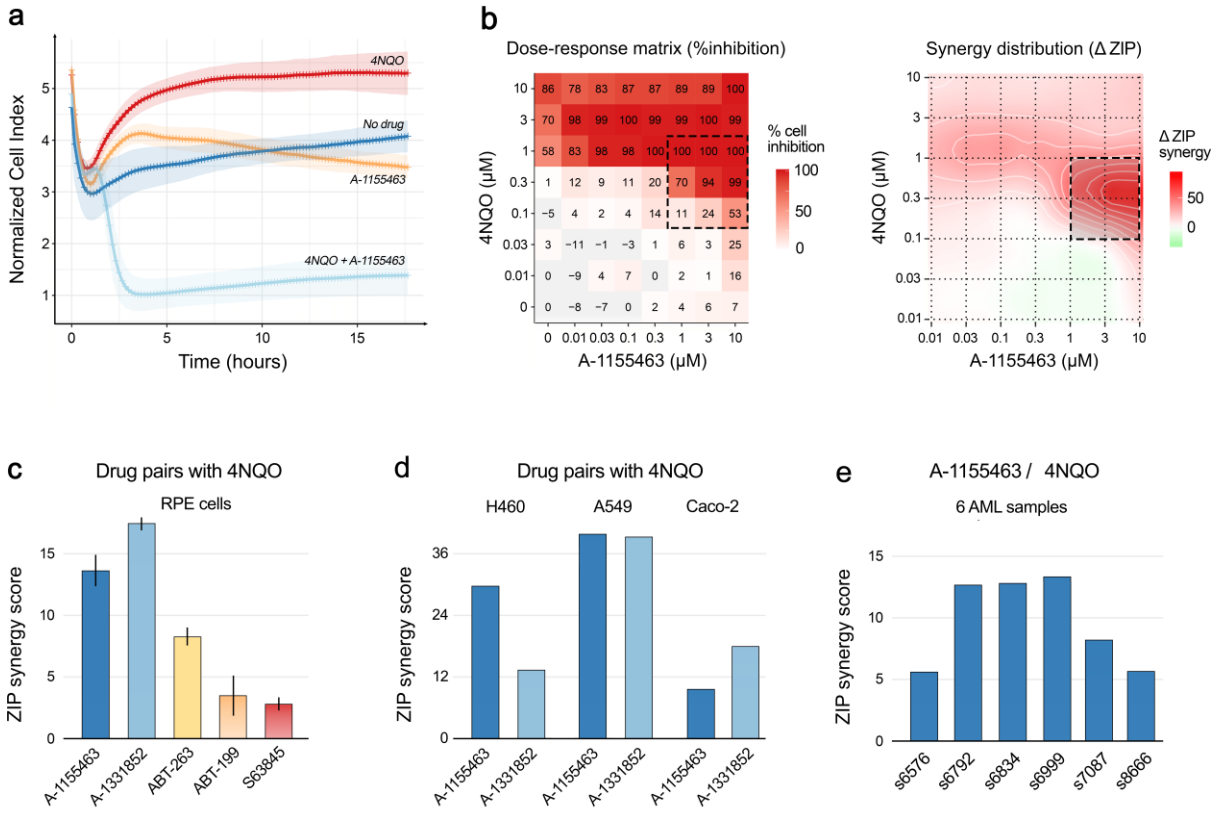
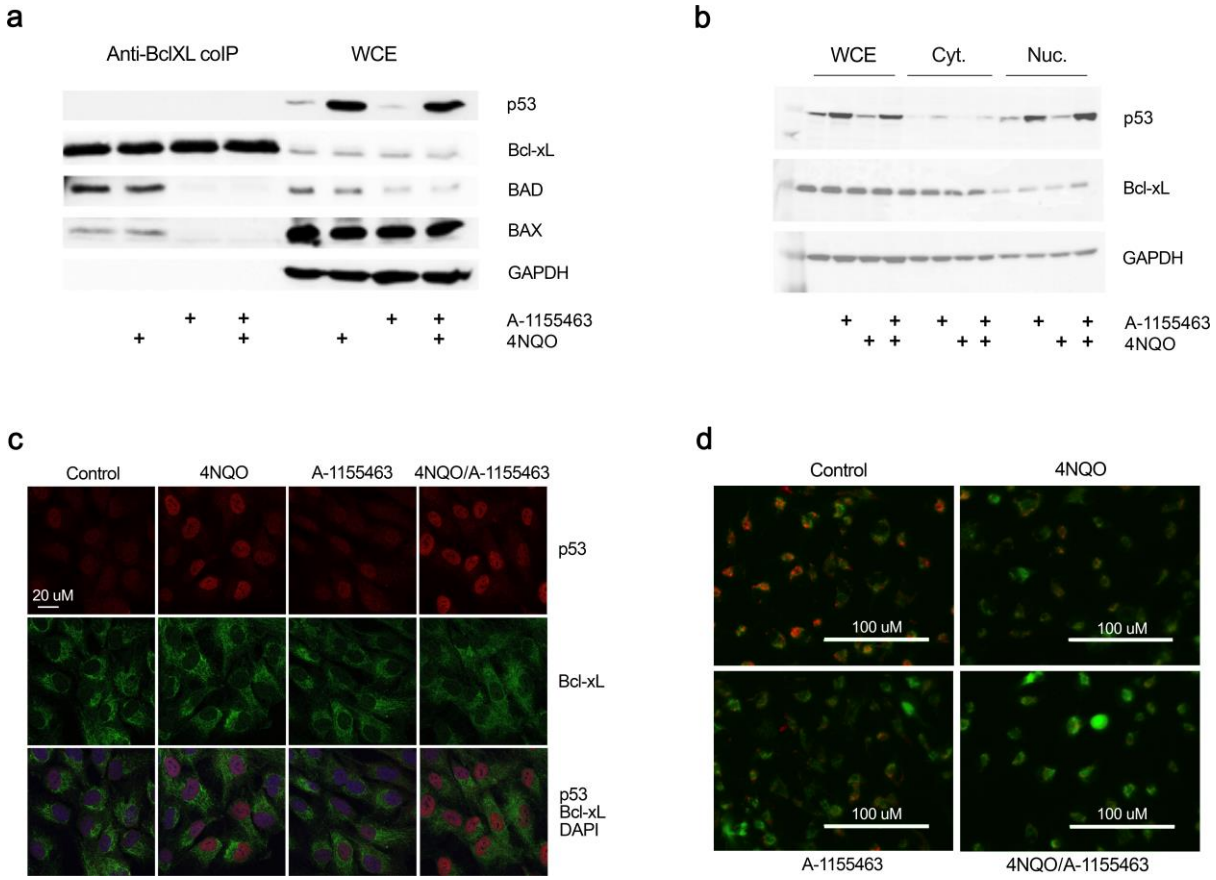

