

Disruptive chemicals, senescence and immortality

The Faculty of Oregon State University has made this article openly available.
Please share how this access benefits you. Your story matters.

Citation	Carnero, A., Blanco-Aparicio, C., Kondoh, H., Lleonart, M. E., Martinez-Leal, J. F., Mondello, C., ... & Yasaei, H. (2015). Disruptive chemicals, senescence and immortality. <i>Carcinogenesis</i> , 36(Suppl 1), S19-S37. doi:10.1093/carcin/bgv029
DOI	10.1093/carcin/bgv029
Publisher	Oxford University Press
Version	Version of Record
Terms of Use	http://cdss.library.oregonstate.edu/sa-termsfuse

REVIEW

Disruptive chemicals, senescence and immortality

Amancio Carnero^{*}, Carmen Blanco-Aparicio¹, Hiroshi Kondoh², Matilde E. Lleonart³, Juan Fernando Martinez-Leal⁴, Chiara Mondello⁵, A.Ivana Scovassi⁵, William H. Bisson⁶, Amedeo Amedei⁷, Rabindra Roy⁸, Jordan Woodrick⁸, Annamaria Colacci⁹, Monica Vaccari⁹, Jayadev Raju¹⁰, Fahd Al-Mulla¹¹, Rabeah Al-Temaimi¹¹, Hosni K. Salem¹², Lorenzo Memeo¹³, Stefano Forte¹³, Neetu Singh¹⁴, Roslida A. Hamid¹⁵, Elizabeth P. Ryan¹⁶, Dustin G. Brown¹⁶, John Pierce Wise Sr¹⁷, Sandra S. Wise¹⁷ and Hemad Yasaei¹⁸

Instituto de Biomedicina de Sevilla (IBIS/CSIC/HUVR/Univ. Sevilla), Oncohematology and Genetics Department, Avda Manuel Siurot sn, 41013 Sevilla, Spain, ¹Spanish National Cancer Research Center, Experimental Therapeutics Department, Melchor Fernandez Almagro, 3, 28029 Madrid, Spain, ²Department of Geriatric Medicine, Kyoto University Hospital, 54 Kawaharacho, Shogoin, Sakyo-ku Kyoto 606-8507, Japan, ³Institut De Recerca Hospital Vall D'Hebron, Passeig Vall d'Hebron, 119–129, 08035 Barcelona, Spain, ⁴Cell Biology Department, Pharmamar-SAU, Avda. De los Reyes, 1, 28770-Colmenar Viejo, Madrid, Spain, ⁵Istituto di Genetica Molecolare, CNR, Via Abbiategrasso 207, 27100 Pavia, Italy, ⁶Environmental and Molecular Toxicology, Environmental Health Science Center, Oregon State University, Corvallis, OR 97331, USA, ⁷Department of Experimental and Clinical Medicine, University of Firenze, Italy, Florence 50134, Italy, ⁸Molecular Oncology Program, Lombardi Comprehensive Cancer Center, Georgetown University Medical Center, Washington, DC 20057, USA, ⁹Center for Environmental Carcinogenesis and Risk Assessment, Environmental Protection and Health Prevention Agency, Bologna 40126, Italy, ¹⁰Toxicology Research Division, Bureau of Chemical Safety Food Directorate, Health Products and Food Branch Health Canada, Ottawa, Ontario K1A0K9, Canada, ¹¹Department of Pathology, Kuwait University, Safat 13110, Kuwait, ¹²Urology Department, Kasr Al-Ainy School of Medicine, Cairo University, El Manial, Cairo 12515, Egypt, ¹³Mediterranean Institute of Oncology, Viagrande 95029, Italy, ¹⁴Centre for Advanced Research, King George's Medical University, Chowk, Lucknow, Uttar Pradesh 226003, India, ¹⁵Department of Medicine and Health Sciences, Universiti Putra Malaysia, 43400 Serdang, Selangor 43400, Malaysia, ¹⁶Department of Environmental and Radiological Health Sciences, Colorado State University/Colorado School of Public Health, Fort Collins, CO 80523-1680, USA, ¹⁷The Wise Laboratory of Environmental and Genetic Toxicology, Maine Center for Toxicology and Environmental Health, Department of Applied Medical Sciences, University of Southern Maine, 96 Falmouth Street, Portland, ME 04104, USA and ¹⁸Brunel Institute of Cancer Genetics and Pharmacogenomics, Health and Environment Theme, Institute of Environment, Health and Societies, Brunel University London, Kingston Lane, Uxbridge, UB8 3PH, UK

^{*}To whom correspondence should be addressed. Tel: +34955923111; Fax: +34955923101; Email: acarnero-ibis@us.es

Abstract

Carcinogenesis is thought to be a multistep process, with clonal evolution playing a central role in the process. Clonal evolution involves the repeated 'selection and succession' of rare variant cells that acquire a growth advantage over the remaining cell population through the acquisition of 'driver mutations' enabling a selective advantage in a particular micro-environment. Clonal selection is the driving force behind tumorigenesis and possesses three basic requirements: (i) effective competitive proliferation of the variant clone when compared with its neighboring cells, (ii) acquisition of an indefinite capacity for self-renewal, and (iii) establishment of sufficiently high levels of genetic and epigenetic variability to permit the emergence of rare variants. However, several questions regarding the process of clonal evolution remain. Which cellular processes initiate carcinogenesis in the first place? To what extent are environmental carcinogens responsible for the initiation of clonal evolution? What are the roles of genotoxic and non-genotoxic carcinogens in carcinogenesis?

Received: January 17, 2014; Revised: August 4, 2014; Accepted: August 5, 2014

© The Author 2015. Published by Oxford University Press. All rights reserved. For Permissions, please email: journals.permissions@oup.com.

What are the underlying mechanisms responsible for chemical carcinogen-induced cellular immortality? Here, we explore the possible mechanisms of cellular immortalization, the contribution of immortalization to tumorigenesis and the mechanisms by which chemical carcinogens may contribute to these processes.

Abbreviations

BaP	benzo(a)pyrene
CDK	cyclin-dependent kinase
CoQ10	coenzyme Q10
GC	genotoxic carcinogen
MEF	mouse embryo fibroblasts
NAC	N-acetyl-cysteine
NGC	non-genotoxic carcinogen
OIS	oncogene-induced senescence
PB	phenobarbital
ROS	reactive oxygen species
SAHF	senescence-associated heterochromatic foci
SASP	senescence-associated secretory phenotype
SHD	Syrian hamster dermal cell
SOD	superoxide dismutase.

