

PROGRAMMED CELL DEATH (PCD)

Essay

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Medical Microbiology and Immunology

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Abstract

The process of programmed cell death (apoptosis) is generally characterized by distinct morphological characteristics and energy-dependent biochemical mechanisms. Apoptosis is considered a vital component of various processes including normal cell turnover, proper development and functioning of the immune system, hormone-dependent atrophy, embryonic development and chemical-induced cell death. Inappropriate apoptosis, either too little or too much is a factor in many human conditions including; neurodegenerative diseases, ischemic damage, autoimmune disorders and many types of cancer. The ability to modulate the life or death of a cell is recognized for its immense therapeutic potential. Therefore, research continues to focus on the elucidation and analysis of the cell cycle machinery and signaling pathways that control cell cycle arrest and apoptosis. To that end, the field of apoptosis research has been moving forward at an alarmingly rapid rate. Although many of the key apoptotic proteins have been identified, the molecular mechanisms of action or inaction of these proteins remain to be elucidated.

Key word:

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List Of Abbreviation

AIDS	Acquired immunodeficiency syndrome
AIF	Apoptosis inducing factor
AP-1	Activator protein -1
Apaf-1	Apoptosis protease activating factor-1
APC	Anaphase-promoting complex
APP	Amyloid Precursor Protein
Apo1	Apoptosis antigen ligand 1
ARF	ADP Ribosylation factors
ATM	Ataxia telangiectasia mutated gene
Aven	Cell death regulator Aven
BAD	BCL2 antagonist of cell death
BAG	BCL2 associated athanogene
BAK	BCL2 antagonist killer 1
BAX	BCL2 associated X protein
Bcl-10	B-cell lymphoma protein 10
Bcl-2	B-cell lymphoma protein 2
Bcl-w	BCL2 like 2 protein Apoptosis regulator
Bcl-x	BCL2 like 1 BCL2 related protein
Bcl-XL	BCL2 related protein,
Bcl-XS	BCL2 related protein, short isoform
BID	BH3 interacting domain death agonist.
BIK	BCL2 interacting killer
BIM	BCL2 interacting protein
Blk	Bik-like killer protein B

Ca	Calcium
CAD	Caspase activated DNase(nuclease)
Caspase	Cysteiny l aspartic acid-protease
CD	Cluster of differentiation
CDK	Cyclin dependent kinase
c-FLIP	FLICE-inhibitory protein Casper
Chk2	Check point kinase 2
DED	Death effector domain
DR	Death receptor
FADD	Fas-associated death domain
FasL	Fatty acid synthetase ligand
FasR	Fatty acid synthetase receptor
FLICE	FADD-like Ice
HSP-70	Heat shock protein-70
HtrA2/Omi	High-temperature requirement Omi stress regulated endoprotease
IAP	Inhibitor of Apoptosis Proteins
ICAD	Inhibitor of CAD
IKK	Multicomponent inhibitor protein Kinsae Kappa
IKB α	Inhibitor of Kappa B Kinase
JNK pathway	Jun N-Terminal Kinase
MAP	Mitogen activated protein
Mdm2	Murine double minute oncogene
Myc	Oncogene Myc c-myc
NF-kB	Nuclear factor-kap
NAIP	Neuronal apoptosis inhibitor protein

Noxa	Monooxygenase/tryptophan 5-monooxygenase activationprotein
NuMA	Nuclear mitotic apparatus protein SP-H antigen
PARP	Poly (ADP-ribose) polymerase
PkB	Protein kinase B
Puma	p53 up-regulated modulator of apoptosis
RIP	Receptor-interacting protein
Smac/DIABLO	Second mitochondrial activator of caspases/direct IAP binding protein with low PI
TNFR1	Tumor necrosis factor receptor 1
TNF-α	Tumor necrosis factor alpha
TRADD	TNF receptor-associated death domain

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Programmed Cell Death (PCD)

The term apoptosis (a-po-toe-sis) was first used in a now classic paper by (*Kerr et al., 1972*) to describe a morphologically distinct form of cell death, although certain components of the apoptosis concept had been explicitly described many years previously. Our understanding of the mechanisms involved in the process of PCD in mammalian cells transpired from the investigation of PCD that occurs during the development of the nematode *Caenorhabditis elegans* (*Horvitz, 1999*). In this organism, 1090 somatic cells are generated in the formation of the adult worm, of which 131 of these cells undergo apoptosis. These 131 cells die at particular points during the development process, which is essentially invariant between worms, demonstrating the remarkable accuracy and control in this system. Apoptosis has since been recognized and accepted as a distinctive and important mode of PCD, which involves the genetically determined elimination of cells. However, it is important to note that other forms of PCD have been described and other forms of PCD may yet be discovered (*Formigli et al., 2000*).

