# **Journal of Cancer Research Reviews & Reports**



**Review Article Open Access**

# Acetyl CoA carboxylase: Role in NAFLD, NASH, and HCC

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#### **ABSTRACT**

Although cancer is the second leading cause of death worldwide, it owns the first place regarding the burden on health management systems involving men and women. Acetyl-CoA carboxylase (ACC) is a key rate-limiting enzyme in the de novo fatty acid (FA) synthesis pathway, and alterations in its expression are seen in cancer cells. Non-alcoholic steatohepatitis (NASH) is the fastest developing cause of hepatocellular carcinoma (HCC). Higher levels of de novo lipogenesis inside hepatic cells are essential in the progression of HCC. Here, we aimed to review the roles and function of ACC in developing non-alcoholic fatty liver disease, non-alcoholic steatohepatitis, and, more importantly, HCC. We also reviewed the structure and biological activity of this enzyme in de novo lipogenesis and small-molecule ACC inhibitors designed to target the conditions mentioned above.

In conclusion, ACC is a promising target in the treatment of liver fat-related conditions and HCC.

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**Received:** August 13, 2024; **Accepted:** August: 21, 2024; **Published:** September: 30, 2024

**Keywords:** Acetyl-CoA Carboxylase, De Novo lipogenesis, HCC, NAFLD, NASH

#### **Abbreviations**

**ACC:** Acetyl-CoA Carboxylase **HCC:** Hepatocellular Carcinoma **NAFLD:** Non-alcoholic Fatty Liver Disease **NASH:** Non-alcoholic Steatohepatitis **AMPK:** AMP-activated Protein Kinase **PO3:** Phosphite Ion **SREBP1:** Sterol Regulatory-Element Binding Protein-1 **DNL:** De novo Lipogenesis **FA:** Fatty Acid **FASN:** FA synthase

#### **Introduction**

Acetyl-CoA carboxylase (ACC) is a key rate-limiting enzyme in the de novo fatty acid (FA) synthesis pathway, and alterations in its expression are seen in cancer cells. Considering the importance of FAs in the cellular membrane structure and energy metabolism, FA synthesis is vital for cancer cells. In the physiologic environment, FAs are supplied via exogenous fat intake. However, cancer cells provide their required FAs from intracellular pyruvate through de novo FA synthesis [1].

De novo FA synthesis is considered a metabolic reprogramming in tumorigenesis, allowing cancer cells to become independent of extracellular lipids. Identification of FA synthase (FASN) in 1994 contributed to understanding the importance of the de novo FA synthesis in cancer cell growth and survival [2,3].

During the de novo pathway, glucose carbons get converted to acetyl-CoA. ACC uses acetyl-CoA molecules to synthesize malonyl-CoA, which is essential for this pathway and in determining the activity of the carnitine palmitoyl-transferases (CPTs). CPTs are involved in transporting acyl chains-carnitine couples to the mitochondrial matrix and β-oxidation [4].

According to the world health organization (WHO), although cancer is the second leading cause of death worldwide, it owns the first place regarding the burden on health management systems involving men and women [5]. Hepatocellular carcinoma (HCC) is one of the leading cancers with an increasing incidence rate. HCC is closely associated with liver conditions such as cirrhosis, non-alcoholic fatty liver disease (NAFLD), non-alcoholic steatohepatitis (NASH) [5].

This review aimed to discuss ACC structure and its role in the physiologic environment, the importance of its action in the development of NAFLD, NASH, tumor growth, and metastasis of HCC, and its utility as a target for further treatments. Further understanding of the above subjects may contribute to the evolution of more efficient drugs.

#### **Biological structure**

Chromosome 17q12 harbors the ACC gene, coding a 265 kDa protein. ACC expression gets initiated from at least three promotors, specified to the tissue type [6]. Studies of ACC cDNA coding sequences show minor differences between tissues [7,8]. However, in some tissues, including the liver, adipose tissue, brain, and lactating mammary glands, increased ACC expression has been observed.