An introduction to cellular senescence

Since the early 1980s by seminal works of Newbold *et al.* (1,2) it is known that cellular senescence is a barrier to tumorigenesis. Recent genetic experiments have contributed to explain why oncogenic signals need to bypass this barrier to induce tumors. Therefore, carcinogens, to promote tumorigenesis, must bypass this senescence barrier (1). But, what is this barrier and how it can block the process of carcinogenesis?

In continuous culture, somatic cells show a spontaneous decline in growth rate that is unrelated to the amount of time elapsed during culture; however, this decline is related to a decreasing number of population doublings. Somatic cell aging eventually terminates in a quiescent but viable state termed replicative senescence (3). Cells in this state exhibit specific features and this behavior is observed in a wide variety of normal cells (4). Furthermore, it is widely accepted that normal human somatic cells, with the exception of stem cells and tumor cells, have an intrinsically limited proliferative lifespan, even under ideal growth conditions. Cells that display characteristics of senescence are also observed in response to other internal or external stimuli, such as oncogenic stress, DNA damage or cytotoxic drugs (5).

Characteristic senescent features include flat morphology in culture, multinucleation and a terminal arrest resulting in increased levels of many cell cycle inhibitors. Moreover, the senescent phenotype is associated with dramatic changes in gene-expression (6–9). Senescent cells show altered lysosome/vacuole function and accumulation of mitochondrial damage, which lowers adenosine triphosphate production and increases reactive oxygen species (ROS). Furthermore, enzymes and lipids are damaged by secondary chemical modifications, such as oxidation, glycation or cross-linking, accumulating in the cytosol and lowering the rate of essential cellular functions (10–12).

The onset of senescence triggers the generation and accumulation of distinct heterochromatic structures known as senescence-associated heterochromatic foci (SAHF) (13), which provide an explanation for the stability of the senescent state. Senescent cells also show altered DNA methylation processes (14,15) and display molecular characteristics of DNA damage (16–18), including nuclear foci of phosphorylated histone H2AX

and DNA-damage checkpoint factors, such as 53BP1, MDC1 and NBS1 (9,16). Senescent cells also contain activated forms of the DNA-damage checkpoint kinases Chk1 and Chk2. These and other markers suggest that telomere shortening initiates senescence through a DNA damage response. These characteristics also explain why other DNA damage stressors, such as culture shock, can potentially initiate senescence without telomere involvement (11,19).

The finite number of divisions during replicative senescence, which is commonly known as the 'Hayflick limit', is attributed to the progressive shortening of chromosome ends containing the telomeres, which is the proposed molecular mechanism of a senescence clock (20). Eukaryotic cells cannot replicate the distal ends of their telomeres, which shorten in length with every cell division until they reach a critical threshold at which cells stop dividing (21,22).

As mentioned previously, cellular senescence can be elicited by other types of stress, including oncogene activation (23). This phenomenon is observed with many but not all oncogenes, including RAS and its effectors RAF, MEK and BRAF as well as PI3K or AKT (24–27). Also, the activation of other proliferative genes such as CDC6, cyclin E and Signal transducer and activator of transcription 5 (STAT5), or the loss of tumor suppressor genes, such as PTEN, Spn or NF1, can trigger a DNA damage response and induce senescence (28,29). This response is associated with DNA hyper-replication and seems to be the cause of oncogene-induced senescence (OIS) *in vitro* (30–33). Thus, oncogene- or stress-induced senescence does not rely on telomere shortening (34,35). Stress-induced premature senescence shares some of the morphological and biochemical features of replicative senescence activated by telomere shortening (36–40), supporting the hypothesis that senescence is a common response to cellular damage (41).

Recently, a physiological role for senescence in embryonic development has been also uncovered (42,43). This function seems to be dependent on the cyclin-dependent kinase (CDK) inhibitors p21CIP1 and p15INK4b but independent of other cell cycle inhibitors, DNA damage or p53. This senescence during embryonic development is regulated by the PI3K/FOXO and TGF β /SMAD pathways (42,43).

Senescence and immortalization: two sides of the same coin

Immortalization can be defined as the process by which cells grown *in vitro* acquire unlimited proliferation potential through the bypass of the antiproliferative barrier of senescence. It is accepted that bypassing cellular senescence through the distinct alterations of pathways involved in its activation allows human somatic cells to undergo immortalization and acquire a growth advantage (44–47). As envisioned, one of the rate-limiting steps en route to full immortalization is the activation (or de-repression) of telomerase. Spontaneous telomerase re-activation in human somatic cells grown *in vitro* is a very rare event, with a frequency of re-activation that varies across different human cell types (from $10^{-8/-10}$ in humans to 10^{-5} in mice). It is therefore accepted that telomerase re-activation is required to achieve complete immortalization since it is necessary to maintain telomere length and prevent replicative senescence. The

vast majority of cancer cells (~90%) have up-regulated telomerase activity, while the rest utilizes the alternative-telomere lengthening pathway (a homologous recombination-based lengthening) as a mechanism for telomere length maintenance. Furthermore, virtually all human cancers lack functional p53/pRb pathways, which are widely regarded as two of the key senescence signaling routes (48,49). These pathways often carry mutations in sets of genes that are known to collaborate *in vitro* to bypass the senescence response. In recent years, many groups have documented the presence of senescent cells induced by oncogenic signaling in several precancerous tissues obtained from humans and mice (23,50–53). These studies indicate that OIS is an authentic process that occurs *in vivo*. More importantly, these studies suggest that OIS is an active process that occurs in response to oncogenic stimuli and offers a protective mechanism against tumor development. Therefore, cellular senescence is viewed as a key early barrier in carcinogenesis (4).

In this context it is essential to clarify major differences between early passage human and rodent cells with respect to the senescence barriers that need to be bypassed to achieve full immortalization. Cells from small rodents (mice, rats and hamster) have a single barrier to immortalization, that can be readily bypassed via pRB pathway (mutational or epigenetic) or p53 (mutational) pathway inactivation. Human cells (fibroblasts and variety epithelial cells) require, in addition, bypass of telomere-driven replicative senescence through reactivation of telomerase (transcriptional derepression of hTERT) an extremely rare event. The differences originate from the fact that rodent cells have telomerase permanently ‘on’ even when irreversibly senescent (54).