a
Normalized Cell Index
Time (hours)
4NQO
No drug
A-1155463
4NQO + A-1155463
b
Dose-response matrix (%inhibition)
4NQO (μM)
A-1155463 (μM)
% cell inhibition
Synergy distribution (Δ ZIP)
Δ ZIP synergy
c
Drug pairs with 4NQO
RPE cells
ZIP synergy score
A-1155463
A-1331852
ABT-263
ABT-199
S63845
d
Drug pairs with 4NQO
H460
A549
Caco-2
e
A-1155463 / 4NQO
6 AML samples
s6576
s6792
s6834
s6999
s7087
s8666

Figure 4.


a
Anti-BclXL coIP
WCE
p53
Bcl-xL
BAD
BAX
GAPDH
A-1155463
4NQO
b
WCE
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Nuc.
p53
Bcl-xL
GAPDH
A-1155463
4NQO
c
Control
4NQO
A-1155463
4NQO/A-1155463
20 uM
p53
Bcl-xL
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4NQO/A-1155463

Figure 5.

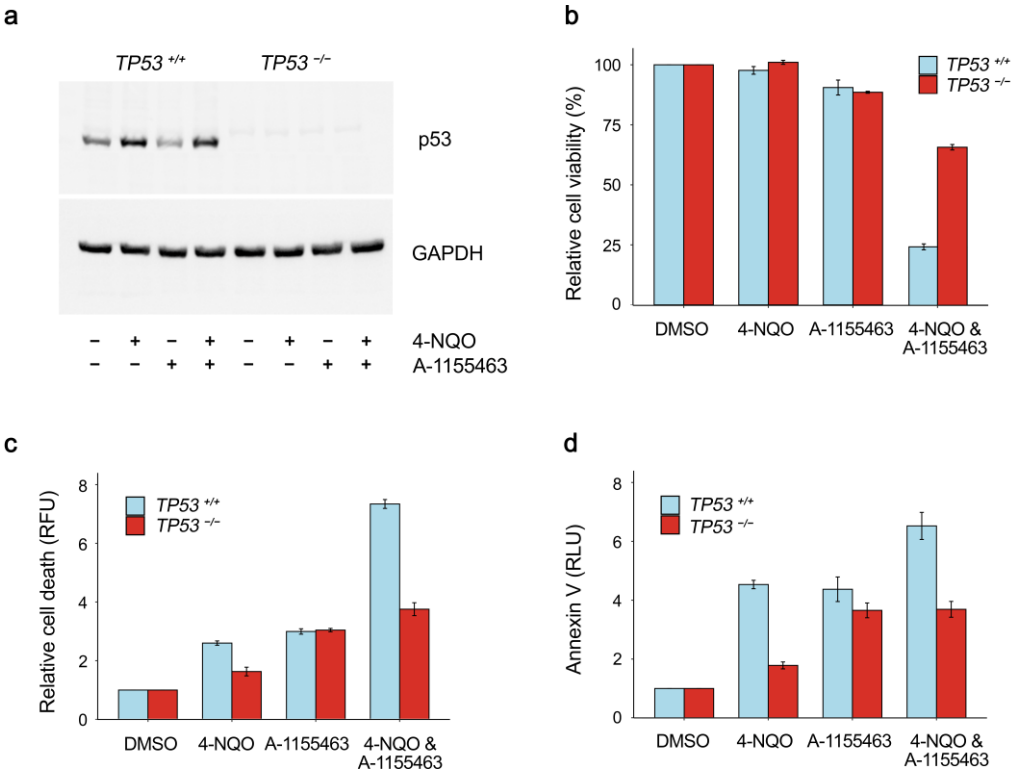

a
TP53 +/+
TP53 −/−
p53
GAPDH
− + − + − + − + 4-NQO
− − + + − − + + A-1155463
b
Relative cell viability (%)
100
75
50
25
0
TP53 +/+
TP53 −/−
DMSO
4-NQO
A-1155463
4-NQO & A-1155463
c
Relative cell death (RFU)
8
6
4
2
0
TP53 +/+
TP53 −/−
DMSO
4-NQO
A-1155463
4-NQO & A-1155463
d
Annexin V (RLU)
8
6
4
2
0
TP53 +/+
TP53 −/−
DMSO
4-NQO
A-1155463
4-NQO & A-1155463

Figure 6.