According to Abu et al., in ACC production, an open reading frame of 7038 nt in the nucleotide sequence encodes 2346 amino acids with a calculated molecular weight of 264,737 in the HepG2 cells [7]. They found that the cDNA sequence of ACC in the abdominal fat differs from 4410 nt at the 3' to the end of the sequence. Furthermore, the high similarity of HepG2 cDNA sequence with those of rats, chicken, and yeast was reported. Tables 1 and 2 present alignment and conserved sequences of ACC1 and 2 in Homo sapiens, Mus musculus, and Rattus norvegicus.

#### Tables and Table legends

**Table 1: Alignment and Conserved Sequences of ACC1.**

Specie Accession number<br>Homo Sapiens Q13085.2 Homo Sapiens<br>Mus Musculus NP\_579938.2<br>S NP\_071529.1 Rattus Norvegicus







# **Table 2: Alignment and Conserved Sequences of ACC2**

Specie Accession Number<br>Homo Sapiens AAR37018.1 Homo Sapiens<br>Mus Musculus NP\_001390456.1<br>
NP\_446374.2 Rattus Norvegicus







ACCs are found in both prokaryotes and eukaryotes and are categorized in the same manner. Prokaryotic ACC is a heterogeneous enzyme in archaea, bacteria, dicotyledonous, and non-gramineous monocotyledonous plants (9). Holoenzyme of prokaryotic ACC is composed of three subunits, including biotin carboxylase (BC), biotin carboxyl carrier protein (BCCP), and carboxyltransferases (CT, subdivided as CT-α and CT-β). These subunits can be readily detached from each other due to the instability of the holoenzyme [9]. On the other hand, eukaryotic ACC is a homogeneous enzyme in yeasts, algae, plants, and animals and comprises three sections. These sections include BC, BC–CT interaction, BCCP domain in the N-terminal, and the CT domain in the C-terminal. It also owns a central domain that is not catalytic [10-12].

X-ray crystal structure of yeast CT domain showed a shape similar to a quarter disk. The interface of a dimer of the ACC is the location of the enzyme's active site [13]. The enzyme activity can be inhibited by locating the inhibitors at this site, making it unable to bind to substrates (malonyl CoA and acetyl CoA) [14].

Three segments have been found in the structure of the BC domain; A, B, and C. The active site comprises A and C segments, and the B domain is responsible for closing the active site during catalysis by undergoing a significant conformational alteration. Studies suggest that the larger size of the eukaryotic ACC in comparison to bacterial ACC (550 residues vs. 450 residues, respectively) is due to the numerous inserted segments between A and B domains (the AB linker) at the N-terminus [15].

E. coli ACC shows a symmetrical structure in the C-terminus of the BCCP domain in the form of a flattened β-barrel composed of two sets of four antiparallel β strands [16]. A tight β-turn of this structure consisting of the Ala-Met-Lys-Met biotinylation motif is the place of the biotin part. BCCP owns an eight-residue protruding segment called 'thumb,' which interacts with biotin and makes it easier for the biotin moiety to access the active components of the enzyme [17]. Human ACC does not own the 'thumb,' making the covalent biotin attachment in the BCCP flexible.

The BT domain's structure shows a long helix surrounded by an eight-stranded anti-parallel β-barrel (β22–β29) and a 'hook' connecting the terminal of the helix to the first strand of β-barrel (β22). Considering the lack of direct contact between BC and CT domains, the BT domain facilitates the interactions between these parts [17]. Central fields are specific to the eukaryotic ACCs and are responsible for holding the BC and CT domains in the correct positions during catalysis.

Furthermore, the CT domain comprises two subdomains called N and C domains, both of which own a crotonase fold (a β-β-α superhelix), and their equivalents in bacterial CT are called  $\beta$  and α. A 'canyon' is placed in the interface of a dimer of the CT that is the active site of the domain, making it necessary for the CT domain to dimerize for catalysis [18].