Effector pathways

Cellular senescence pathways are believed to have multiple layers of regulation, with additional redundancy inherent in these layers (55–57). In addition to canonical signal transduction layers, regulation by miRNAs and methylation have recently been uncovered (15,58). Many of the functional studies in which a putative senescence gene is overexpressed indicate that a single gene/pathway is required for repair and subsequent reversion

to senescence, suggesting that senescence is essentially a recessive phenomenon. Over all, most tumors have elongated telomeres via the up-regulation of telomerase activity and carry one or more inactivating mutations in the effector pathways. These mutations confer ‘immortality’ to tumors. If this property can be achieved by genetically altering proteins involved in senescence, environmental carcinogens may promote a similar phenotype and therefore should be carefully examined. The reasoning, however, is complicated; for example acute alterations of the senescence pathways, such as the inhibition of a tumor suppressor (pRb, p16INK4a), are often recognized by the cell as an unwanted proliferative signal and preventive senescence is triggered in response. It seems that chronic and/or sustained downregulation of a percentage of this signaling activity is more probably to achieve the goal of immortalization, but very little research has been conducted with regards to this topic. Furthermore, this mechanism is an essential portion of the hypothesis that environmental carcinogens may extend the lifespan of cells.

The dynamics of senescence exhibit two different steps: cell cycle arrest and further acquisition of senescence features, which include permanent arrest.

Senescence effector pathways converge at the point of cell cycle arrest through CDK inhibition. Therefore, most pathways known to be involved in senescent arrest impinge either directly or indirectly on this process. Namely, the most known effector pathways are the p16INK4a/pRB pathway, the p19ARF/p53/p21CIP1 pathway and the PI3K/mTOR/FoxO pathway (39,48,59–61), all of which exhibit a high degree of interconnection (Figure 1). Two pathways have been proposed to be responsible for the acquisition of irreversible arrest and senescence: the pRB pathway and the mTOR pathway. There is a high degree of redundancy among all of these effector pathways (Figure 1). If senescence program is not activated, cells are only transiently arrested with the possibility of resuming growth once the proliferation constraints have been eliminated (9,62). It has also been shown that if mTOR is activated under conditions of proliferative arrest, then arrest becomes permanent and the cell undergoes senescence (63,64). This can also be accomplished by producing permanent changes in the chromatin, especially at E2F transcription sites, which

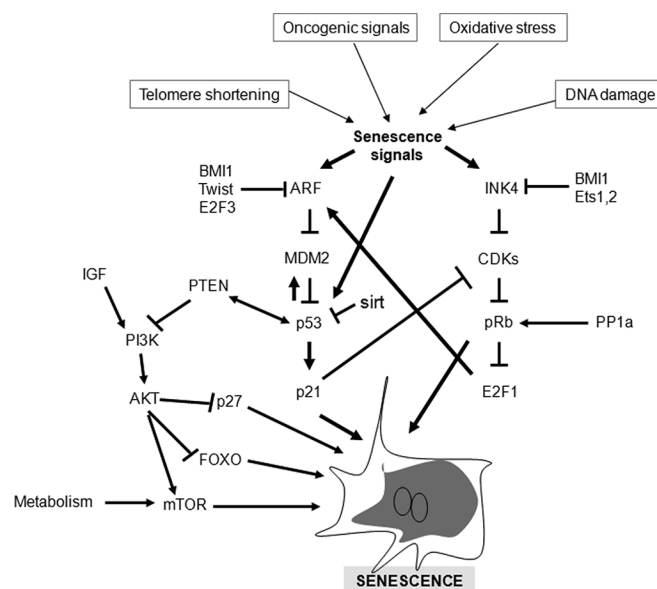


Figure 1. Simplified scheme of the effector pathways contributing to cellular senescence.

result in a blockade of transcription of proliferative genes (13). It has been shown that permanent inactivation of pRb, perhaps in combination with phosphatases (65), may signal for the differential recruitment of silencers to the heterochromatin of promoter sites. Human cells show heterochromatin compaction during senescence (SAHF), which is dependent on the pRb pathway (66). These SAHFs cause stable silencing of cell cycle genes and seem to be a factor in the stability of permanent arrest during senescence.

The p53 pathway

Replicative senescence, cellular stress or oncogenic Ras can activate p53 and promote cellular senescence, which limits the transformation potential of excessive signaling events (67–69). Inhibiting the function of p53 substantially extends the lifespan of several cell types in culture (70). Consistent with these findings, senescence is associated with the transactivation of p53 in cell cultures (71). Telomere shortening activates a DNA-damage checkpoint associated with genomic instability and leads to p53 activation *in vitro* and *in vivo* (72). Deletion of p53 attenuates the cellular and organismal effects of telomere dysfunction, which establish a key role for p53 as the gatekeeper of telomere shortening (72).

As expected, other p53 regulatory proteins are involved in senescence. Overexpression of MDM2 targets p53 for degradation and induces functional p53 depletion (73). Expression of p14ARF (INK4 alternative reading frame), another factor that is up-regulated during senescence and shares the INK4A locus with p16INK4a, releases p53 from MDM2 inhibition and causes growth arrest in young fibroblasts (73,74). ARF-defective mouse cells are efficiently immortalized (74,75), as do cells overexpressing MDM2.

Activation of p53 induces the up-regulation of the CDK inhibitor p21CIP1, which directly inhibits the cell-cycle machinery (49) and correlates well with the declining growth rates observed in senescent cultures. In human cells, depletion of p21CIP1 is sufficient to bypass senescence (76). However, in mouse embryo fibroblasts, the absence of p21CIP1 does not overcome senescence (77,78). This finding suggests that at least one additional downstream effector is needed for p53-induced growth arrest during senescence. Other p53 effectors, such as 14-3-3-sigma and GADD45 (both of which inhibit the G₂/M transition), or the downregulation of myc (79) are also potentially involved, thus underlining the redundancy of senescence effectors. It was also demonstrated that Ras modifies p53-dependent transcriptional activation in a quantitative, rather than qualitative manner and that the senescence response depends on factors other than p53 activation (9). p53 activation appears to be necessary for growth arrest but due to the possible requirement for additional signals is not sufficient to induce senescence.

The retinoblastoma pathway

The activities of tumor suppressors are mainly attributed to their ability to bind and inactivate the E2F family of transcription factors, which transactivates several genes encoding cell cycle proteins and DNA replication factors that are required for cell growth (80,81). pRb and its related proteins p107 and p130 are members of the pocket protein family (82). The pocket proteins are substrates for cyclin/CDK complexes (83) which in turn are inhibited by CDK inhibitors of the CIP/KIP and INK4 families of proteins. Both classes of inhibitors are up-regulated during cellular senescence (23), reducing pRb phosphorylation and thus preventing E2F inactivation.