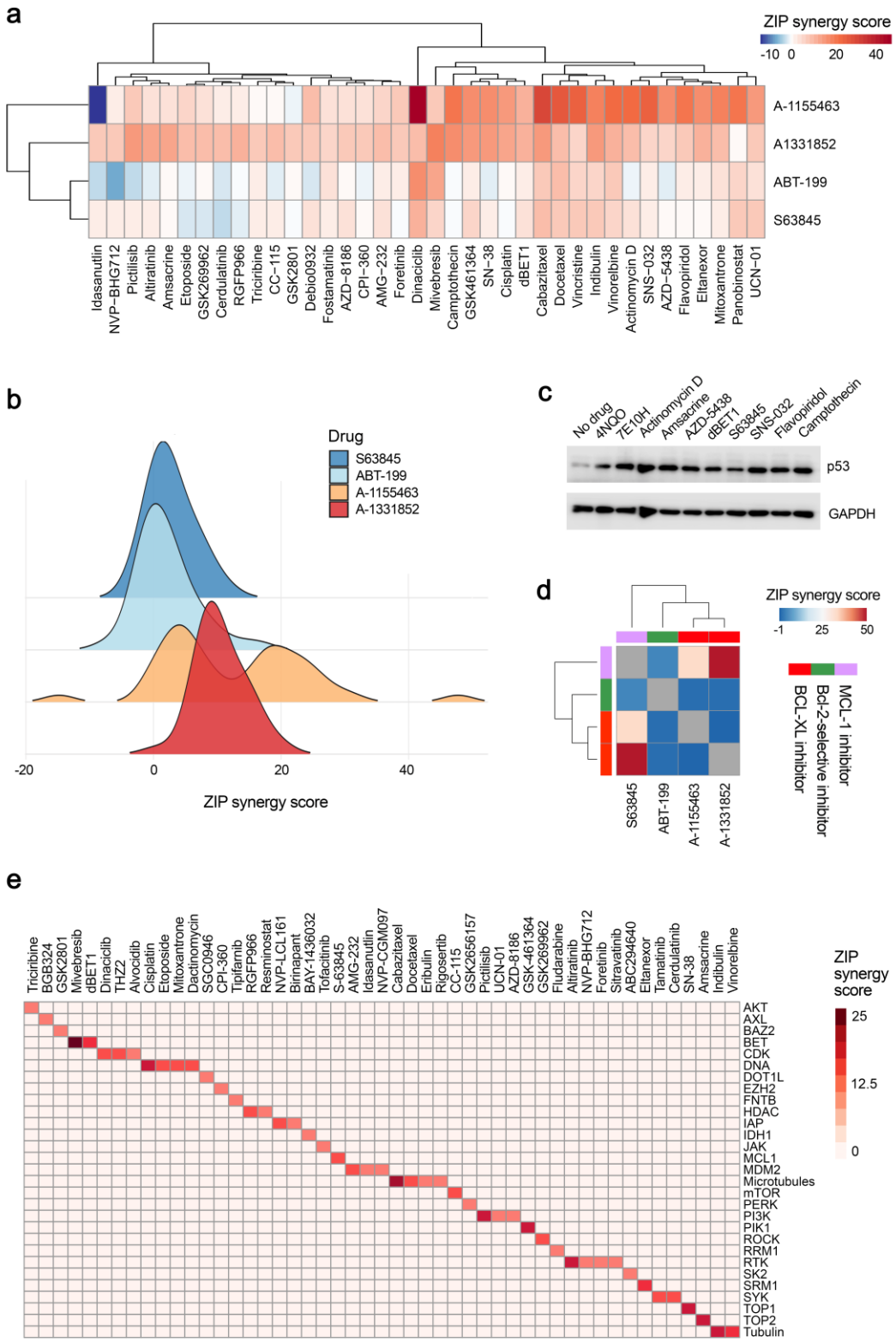
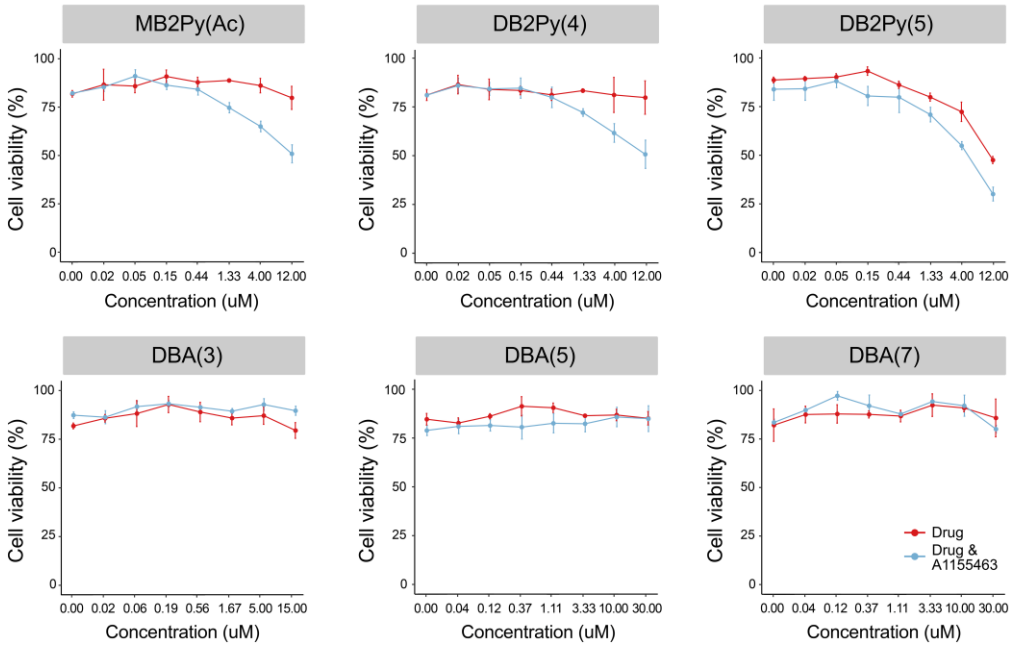