# **Biological activity**

ACC is a biotin-dependent catalyzer that contributes to the production of malonyl-CoA by catalyzing carboxylation of acetyl-CoA through biotin carboxylation and carboxyl transference [9,19,20]. The catalysis process by ACC is a two-step process involving three domains. In the first step, the BCCP domain makes a covalent link with biotin, leading to its carboxylation by the BC domain. Carboxyl groups and energy needed for the first step are derived from bicarbonate and ATP phosphates. Coordination of the ATP phosphates is achieved by divalent cations, including Mg2+ and Mn2+. In the second step, malonyl-CoA gets produced by transference of biotin's activated carboxyl group to acetyl-CoA embedded in the CT domain [21].

ACC has two tissue-specific isoforms, ACC1 and 2, and both have specific activity and site of action. Liver and adipose tissue express ACC1, while ACC2 is mainly expressed in oxidative tissues, including cardiac and skeletal muscles. ACC1 is a cytosolic ratelimiting enzyme involved in the long-chain fatty acid synthesis by catalyzation of the first committed step of this pathway. The resultant malonyl-CoA with the catalysis of fatty acid synthase (FASN) adds two carbons to the fatty acid chain leading to its expansion [10].

However, ACC2 leads to allosteric inhibition of carnitine palmitoyl-transferase by malonyl-CoA in the mitochondrial outer membrane and regulates FAOxn and fatty acid transfer within mitochondria for β-oxidation [21]. Although ACC1 and 2 have an amino acid sequence equal to 73%, ACC2 owns a 140-residue part at the N-terminus with highly hydrophobic first 20 residues, which causes its association with the mitochondrial membrane; human white adipose tissue shows an increased expression of a type of ACC2 which doesn't have an N-terminal mitochondrial targeting segment [22,23].

According to literature, citrate stimulates mammalian ACC1 and 2, whereas long-chain saturated acyl-CoA inhibits their actions. Citrate has a 1000-fold effect on ACC2 compared to its 4-fold impact on ACC. Furthermore, they get inactivated through phosphorylation by AMP-activated protein kinase (AMPK, at Ser80 in ACC1, Ser222 in ACC2) and cAMP-dependent protein kinase (protein kinase A, at Ser1201 in ACC1 [24,25]. ACCs have two binding sites for citrate; 1. An activating site with higher affinity (Kd  $\sim$ 1 mM) and 2. An inhibitory site with a lower affinity (Ki  $\sim$ 30 mM). MIG12, a cytosolic protein, promotes the stimulatory impact of citrate on the ACC1 and is embedded in the ACC1 polymer structure. On the other hand, forming a complex with other proteins leads to the downregulation of MIG12 (spot 14 (~17 kD)) [15,26].



**Figure 1.** de novo lipogenesis and role of ACC

# **ACC signaling in cancer**

Regulators involved in the signaling of lipid biosynthesis are noteworthy targets for tumor suppressors and oncogenes to cause alterations in de novo fatty acid synthesis [27]. By rewiring their energy production from a glycolysis-dependent pathway to a lipogenesis-dependent pathway, cancer cells enhance their survival against stress [28].

Considering the rapid cell division of cancer cells, it seems that manipulation of lipid synthesis is a way of meeting the need for significant amounts of the cell membrane, which is mainly made of phospholipids. Interestingly, studies have shown that a substantial part of the newly synthesized lipids in cancer cells are phospholipids (figure 1) [29-31]. Moreover, studies report a high percentage of saturated and monounsaturated FAs among recently produced lipids that will be embedded in the detergent-resistant microdomains or rafts, mediating signal transduction, intracellular

trafficking, and signal transduction [32].

On the other hand, studies confirm an increased expression level of ACC in multiple cancers such as breast, prostate, liver, etc. Various studies have shown that silencing ACC1 using RNAi strategies results in decreased synthesis of FAs and impairment of mitochondrial potentials, leading to oxidative stress and subsequent apoptotic cell death. Moreover, the apoptosis caused by ACC1 inhibition can be reversed by adding palmitic acid (16:0) to the medium, an end product of the FA synthesis pathway. These results confirm the importance of ACC's role in the survival and growth of cancer cells [33-35].