Overexpression of pRb and some of the regulators of the pRb pathway, such as the CDK inhibitors, trigger a growth arrest which mimics the senescent phenotype (24). Moreover,

inactivation of pRb by viral oncoproteins, such as E7, SV40 large T antigen and E1A, extends the cellular lifespan (84–86). Other members of the pocket protein family may also be involved. In mouse embryo fibroblasts (MEFs), p130 levels decrease as population doublings increase, and MEFs from triple pRb, p130 and p107 knockout mice are immortal (87). Nevertheless, a certain degree of complementation has been observed among the pocket protein family members (87); thus, it is difficult to assess the role of each protein in replicative senescence.

It is likely that pRb possesses more tumor suppressive activity than the other pocket proteins because mutations that alter p107 and p130 are very rarely observed in human cancers (88). Indeed, pRb seems to have a non-redundant role in tumor suppression and is thought to permanently repress E2F target genes during cellular senescence but not during quiescence. These observations suggest that loss of pRb, but not p107 or p130, results in a defective senescence response (89).

Given that CDK inhibitors of the INK4 (p16INK4a, p15INK4b, p18INK4c and p19INK4d) and CIP/KIP (p21CIP1, p27KIP1 and p57KIP2) families block the CDK inactivation of pRb (90), a loss-of-function of INK4 proteins would conceivably have similar consequences as a loss-of-function of pRb. Several types of human cells accumulate p16INK4a and/or p15INK4b protein as they approach senescence (91,92). Senescent fibroblasts potentially contain p16INK4a levels greater than early passage cells. The deletion or promoter methylation of p16INK4a is common in immortalized tumor cell lines (93), and several non-tumorigenic *in vitro* immortalized cell lines also lack functional p16INK4a protein. Expression of p16INK4a-specific antisense RNA in naive MEFs increases the probability that these cells will undergo immortalization (75). In accordance with this observation, mouse cells that are rendered nullizygous for p16INK4a via targeted deletion undergo immortalization more readily than normal control cells (94,95). However, these cells still exhibit normal senescence kinetics. p16INK4a knockout mice develop normally through adulthood and are fertile, which indicates that the individual INK4 proteins are not essential for development. However, p16INK4a deficiency results in a low susceptibility to spontaneous tumor development and increased tumor susceptibility under specific carcinogenic protocols (94,95). This may be due to the fact that mouse cells rely on ARF rather than p16INK4a for cellular senescence. Interestingly, Syrian hamster cells appear to be more similar to human cells by using p16INK4a instead of ARF as their primary senescence effector (96). It is possible that systems based on these cells to screen for senescence-bypassing carcinogens are more predictive of the human response than other rodent cells.

The polycomb group of proteins is critical for the transcriptional repression of the INK4a-ARF locus (Figure 1). Mouse embryonic fibroblasts deficient for the polycomb group protein BMI1 undergo premature cellular senescence due to the derepression of both the INK4a and ARF genes (97). The polycomb group proteins are chromatin remodelers that repress gene expression by shaping chromatin structure (98,99).

The Id family of helix-loop-helix transcriptional regulatory proteins coordinates cell growth and differentiation pathways; it also regulates G₁-S cell-cycle transitions. Although depending on the cell line, loss of Id1 increases the expression of the tumor suppressor p16INK4a but not ARF. Id1 depletion also reduces CDK2 and CDK4 kinase activity, which leads to premature senescence (100,101). Id1 directly inhibits p16INK4a promoter activity via its helix-loop-helix domain but does not affect ARF. Therefore, Id1 may be a context-dependent inhibitor of cellular senescence via the repression of p16INK4a.

In line with this, Ras-induced activation of PPP1CA, the catalytic subunit of PP1 α , is necessary to induce Ras-dependent senescence (102). PPP1CA stabilizes the active unphosphorylated form of pRb in a p53-independent manner. Unphosphorylated pRb will bind and inactivate E2F factors. This action blocks cell cycle progression and alters local chromatin (13) structure, resulting in the production of SAHFs. These transitions result in the accumulation of heterochromatin around E2F-responsive promoters in senescent cells, which stably silences E2F-regulated genes and forms SAHFs (13).

PI3K/AKT/mTOR/FoxO constitutes an important pathway regulating the signaling cascades of multiple essential biological processes (103–105). Many components of this pathway are genetically altered in cancer cells. AKT is a master kinase that phosphorylates MDM2 (among other proteins) and promotes its translocation to the nucleus, where it negatively regulates p53 function (106). One of the most conserved functions of AKT is its role in cell mass increase through the activation of the mTOR complex 1 (mTORC1 or the mTOR/raptor complex), which is regulated by both nutrients and growth factor signaling. mTORC1 is a critical regulator of translation initiation and ribosome biogenesis and plays an evolutionarily conserved role in cell growth control (107). PI3K has been related to the induction of cellular senescence in several ways that are still not fully understood. Early works from Collado et al. (108), suggest that PI3K inhibition induces senescence through the activation of p27kip1. However, further works also indicated that the overexpression of active P110 α (catalytic subunit of PI3K) or AKT induces OIS in primary cells in culture and *in vivo* (77,109–112). On the other hand, loss of PTEN triggers cellular senescence through a p53-dependent mechanism (51) and results in indolent prostate cancer. Therefore, concomitant or sequential loss of PTEN and p53 results in a dramatic acceleration of prostate tumorigenesis. Studies in murine mouse models have shown that p53 is the preferred mutation upon PTEN loss. In constitutively active AKT or PI3K transgenic models, an increase in benign lesions are observed if senescence is induced upon AKT activation (53,113).

AKT activation can also stimulate proliferation through multiple downstream targets and impinge on cell-cycle regulation. AKT phosphorylates some members of the FoxO family while they are present in the nucleus, thus creating binding sites for 14-3-3-sigma proteins that trigger their export from the nucleus. Through this mechanism, AKT blocks the FoxO-mediated transcription of target genes that promote apoptosis, cell-cycle arrest, and metabolic processes (Figure 1) (114,115).