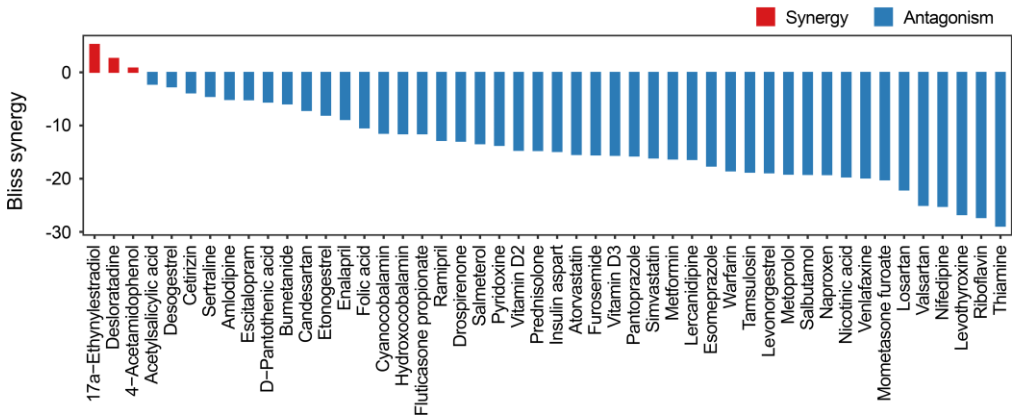