# **ACC's Role in NAFLD, NASH, and HCC**

Non-alcoholic steatohepatitis (NASH) is now the fastest developing cause of hepatocellular carcinoma (HCC), and patients with NASH cirrhosis show a higher HCC incidence rate (0.5 to 2.6%) [36].

Higher levels of de novo lipogenesis inside hepatic cells are essential in the progression of non-alcoholic fatty liver disease (NAFLD) and HCC [37,38]. Primarily, NAFLD results from consuming diets full of refined carbohydrates [39].

 As discussed, ACC causes malonyl-CoA formation from acetyl-CoA, providing the substrate for de novo lipogenesis and inhibiting fatty acid oxidation. Thus, ACC plays a vital role in controlling the flux of carbon intermediates between carbohydrate and fatty acid metabolism (40).

Phosphorylation of ACC decreases malonyl-CoA within cells, suppressing fatty acid synthesis and inhibiting the development of early signs of NAFLD and fibrosis (41). In the meantime, endoplasmic reticulum stress (ERS) exists in non-alcoholic fatty liver cells. As a simulation, the induction of ERS in HepG2 cell lines contributed to the destruction of ER structure and elevation of lipid deposition through increasing ACC1 expression (42).

Multiple pathways have been suggested by literature for ACC1 engaged paths leading to HCC progression;

a higher rate of liver cancer cell proliferation is seen in mice with ACC1 gene mutations that lead to elevated de novo lipogenesis. This phenomenon happens due to inhibiting phosphorylation of ACC1 & 2 inside liver lesions via inducing loss of function mutations in AMPK expressing genes, contributing to an increase in de novo lipogenesis [42,43]. Also, non-tumorous liver cells in the tumor margin induce de novo lipogenesis in the tumor cells upon the HCC progression (figure 2).

HCC cells up-regulate gene expression of a transmembrane glycoprotein called CD147. CD147 plays a vital role in the proliferation and metastasis of HCC cells. One of the CD147 mechanisms of function is through activating Akt/mTOR signaling pathway to up-regulate the expression of sterol regulatory elementbinding protein 1c (SREBP1c). These steps lead to activation of the transcription process of central lipogenic genes such as FASN and ACC1, leading to increased de novo lipogenesis (figure 2) [37,44].



**Figure 2:** ACC-Related Pathways in the Development of HCC

In accordance, ACC activation by inhibiting 6-phosphogluconate dehydrogenase (6PGD) -an upregulated enzyme in HCC- reduces NADPH/NAD+ and NADH concentrations within cells, leading to increased HCC cell oxidative stress and lower survival [45].

dysregulation of the FA oxidative decomposition due to enzyme impairment has also been reported. ACC attaches to the carnitine palmitoyl-transferase 1 (CPT1), which is placed in the outer mitochondrial membrane and transfers long-chain fatty acyl-CoA to carnitine for oxidation inside mitochondria. The complex of ACC/CPT1 coordinates β-oxidation and formation of FAs, and in this way, ACC prevents mitochondrial distribution of CPT1 under satisfactory glucose circumstances. In glucose starvation conditions within HCC cells, ACC detaches from CPT1. The released free CPT1 molecules relocate within the mitochondrial membrane, enhancing β-oxidation and protecting HCC cells during metabolic stress [41,46].

Thus, ACC1-mediated FA synthesis controls the intracellular lipid content needed for energy homeostasis during metabolic stress, preventing cell death due to FA oxidation [46]. ACC1 plays two essential roles in HCC survival, providing substrate and enzyme for FA oxidation in glucose deficiency conditions [46,47].

Overall, higher de novo lipogenesis is correlated with tumor development and higher recurrence rates, and more aggressive HCC cells [37]. Suppression of lipogenic enzymes, including ACC1, inhibits proliferation in HepG2 hepatoma cells [37,47].