FoxO transcription factors are an evolutionary conserved subfamily that regulates a number of cellular processes involved in cell-fate decisions in a cell-type- and environment-specific manner, including metabolism, differentiation, apoptosis and proliferation (116). A key mechanism by which FoxO determines cell fate is through regulation of the cell cycle machinery. FoxO plays a crucial role in regulating cellular senescence by controlling the expression of a number of cell cycle regulators, including p27kip1 (108). Moreover, overexpression of FoxO or p27KIP1 in primary mouse embryo fibroblasts can recapitulate this phenotype, promoting premature cell cycle arrest, changes in cell morphology and increases in senescence-associated markers. The ability of FoxO to induce G₀/G₁ arrest is lessened in p27Kip1 and p130 double deficient fibroblasts (117), suggesting that both p27Kip1 and p130 are important for mediating FoxO-dependent cellular senescence associated G₀/G₁ arrest. Further evidence of a role for FoxO in cellular senescence is supported by a recent *in vivo* study demonstrating that OIS also involves the repression

of the PI3K–PKB signaling pathway and the induction of FoxO (118).

mTOR is an essential convergence point for the PI3K/AKT/FoxO pathways (119). mTOR is the master regulator of protein synthesis (120). It has been proposed that for growth arrest to become permanent (i.e. undergo senescence), a high level of mTOR activation is necessary (121,122). In fact, rapamycin treatment, which inhibits mTOR, can divert senescence into quiescence, allowing the cell to resume growth once conditions are more favorable (123,124). It has been proposed that this contribution is due to the function of mTOR as a sensor of cellular nutrients and energy status as well as growth factor signals. mTOR then integrates those signals and ‘decides’ whether the amount of metabolites and energy are sufficient to permit protein synthesis (107,125).

Carcinogen-induced bypass of cellular senescence

With these studies in mind, we identified a number of targets for which their alteration will contribute to immortalization. However, only a handful of genes are commonly measured: p53, hTERT and the INK4a/b locus. The rest of the genes are not commonly tested, and we do not know whether these genes are implicated in carcinogen-induced immortalization or to what extent they may contribute. Furthermore, to date, most carcinogen studies consider the initiation or progression of tumors as the measurable endpoint; however, they do not generally consider immortalization to be one of these endpoints. Immortal cells do not form tumors and need a further signal (oncogenic activation for example) to initiate carcinogenesis (Figure 2). Therefore, the identification of carcinogens is biased toward those chemicals that are able to produce alterations in several hallmark analyses and those capable of inducing a full-grown tumor. Therefore, we can expect that carcinogens altering a broad range of targets be more effective in these settings. Thus, DNA-damage (genotoxic) or methylating/demethylating agents (non-genotoxic) are easily identified since produce general changes in the genome. However, these searches come with a drawback, DNA-damage chemical compounds have been shown to induce senescence in a cell population, with only a few immortal (tumoral perhaps) clones arising from the whole culture. These clones are immortal due to DNA mutations (or epigenetic silencing) randomly occurring at a immortalizing gene site (1,2,96). The frequency of these immortal/tumoral clones is still high in comparison with spontaneous occurring immortal clones. However, it is expected that the same carcinogen hitting a naive culture that is already immortal (non-tumoral), either because stem properties of the targeted cell or because other non-carcinogenic compound is inhibiting only senescence (Figure 2), will induce a much higher level of tumoral clones from the cellular population, and would therefore behave as a much more potent carcinogen. This may also hold true for other compounds considered carcinogens but non-hazardous due to the low doses found in the environment, which may be reconsidered, since low doses of this compounds in the presence of a compound inhibitor of senescence might induce high tumorigenicity (Figure 2).

However, the literature regarding immortalization-only agents is very limited.

Genotoxic and non-genotoxic carcinogens

Chemicals are classified based on their carcinogenic capacity, and the IARC has categorized the carcinogenicity of all known chemicals (or agents) into four groups (<http://monographs.iarc>).

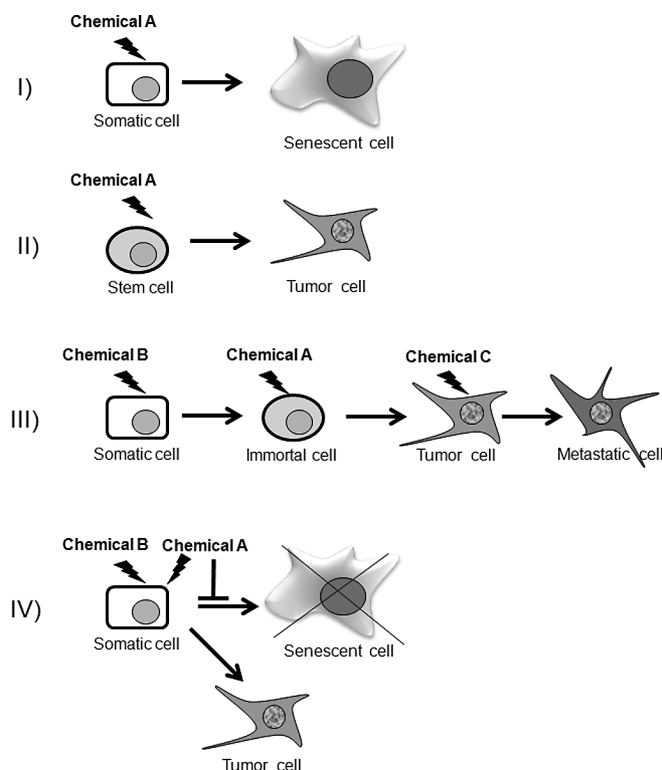


Figure 2. Proposed carcinogenic roles for different chemical compounds underlining the relevance of ‘immortalization’ compounds. (I) Compound acting on somatic cells at different levels (DNA-damage for example) Compound A may induce senescence. (II) The same compound A acting on a stem cell that does not have replicative constraints will induce tumorigenesis. (III) If the same compound A acts after an ‘immortalization’ compound (compound B) that overrides the senescence barrier, the compound will be carcinogenic in these somatic cells. (IV) Similar to III, but in this case, both compounds act in a mixture.