a
ZIP synergy score
-10 0 20 40
A-1155463
A1331852
ABT-199
S63845
Idasanutlin
NVP−BHG712
Pictilisib
Altiratinib
Amsacrine
Etoposide
GSK269962
Cerdulatinib
RGFP966
Triciribine
CC−115
GSK2801
Debio0932
Fostamatinib
AZD−8186
CPI−360
AMG−232
Foretinib
Dinaciclib
Mivebresib
Camptothecin
GSK461364
SN−38
Cisplatin
dBET1
Cabazitaxel
Docetaxel
Vincristine
Indibulin
Vinorelbine
Actinomycin D
SNS−032
AZD−5438
Flavopiridol
Eltanexor
Mitoxantrone
Panobinostat
UCN−01
b
Drug
S63845
ABT-199
A-1155463
A-1331852
-20
0
20
40
ZIP synergy score
c
No drug
4NQO
7E10H
Actinomycin D
Amsacrine
AZD-5438
dBET1
S63845
SNS-032
Flavopiridol
Camptothecin
p53
GAPDH
d
ZIP synergy score
-1 25 50
S63845
ABT-199
A-1155463
A-1331852
BCL-XL inhibitor
Bcl-2-selective inhibitor
MCL-1 inhibitor
e
Triciribine
BGB324
GSK2801
Mivebresib
dBET1
Dinaciclib
THZ2
Alvocidib
Cisplatin
Etoposide
Mitoxantrone
Dactinomycin
SGC0946
CPI-360
Tipifarnib
RGFP966
Resminostat
NVP-LCL161
Birinapant
BAY-1436032
Tofacitinib
S-63845
AMG-232
Idasanutlin
NVP-CGM097
Cabazitaxel
Docetaxel
Eribulin
Rigosertib
CC-115
GSK2656157
Pictilisib
UCN-01
AZD-8186
GSK-461364
GSK269962
Fludarabine
Altiratinib
NVP-BHG712
Foretinib
Sitravatinib
ABC294640
Eltanexor
Tamatinib
Cerdulatinib
SN-38
Amsacrine
Indibulin
Vinorelbine
AKT
AXL
BAZ2
BET
CDK
DNA
DOT1L
EZH2
FNTB
HDAC
IAP
IDH1
JAK
MCL1
MDM2
Microtubules
mTOR
PERK
PI3K
PIK1
ROCK
RRM1
RTK
SK2
SRM1
SYK
TOP1
TOP2
Tubulin
ZIP synergy score
25
12.5
0