However, Che et al. evaluated the effects of de novo lipogenesis on tumorigenesis in various mouse models of hepatic cancer. Interestingly, they resulted that depending on the active oncogenes involved in HCC development, different types of dependency on lipogenesis are seen[48]. The HCC cells might be dependent on or independent of de novo lipogenesis. Accordingly, ACC inhibition in an HCC mouse model treated with diethylnitrosamine resulted in a two-fold higher tumor incidence than the controls [49].

ACC silencing also significantly suppressed cell viability in human HepG2 cells and rat liver cell line BRL 3A [47].

On this matter, two ACC polymorphisms were significantly associated with various effects on the overall survival; the homozygous variant genotype in rs7211875 and rs11871275 significantly increased and decreased mortality rate in HCC patients, respectively, confirming the two sides of ACC's effect on the HCC tumorigenesis [50].

# **ACC Role in chemo-resistance**

Resistance to chemotherapy in HCC cells rises from the cancer stem cells. HepG2SF1 and Huh7SF1 are the two cell lines showing stem-like characteristics. The evaluation of these cell lines revealed increased expression of the enzymes involved in de novo lipogenesis, including ACC [51].

Chen et al. suggested 6-phosphogluconate dehydrogenase (6GPD) as a promising therapeutic target against HCC cell resistance. 6GPD acts through the inactivation of ACC and AMPK enzymes, and protects the HCC cells from oxidative stress, confirming the role of ACC in chemoresistance induction [45].

Similar results have been obtained from animal studies. Rat HCC models have revealed higher de novo lipogenesis following mutation of AMPK phosphorylation sites inside the ACC1 structure, which have been associated with sorafenib resistance

as the first-generation targeted therapy agent in late-stage HCC. More importantly, ACC1 inhibition has led to higher sorafenib efficacy and improved HCC cell survival due to reduced AMPKmediated ACC1 phosphorylation [42].

# **ACC Inhibitors**

ACC inhibitors have long been developed and used in agriculture as herbicides. Moreover, regarding ACC's critical role in the development of various conditions, ACC inhibitors have been considered potential therapeutic targets during the past decades [52]. ACC is mainly involved in de novo lipogenesis (DNL). Its inhibition decreases hepatic lipid synthesis and increases fatty acid oxidation, making it an exciting target in treating NAFLD, NASH, and even HCC. Multiple studies have shown that genetic impairment of ACC in mice models also decreases DNL, thus improving hepatic cell health [53].

In recent decades, small molecules have shown significant progress in treating multiple conditions. Small molecules are designed to bind to the allosteric or orthosteric sites of the specific targets, thus inhibiting or impairing their function. Many characteristics of these molecules make them the best choice for therapeutic investigations in modern-day medicine, including aqueous solubility, tissue distribution, and cellular permeability, making them effective on the surface and intracellular proteins. However, a short half-life is one limitation of this technology, and frequent dosing is required to achieve the target levels [54].

**Table 3. ACC small-molecule inhibitors used for HCC, NAFLD, and NASH treatment.**

<b>Inhibitors</b>	<b>Mechanism of</b> <b>Action</b>	<b>IC50</b>	<b>Disease</b>	<b>Study</b> <b>Population</b>	<b>Dosing</b>	<b>Study Result</b>	<b>Side Effects</b>	<b>Reference</b>
PF-05221304 (Clesacostat)	Liver-targeted reversible ACC1/2 inhibitor	$61$ nmol/L	<b>NAFLD</b>	Phase IIa trial	2, 10, 25, and 50 mg once daily (QD)	50-65% reduction in liver fat with doses > 10 mg QD	A dose-dependent elevation in serum triglycerides (TG) in 23/305 (8%)	$[55]$
GS-0976 (Firsocostat)	Liver-targeted ACC1/2 Inhibitor Binds to the BC Domain	N/A	<b>NASH</b>	Phase II trial	$20 \text{ mg}$ daily	A relative reduction in liver fat by 29%	Elevation in TG of 16 patients $($ >500 $mg/dL$ )	$[53]$
ND-654	Liver-Targeted ACC1/2 Allosteric Inhibitor Binds to the BC Domain	<b>Inhibits</b> ACC1 with 3 nM, and ACC <sub>2</sub> with 8 nM	<b>HCC</b>	Tumor- bearing rats	$10 \text{ mg/kg}$ daily	55% reduction in tumor burden and $40\%$ in mortality	None	$[42]$
$IMA-1$	ACC1 inhibitor, <b>Inhibits</b> Interaction with arachidonate 12-Lipoxygenase (ALOX12)	N/A	<b>NASH</b>	Male mice and Cynomolgus macaque therapeutic models	N/A	Significantly blocked <b>NASH</b> progression	Did not elicit hyperlipidemia	[60]