<http://carcin.oxfordjournals.org/> ranging from carcinogenic in humans to most likely not carcinogenic in humans. Each carcinogen can be further classified based on its mode of action into the genotoxic carcinogen (GC) group or the non-genotoxic carcinogen (NGC) group. GCs are defined as chemicals or agents that directly initiate carcinogenesis via a direct interaction with DNA, thus initiating DNA damage and chromosomal aberrations that can be detected by genotoxicity testing. In contrast, NGCs are agents capable of inducing cancer via a secondary mechanism, such as the result of indirect action on DNA with the capacity to alter signal transduction pathways or gene expression. GCs can be detected using genotoxicity testing (Table 1), which detects changes to the cell at the molecular and cellular levels. These changes include mutations in genes, DNA strand breaks, formation of DNA adducts, chromosomal aberrations and aneuploidy, all of which can be detected using the validated methods listed in Table 1. Nowadays, sequencing of entire genomes through next generation sequencing technologies allows the identification of mutations generated by these GCs and the identification of specific altered pathways. The mechanism of GCs in the immortalization process is thought to be through direct inactivation (via point mutations and deletions) of the effector pathways. For example, the powerful mutagenic carcinogens *N*-methyl-*N*-nitrosourea (MNU) (CAS# 684-93-5) and benzo(a)pyrene (BaP) (CAS# 50-32-8) have been shown to be efficient immortalizing agents in a Syrian hamster dermal (SHD) cell transformation assay (129) through the direct inactivation of the tumor suppressors p53 and p16 (96). An inactivating p53 mutation was observed in 70% of the clones induced with BaP or MNU carcinogens in immortalized SHD cells. Most mutations were within the DNA binding domain of p53 in known as ‘hot spot’ codons that confer either inactivation or

gain-of-function mutations (96,130). BaP has also been shown to immortalize human mammary epithelial cells (131), but the mechanism of complete immortalization is not known. A screen of p53 mutations in the two BaP-treated immortal mammary epithelial clones derived from the primary cell line identified no p53 mutations in exons 4–9, and high levels of p53 protein were observed via immunohistochemistry (132). This indicates that there may be other pathways or proteins involved in the immortalization processes.

Physical carcinogens (such as ionizing radiation) are also powerful immortalization agents with different mechanisms and frequencies in rodent and human cells. For example, x-rays, neutrons and gamma rays produce immortal clones in SHD cells, with a single dose in all immortal variants containing a CDKN2A/B locus deletion (96). In contrast, immortalization of human mammary cells by ionizing radiation is a relatively infrequent event (133). One such immortal variant generated by a fractionated cumulative dose (30 Gy in total) of IR (76-R30) showed a complete loss of p53 protein. Similarly, methyl sulphate, a powerful clastogen, is an efficient immortalizing carcinogen in mammalian SDH cells and Chinese hamster cells (129) and has a similar mode-of-action to that of ionizing radiation.

There is no evidence of a complete immortalization of primary human cells with genotoxic carcinogens, indicating that robust antiproliferative barriers exist in human cells. Such stringent barriers (OIS, replicative senescence and stasis as observed in HMECS) exist in human cells to act as tumor suppressors and to maintain genomic integrity. However, there is evidence of an increase in the tumorigenicity of spontaneously immortalized human oral keratinocytes infected with HPV-16/18 E6/E7 viruses when exposed to long-term BaP in culture

Table 1. List of known NGCs and their immortalization frequencies in mammalian cells

Carcinogen	Immortalization frequency	Mechanisms of immortalization
Nickel-derived compounds, including nickel chloride	9×10^{-7}	Epigenetic silencing of p16 (96)
Diethylstilbestrol	4×10^{-7}	Allelic loss and point mutation in ETRG-1 gene (126)
Reserpine	3×10^{-7}	Unknown but thought to be epigenetic (127)
Phenobarbital	2×10^{-7}	Reduces expression of the CDKN1A product p21 (128)

(134). The immortalization of human cells by the HPV-16 E6/E7 viruses occurs through the inactivation p53 or Rb1, respectively (135). However, the immortalized human oral keratinocytes are non-tumorigenic (134). It is the extended exposure to the genotoxic carcinogen BaP that increases the tumorigenicity and malignant phenotype of the immortalized human oral keratinocytes, possibly as a result of increased mutation rates and inefficient repair of DNA damage caused by the genotoxic carcinogens.

NGCs (Table 1) can induce immortalization in SHD cells at frequencies comparable with genotoxic carcinogens, probably through epigenetic mechanisms (96,136). Phenobarbital (PB) is a sedative that is also used as a hypnotic and antiepileptic agent. It is prescribed to people with epilepsy and has been classified as a class 2B carcinogen by IARC. PB was shown previously to promote cancer of the liver and thyroid in animal studies initiated by known carcinogens. It also promotes a reduction in the expression of p21CIP1 (the CDKN1A product), which was observed when PB was used in combination with N-nitrosodiethylamine. These results suggested a potential involvement of PB at the G₁-S cell cycle transition during liver carcinogenesis and senescence (128). Some data suggests that PB may also affect oncogenes, such as c-Myc, K-Ras and Fos, during rat liver cell line transformation (137). PB induces cellular transformation in SHD cells at doses of 750 µg/ml, with a frequency of 2×10^{-7} (138), and induces morphological transformation in Syrian hamster embryo assays at a frequency of 1.11% at a dose range of 0.06–2.0mM (139).

In contrast, nickel-chloride (a very potent NGC with a frequency of immortalization greater than that of BaP; 9×10^{-7} compared with 6×10^{-7}) induces the bypass of OIS by inactivating the p16INK4a-Rb pathway via the direct methylation of the p16INK4a tumor suppressor promoter and silencing the expression of the gene (96). Although it must be noted that the frequency of immortalization of nickel-induced HMECs is much lower compared with SHD cells. Other carcinogenic metals (such as arsenic, chromium and cadmium) are now thought to induce carcinogenesis in cells via epigenetic mechanisms (140); however, the exact mechanisms of the induction of complete immortalization in mammalian cells are not known (141). This is mainly due to the lack of accurate cell-based assays that are capable of measuring the carcinogenicity of NGCs (142). In addition, the current methods of classification have resulted in a high rate of false-positive data regarding NGCs present in IARC groups 1, 2A and 2B, which has initiated interest in devising better methods (cell-based and weight-of-evidence based) for the identification of NGCs. Essentially, the methods for the identification of chemicals capable of inducing only immortalization effects are not well developed.