Figure 7.

a


MB2Py(Ac)
DB2Py(4)
DB2Py(5)
DBA(3)
DBA(5)
DBA(7)
Cell viability (%)
Concentration (uM)
0.00 0.02 0.05 0.15 0.44 1.33 4.00 12.00
0.00 0.02 0.06 0.19 0.56 1.67 5.00 15.00
0.00 0.04 0.12 0.37 1.11 3.33 10.00 30.00
Drug
Drug & A1155463

b


Synergy
Antagonism
Bliss synergy
17a−Ethynylestradiol
Desloratadine
4−Acetamidophenol
Acetylsalicylic acid
Desogestrel
Cetirizin
Sertraline
Amlodipine
Escitalopram
D−Pantothenic acid
Bumetanide
Candesartan
Etonogestrel
Enalapril
Folic acid
Cyanocobalamin
Hydroxocobalamin
Fluticasone propionate
Ramipril
Drospirenone
Salmeterol
Pyridoxine
Vitamin D2
Prednisolone
Insulin aspart
Atorvastatin
Furosemide
Vitamin D3
Pantoprazole
Simvastatin
Metformin
Lercanidipine
Esomeprazole
Warfarin
Tamsulosin
Levonorgestrel
Metoprolol
Salbutamol
Naproxen
Nicotinic acid
Venlafaxine
Mometasone furoate
Losartan
Valsartan
Nifedipine
Levothyroxine
Riboflavin
Thiamine