In table 3, we discuss the suggested ACC1 small-molecular inhibitors in treating NAFLD, NASH, and HCC. Most of these inhibitors are dual inhibitors of ACC1 and 2 except for the IMA-1 and compound-1, which are selective ACC1 inhibitors. Although multiple mechanisms of action have been suggested for these inhibitors, they mainly inhibit ACC by binding to the BC domain. The BC domain is a great pharmaceutical target due to its shallow and hydrophilic pocket structure with excellent physiochemical characteristics [53]. By binding to the BC domain, they inhibit the dimerization of ACC and impair its enzymatic function.

All presented inhibitors are substrates for organic anion-transporting polypeptide (OATP) transporters and hence are liver-directed due to this property. As a result, the tissue distribution of these molecules is asymmetrical to ensure adequate liver concentrations and liver-directed therapeutic effect and low plasma concentrations to minimize the side effects [55].

# **ACC miRNA-Mediated Regulation**

MicroRNAs (miRNAs) are essential endogenous, tissue-specific, small non-protein-coding RNAs involved in the cellular homeostasis of animals and plants by gene regulation. MiRNAs are structured from 22 nucleotides, and pair with the mRNAs resulting from protein-coding genes and regulate their expression after transcription [56].

Regarding the fact that miRNAs affect almost all the genetic pathways within cells, including cell proliferation and cellular death, their normal function is of importance, and their dysregulated expression is usually associated with cancer development. miRNAs are differentially expressed in various cancers so their down-regulation increases oncogene expression, and their up-regulation suppresses tumor-suppressor genes. Thus, miRNAs may act as both tumor suppressors and oncogenes [57,58].

According to the literature, 400 miRNAs have been discovered in humans, and the list is yet to extend [59]. Here, we summarized the miRNAs involved in hepatic lipogenesis by affecting ACC expression (table 4).

#### **Table 4: miRNAs Associated with ACC Expression in Lipogenesis**



#### **Conclusion**

Here, we reviewed the structure and function of the ACC enzyme in the biological environment and its role in the development and progression of NAFLD, NASH, and HCC as the most common vital conditions of the liver. We further assessed the ACC's role in the survival and prognosis of the HCC, especially as a therapeutic target. We concluded ACC is an integral part of de novo lipogenesis and de novo lipogenesis is an important part of the accumulation of fat in the liver tissue and the development of HCC. Reported data regarding its function in HCC are different, and there is a controversy. Multiple ACC inhibitors have been structured targeting this enzyme in controlling the mentioned

conditions, and promising results have been reported regarding Clesacostat and Firsocostat in phase II clinical trials. However, further investigation of the other inhibitors is required.

In conclusion, ACC is a promising target for treating liver fatrelated conditions and HCC.

#### **Funding**

None.

**Conflicts of interest** None.

# **Acknowledgements**

None.

# **Author Contributions**

AA gathered the data and wrote the manuscript.

# **Consent for publication**

Since the article is a review, no consent was needed.

#### **Availability of data**

All data are presented in the manuscript.

#### **Ethical approval**

The study was approved by local Ethics committee of the university.

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