

Introduction

The leucine-rich repeat kinase 2 (LRRK2) is a multidomain-protein involved in the regulation of intracellular trafficking. Aberrant LRRK2 function causes neurotoxicity, dysfunctional autophagy as well as deregulated vesicle trafficking¹. Several pathogenic LRRK2 mutations have been identified (e.g. G2019S) which ultimately cause aberrant LRRK2 hyperactivity and increased phosphorylation of downstream targets like Rab GTPases (e.g. Rab10)².

The association between aberrant LRRK2 activity and the onset of sporadic as well as familial Parkinson's disease (PD) is well described in the literature³. Thus, the inhibition of LRRK2 represents a promising target for the treatment of PD. However, several studies report about LRRK2-mediated deregulation of cancerrelated pathways (e.g. ATM-p53-p21-pathway, JNK pathway)^{4,5}. Pathogenic LRRK2 hyperactivity is suggested to increase the risk for the onset of different types of cancer (e.g. breast, thyroid, lung, leukemia)^{6,7} or is described to protect from the development of non-skin-related cancer.

We hypothesized that LRRK2 inhibition may therefore influence the anti-cancer treatments in specific cancer cell types.

At Reaction Biology we established a cellular LRRK2 phosphorylation assay to study the effect of various LRRK2 inhibitors and compared the results to biochemical LRRK2 assays.

Additionally, we compared the direct and combinatorial effect of LRRK2 inhibitors in the presence or absence of the chemotherapeutic agent Doxorubicin on the proliferation of 140 (cancer) cell lines.

References

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LRRK2 variants.

Cytotoxic effects of LRRK2 inhibitors in combined treatment with chemotherapeutic agents on a large panel of cancer cell lines

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LRRK2 is a serine/threonine kinase which is able to catalyze autophosphorylation (e.g. S1292, S935) as well as the phosphorylation of selected substrates (e.g. Rab10, Rab29). Besides the kinase domain LRRK2 posseses a second catalytic GTPase domain and four additional domains (ARM, ANK, LRR and WD40 domains) which are supposed to facilitate different protein-protein interactions². Interestingly, several pathogenic mutations have been shown to affect the kinase activity of LRRK2. The most common PD-related LRRK2 mutation G2019S is located in the kinase domain and elevates kinase activity. Several other disease-related LRRKs mutation sites have been identified¹.

In this study, the effect of different LRRK2 inhibitors on the kinase activity of LRRK2 was analyzed. To this end the LRRK2 was analyzed. To this end the LRRK2 was analyzed. To this end the LRRK2 was analyzed. inhibitors were subjected to a cellular LRRK2 phosphorylation assay to assess the effects on Ser925 phosphorylation.



Principle of the radiometric ³³PanQinaseTM assay

A radiometric, Flashplate® based assay setup was used to determine the phosphorylation of LRRK2 substrates by different Kinase and substrate were incubated in presence of ATP containing $^{33}P-\gamma$ -ATP as tracer. After the kinase reaction was stopped,

the proteins were immobilised on the Flashplate reaction vessel surface and the incorporated radioactivity measured by scintillation counting.



	Kinase	Kinase	ATP		Substrate
Kinase Name	Concentration	Concentration	Concentration	Substrate Name	Concentration
	(ng/50µI)	(nM) *	(μM)		(µg/50µl)
LRRK2	50	4,9	0,3	GSK3(14-27)	4,0

Potential combinatorial effects of LRRK2 inhibitors and Doxorubicin on cell proliferation



Validation of LRRK2 inhibitors

Principle of the the cell proliferation assay using CellTiter-Glo Reagent

Cells were seeded in 384-well plates. The next day, compounds were added using a nanodropdispenser (Tecan D300E). After incubation for 3 days, the CellTiter-Glo dye was added and the number of viable cells was determined by luminescence readout.

Promega's CellTiter-Glo dye is used to determine the number of viable cells by generation of a luminescent signal proportional to the amount of ATP present based on an ATP-dependent luciferase reaction.



Analysis of cytotoxic effects on a panel of 140 human (cancer) cell lines

The cytotoxic effects of the LRRK2 inhibitors MLi-2, PF-06447475, GNE-0877 and LRRK2-IN-1 were analyzed in 140 cell lines. To this end, cells were treated with the LRRK2 inhibitor alone or in combination with the chemotherapeutic agent Doxorubicin.

Exemplary plots for SK-BR-3 (breast cancer), A549 (lung cancer), KG1 (blood cancer) and J82 (bladder cancer) are depicted on the left.

In summary, treatment with the four LRRK2 inhibitors alone did not show significant cytotoxicity on almost all tested cell lines. LRRK2-IN-1 showed the strongest cytotoxic effects (especially in blood (cancer) cell lines) which are probably not strictly LRRK2-dependent.

Furthermore, the combinatorial treatment with LRRK2 inhibitors and Doxorubicin did not show significant LRRK2-dependend synergistic or antagonistic effects. We thereby could not confirm results of a study showing a synergistic effect of LRRK2 inhibition and Doxorubicin treatment in mouse cell lines⁴ in our panel of 140 human cell lines.



Conclusion

LRRK2 inhibition seems to be a promising target for PD treatment, but it is highly disputed if inhibition of LRRK2 may also increase the risk to develop certain types of cancer.

In this study we could show that:

- a cellular LRRK2-pSer935 phosphorylation assay in A549 cells can be used to analyze the effect of LRRK2 inhibitors
- the potent inhibition of selected LRRK2 inhibitors could be validated in the cellular as well as biochemical assay
- LRRK2 inhibitors cannot significantly inhibit cancer cell growth tested in a proliferation assay with using a panel of 140 cell lines
- the combinatorial treatment of 140 human cell lines with LRRK2 inhibitors and Doxorubicin show only minor synergistic or antagonistic effects on cancer cell growth