Specific targeting of immortalization-related proteins

Telomerase

Telomerase activators readily promote the elongation of telomeres and extend the lifespan of the cell. There are data

suggesting that acetaminophen activates telomerase (143–146), which could lead to the immortalization of cells. However, there is also data indicating that acetaminophen can inhibit CDK4 and CDK2, thus imposing a cell cycle checkpoint at G₁ and effectively blocking cellular proliferation. Another candidate could be bisphenol A, a chemical widely used in plastics (147–151). Like acetaminophen, it can activate telomerase and some data suggest that it induces cyclin A, cyclin D3, cdc2 and pRb. This activity is consistent with a bypass of senescence and an induction of proliferation (152). However, as mentioned previously, an acute induction of pRb phosphorylation might induce senescence by activating ARF and p53 (153). Chronic, low dose exposure has not been tested and the expected results are uncertain.

Several saponins from the plant genus *Astragalus*, including cycloastragenol (TAT2) and TA-65, have been used in traditional Chinese medicine and are currently sold as nutraceuticals with the promise of extending healthy life through the activation of telomerase. Cycloastragenol has been shown to transiently activate telomerase in CD8+ T lymphocytes from HIV-infected human donors, retarding telomere shortening and improving proliferation and the antiviral response (154). TA-65 has been shown to moderately activate telomerase in human keratinocytes, fibroblasts and immune cells in culture; furthermore, TA-65 diminished the percentage of senescent CD8 T lymphocytes *in vivo* in the absence of any adverse events observed in the human subjects (155). Studies with TA-65 in mice demonstrated that the compound increased the average telomere length, thus decreasing the percentage of critically short telomeres. Furthermore, the dietary supplementation of female mice with TA-65 led to an improvement in glucose tolerance, osteoporosis and skin fitness without increasing global cancer incidence (156). Although these plant saponins have been historically used in traditional Chinese medicine and are currently used as nutraceuticals, no detrimental effects were reported until recently. More research is necessary to ensure that these saponins are not increasing cancer risk through the activation of telomerase in combination with other chemicals.

Cotinine, a nicotine metabolite found in tobacco, exhibits a biological half-life 10 times longer than that of nicotine and has been shown to induce abnormal cell proliferation through the reactivation of telomerase in human vascular smooth muscle cells in a dose-dependent manner (157). Although there is some controversy about the effects of the isoflavone genistein, which is present in many *Fabaceae* beans, it has been shown to enhance telomerase activity at physiologically achievable concentrations (~1 µM) in prostate cancer cells through the activation of STAT3, Signal transducer and activator of transcription 3, (158). Nevertheless, at higher pharmacological concentrations (>10 µM), genistein has been shown to inhibit telomerase in all cell lines analysed (159). Thus, depending on the physiological concentration, the compound can have a bilateral effect on telomerase activity in cancer cells. *Ginkgo biloba* extracts are currently used as nutraceuticals in many food supplements and have been shown to induce telomerase activity, resulting in a reduction of endothelial progenitor-cell senescence in a dose-dependent manner. The mechanism through which the ginkgo

extract induces telomerase activity is not well understood, but the PI3K signaling pathway seems to participate (160).

Resveratrol, a stilbenoid that is produced by several plants and is currently used in food supplements and cosmetics, has been shown to activate telomerase in human mammary epithelial and endothelial progenitor cells, most probably through the up-regulation of SIRT1 or the activation of the AKT signaling pathway (161–163).

Although the most obvious effect of telomerase on tumor promotion is the facilitation of the bypass of the replicative senescence barrier that limits the number of divisions of the tumor cells through telomere stabilization, telomere attrition in the absence of telomerase activity can also favor the onset of a malignant phenotype. In fact, short telomeres can give rise to dicentric chromosomes, which can undergo several rounds of chromosomal bridge-breakage-fusion cycles during cell division, causing a high degree of chromosomal instability. In the presence of wild type p53, cells with highly rearranged genomes will enter crisis and, subsequently, die. Nevertheless, in the absence of p53 activity, alterations resulting from these bridge-breakage-fusion cycles would eventually increase the mutability of the genome, thereby accelerating the appearance of a malignant phenotype (164). The subsequent recovery of telomerase activity would eventually facilitate the reconstruction of longer telomeres and the fixation of the aberrant karyotypes that favor malignant phenotypes (165). Substantial evidence for this hypothesis is still lacking, but several circumstantial studies incorporating comparative analyses of premalignant and malignant lesions in the human breast point in this direction (166,167). This evidence highlights an essential point of this review: the combination of otherwise innocuous chemicals can give rise to pro-tumorigenic (or tumorigenic) phenotypes.

Thus, telomerase inhibitors may have a potential pro-carcinogenic role if individuals are exposed during the early phases of the process of tumorigenesis or under specific molecular or cellular circumstances. Many natural compounds have been identified as telomerase inhibitors, including allicin [an organosulfur compound found in garlic (168)], curcumin [a compound found in the spice turmeric (169)], silibinin [found in *Silybum marianum* (170)], sulforaphane [found in cruciferous vegetables, such as broccoli or cabbages (171)], EGCG [epigallocatechin gallate, found in tea (172)], helenalin [a lactone present in *Arnica* plants (173)], rubromycin [found in *Streptomyces collinus* (174)], among others. Nucleoside analogs used in HIV treatment, such as AZT, have also been shown to inhibit telomerase (175).

p53 is the gatekeeper of cellular stress. Its inhibition extends cellular lifespan and is necessary to bypass OIS. A number of chemical inhibitors, such as pifithrin, have been reported to directly bind and inhibit p53 activity (176). Although the exposure to pifithrin is limited because it is a laboratory product, it is expected that some chemicals either from nature or synthesized by man can produce the same effects.

The effect of antioxidants on p53 is clear (177–179). While superoxide dismutase (SOD) which converts $O_2^{\bullet-}$ to H_2O_2 , was found to increase p53 activity, catalase, a scavenger of H_2O_2 , inhibited p53 activation. Interestingly, aspirin, a scavenger of $\bullet OH$, suppressed the activation of p53 (180). Increased formation of $\bullet OH$ enhanced p53 activation at the protein level but not at the transcriptional level (181). Maehle et al. (182) found that p53 gene structure and expression was altered in human epithelial cells after exposure to nickel; however, in contrast, a low incidence of point mutations was detected in the p53 tumor suppressor gene isolated from nickel-induced rat renal tumors. Regarding the effects of arsenic on p53, various studies have reported conflicting results

spanning the range of arsenic demonstrating no effect on p53 to arsenic inducing p53 phosphorylation and, ultimately, leading to a decrease in p53 expression (183–186). Another mechanism by which metals affect p53 is via zinc substitution, which is essential for the binding of p53 to DNA. Metals substituting zinc can inactivate p53 without mutation or oxidation. Several studies have confirmed that mutations arise in p53 following exposure to $NO\bullet$ (187). Experiments have also indicated that exposure of cells to a high level of $NO\bullet$ and its derivatives during chronic inflammation in the absence of wild-type p53 and therefore negative iNOS regulation may increase susceptibility to cancer. There is an association between increased iNOS expression and G:C to A:T transition mutations in p53 in stomach, brain and breast cancers. $NO\bullet$ and its derivatives are therefore capable of causing mutations in cancer-related genes and therefore act as both an endogenous initiator and a promoter in human carcinogenesis (188,189).