c

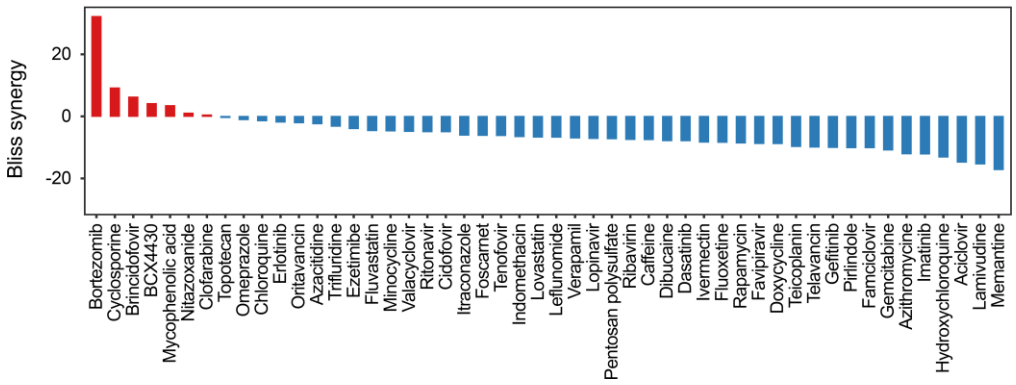

Bliss synergy
Bortezomib
Cyclosporine
Brincidofovir
BCX4430
Mycophenolic acid
Nitazoxanide
Clofarabine
Topotecan
Omeprazole
Chloroquine
Erlotinib
Oritavancin
Azacitidine
Trifluridine
Ezetimibe
Fluvastatin
Minocycline
Valacyclovir
Ritonavir
Cidofovir
Itraconazole
Foscarnet
Tenofovir
Indomethacin
Lovastatin
Leflunomide
Verapamil
Lopinavir
Pentosan polysulfate
Ribavirin
Caffeine
Dibucaine
Dasatinib
Ivermectin
Fluoxetine
Rapamycin
Favipiravir
Doxycycline
Teicoplanin
Telavancin
Gefitinib
Pirlindole
Famciclovir
Gemcitabine
Azithromycine
Imatinib
Hydroxychloroquine
Aciclovir
Lamivudine
Memantine

Figure 8.

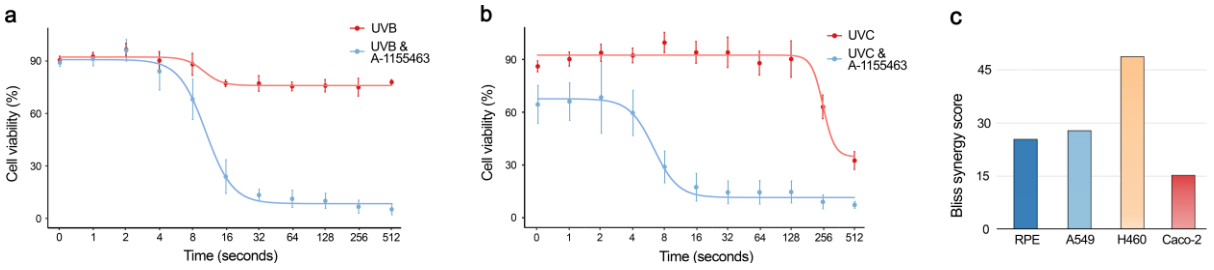
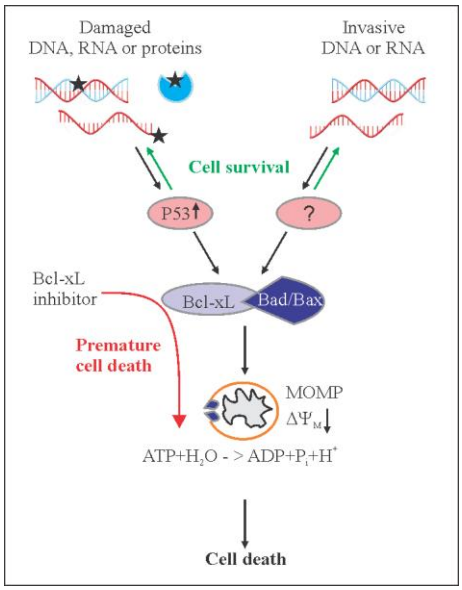

a
UVB
UVB &
A-1155463
Cell viability (%)
90
60
30
0
0
1
2
4
8
16
32
64
128
256
512
Time (seconds)
b
UVC
UVC &
A-1155463
Cell viability (%)
90
60
30
0
0
1
2
4
8
16
32
64
128
256
512
Time (seconds)
c
Bliss synergy score
45
30
15
0
RPE
A549
H460
Caco-2

Figure 9.


Damaged
DNA, RNA or proteins
Invasive
DNA or RNA
Cell survival
P53
?
Bcl-xL
inhibitor
Bcl-xL
Bad/Bax
Premature
cell death
MOMP
$\Delta\Psi_M$
$ATP+H_2O$ - > $ADP+P_i+H^+$
Cell death