Apoptosis occurs normally during development and aging and as a homeostatic mechanism to maintain cell populations in tissues. Apoptosis also occurs as a defense mechanism such as in immune reactions or when cells are damaged by disease or noxious agents (*Norbury and Hickson, 2001*). Although there are a wide variety of stimuli and conditions, both physiological and pathological, that can trigger apoptosis, not all cells will necessarily die in response to the same stimulus. Irradiation or drugs used for cancer chemotherapy results in DNA damage in some cells,

which can lead to apoptotic death through a *p53*-dependent pathway. Some hormones, such as corticosteroids, may lead to apoptotic death in some cells, e.g., thymocytes, although other cells are unaffected or even stimulated. Some cells express Fas or TNF receptors that can lead to apoptosis via ligand binding and protein cross-linking. Other cells have a default death pathway that must be blocked by a survival factor such as a hormone or growth factor. There is also the issue of distinguishing apoptosis from necrosis, two processes that can occur independently, sequentially, as well as simultaneously (*Zeiss, 2003*).

In some cases, it's the type of stimuli and/or the degree of stimuli that determines if cells die by apoptosis or necrosis. At low doses, a variety of injurious stimuli such as heat, radiation, hypoxia and cytotoxic anticancer drugs can induce apoptosis but the same stimuli can result in necrosis at higher doses. Finally, apoptosis is a coordinated and often energy-dependent process that involves the activation of a group of cysteine proteases called "caspases" and a complex cascade of events that link the initiating stimuli to the final demise of the cell.

Light and electron microscopy have identified the various morphological changes that occur during apoptosis (*Hacker, 2000*). During the early process of apoptosis, cell shrinkage and pyknosis are visible by light microscopy (*Kerr et al., 1972*). With cell shrinkage, the cells are smaller in size, the cytoplasm is dense and the organelles are more tightly packed. Pyknosis is the result of chromatin condensation and this is the most characteristic feature of apoptosis. On histologic examination with hematoxylin and eosin stain, apoptosis involves single cells or small clusters of cells. The apoptotic cell appears as a round or

oval mass with dark eosinophilic cytoplasm and dense purple nuclear chromatin fragments . Electron microscopy can better define the subcellular changes. Early during the chromatin condensation phase, the electron-dense nuclear material characteristically aggregates peripherally under the nuclear membrane. Extensive plasma membrane blebbing occurs followed by karyorrhexis and separation of cell fragments into apoptotic bodies during a process called “budding.” Apoptotic bodies consist of cytoplasm with tightly packed organelles with or without a nuclear fragment. The organelle integrities are still maintained and all the components are enclosed within an intact plasma membrane. These bodies are subsequently phagocytosed by macrophages and degraded within phagolysosomes .

Macrophages that engulf and digest apoptotic cells are called “tingible body macrophages” and are frequently found within the reactive germinal centers of lymphoid follicles or occasionally within the thymic cortex. The tingible bodies are the bits of nuclear debris from the apoptotic cells. There is essentially no inflammatory reaction associated with the process of apoptosis nor with the removal of apoptotic cells because: (1) apoptotic cells do not release their cellular constituents into the surrounding interstitial tissue; (2) they are quickly phagocytosed by surrounding cells thus likely preventing secondary necrosis; and, (3) the engulfing cells do not produce pro-inflammatory cytokines (*Kurosaka et al., 2003*).

Many of the genes that control the killing and engulfment processes of PCD have been identified, and the molecular mechanisms

underlying these processes have proven to be evolutionarily conserved (*Metzstein et al., 1998*).

Until recently, apoptosis has traditionally been considered an irreversible process with caspase activation committing a cell to death and the engulfment genes serving the purpose of dead cell removal. However, the uptake and clearance of apoptotic cells by macrophages may involve more than just the removal of cell debris. It was found that blocking engulfment genes in *C. elegans* embryos enhances cell survival when cells are subjected to weak pro-apoptotic signals (*Hoeppner et al., 2001*).

AIM OF THE WORK

The goal of this review is to provide a general overview of current and update knowledge on the process of apoptosis including morphology, biochemistry, mechanism, regulatory factors and the role of apoptosis in health and disease.

HISTORICAL BACKGROUND

Cell death is a completely normal process in living organisms and was first discovered by scientists over 100 years ago. A German scientist Carl Vogt was first to describe the principle of programmed cell death (apoptosis) in 1842. In 1885, anatomist Walther Flemming delivered a more precise description of the process of programmed cell death (PCD). However, it was not until 1965 that the topic was resurrected. While studying tissues using electron microscopy, John Foxton Ross Kerr at University of Queensland was able to distinguish apoptosis (Greek: apo - from, ptosis - falling) from traumatic cell death(**Kerr, 1965**). Following the publication of a Currie, as well as Andrew Wyllie, who was Currie's graduate student, at University of Aberdeen. In 1972, the trio published a seminal article in the British Journal of Cancer. Kerr had initially used the term programmed cell necrosis, but in the article, the process of natural cell death was called apoptosis. Kerr, Wyllie and Currie credited James Cormack, a professor of Greek language at University of Aberdeen, with suggesting the term apoptosis. Kerr received the Paul Ehrlich and Ludwig Darmstaedter Prize on March 14, 2000, for his description of apoptosis. He shared the prize with Boston biologist Robert Horvitz (***O'Rourke and Ellem,2000***).

In Greek, apoptosis translates to "dropping off" of petals or leaves from plants or trees. Cormack, reintroduced the term for medical use as it had a medical meaning for the Greeks over two thousand years before. Hippocrates used the term to mean "the falling off of the bones". Galen extended its meaning to "the dropping of the scabs". "Apoptosis was used