Sodium-selenite increases p53 promoter methylation and also exhibits many additional global methylation effects (190,191). A reduction in the levels of p53 contributes to immortalization at the expense of compensatory effects in other genes.

Resveratrol increases the catalytic activity of Sirt1, promoting the deacetylation of p53 (192). Resveratrol is a phytochemical that partially prevents mitochondrial senescence induced in the lung by benzopyrene (193) but shows potential in preventing cancer and other diseases resulting from oxidative stress (194–197). Therefore, it seems plausible that the long-term benefits may outweigh the possible damage.

Although p53 is the central player in a network that senses cellular stress and generates an adequate response to the insult, other players exist both upstream and downstream of p53, the alterations of which may affect the final output of the network (Figure 1). For example, Ser20 phosphorylation is a key phosphor-acceptor site in the p53 transactivation domain that has been shown to be induced in an ATM-dependent manner upon exposure to X-rays, a CK1-dependent manner upon virus infection, and an AMPK-dependent manner upon perturbation of adenosine monophosphate/adenosine triphosphate ratios (198). Environmental compounds that inhibit these kinases could potentially inhibit the activation of p53 under stress conditions and facilitate the onset of the transformation process. Caffeine is an alkaloid present in many plants that inhibits the checkpoint kinases ATM (ataxia-telangiectasia mutated gene) and ATR (ataxia-telangiectasia and rad3-related gene) (199) and attenuates the activation of p53 via ser20 phosphorylation (200).

mTOR

Although maintaining its activity seems essential to ‘finalize’ the output of the senescent phenotype, acute mTOR inactivation has been used as antitumor therapy and promising results in a few specific tumor types (201–204). Therefore, although mTOR inhibitors (or mTOR activation by inhibiting PI3K or AKT), such as rapamycin, AKT inhibitors or PI3K inhibitors, could theoretically contribute to immortalization, this pro-tumorigenic effect can be counteracted by the effects of inhibiting an important proliferation pathway. However, the effect of a chronic, low dose exposure of mTOR inhibitors may be unexpected if cellular circumstances are appropriate to facilitate immortalization, particularly in cells that are not terminally arrested or in an increasing proportion of cells transitioning to senescence upon aging. Limited data have shown that lead can inhibit mTOR (205), gold nanoparticles can inhibit mTOR and Akt activation (206,207) and silver nanoparticles can inhibit Akt activation (208–211), making these chemicals possible candidates for

immortalization agent classification via the regulation of mTOR signaling. Lead is currently ubiquitous in the environment and gold and silver nanoparticles are probably already widespread in the environment or soon will be due to the large increase in their use over the past few years.

As with many other compounds (212), global methylation may alter genes involved in immortalization but these effects will probably be compensated for. For example, Genistein reduces the levels of p16 but also reduces hTERT mRNA expression through an increase in E2F1 (213). However, no chronic low dose exposure studies have been performed.

Oxidative stress and senescence

Since the proposal of the radical theory of aging by Harman (214), recent studies have suggested that the accumulation of ROS and oxidative damage are closely involved in senescence (5,215–219). ROS, such as the superoxide anion and hydroxyl radical, are produced during cellular metabolism, mainly in the mitochondria. ROS are also produced in response to different environmental stimuli, such as UV, IR, chemicals, hyperoxia or hydrogen peroxide treatment. Abnormal ROS accumulation and its effects on intracellular macromolecules (oxidation of lipid, protein and DNA) provoke cumulative damage at the cellular, tissue and organismal level. Mild oxidative stress (e.g. treatment with low concentrations of hydrogen peroxide) is enough to induce senescence in primary cells. Interestingly, premature senescence induced by culture-stress or oncogene-induced stress is associated with oxidative damage in cells (220).

Notably, increased ROS accumulation is also observed during replicative senescence. The replicative potential of both murine and human fibroblasts are significantly extended under low oxygen and are associated with less oxidative damage than that observed under normoxia (O₂ 20%) (221). Immortalized cells suffer from less oxidative damage than primary fibroblasts when cultured at 20% O₂. Moreover, immortalized cells are more resistant to the deleterious effects of hydrogen peroxide than primary cells. Thus, the ability to resist oxidative stress could be a clue to explaining the immortality of cancer cells.

Several radical scavengers can protect cells against oxidative stress. The SOD enzyme converts superoxide anions into hydrogen peroxide, while hydrogen peroxide can be detoxified by catalase. Consequently, these antioxidant enzymes can impact both the proliferation of primary and immortal cells because they should counteract the effects of ROS. The ability of SOD to bypass senescence has been well studied and established in various cells and/or organisms. Increased expression of SOD can extend the life span of primary fibroblasts (222). Conversely, knockdown of SOD using siRNA induces premature senescence accompanied by p53 activation. Transgenic flies overexpressing SOD (223) or the detoxifying enzyme catalase (224) present with an extended organism life span. Although it is clearly established that these antioxidant scavengers are essential for the proliferation of immortal cells, to date, little is known about the specific chemicals affecting senescence via oxidative stress modulation.

First, N-acetyl-cysteine (NAC) is a well-known radical scavenger that also interferes in the ras signaling pathway. Ras-induced senescence in MEF was bypassed upon NAC treatment (225), whereas another group has shown that neoplastic transformation by Ras was perturbed upon NAC treatment (226). It is possible that NAC might be carcinogenic in a cellular context that remains to be clarified.

Coenzyme Q10 (coQ10) is another candidate. CoQ10 is an essential component of the mitochondrial respiration complex

I. It is well known that the level of coQ10 in various tissues, especially in the heart, declines during organismal aging, including humans. This observation partially explains why some people favor the daily oral intake of coQ10 as a supplement. However, no clear scientific evidence has defined its effect on human longevity. There are several opposing reports on its effects on longevity in some model systems. While a coQ10 deficient diet significantly extends the life span of *Caenorhabditis elegans* (227), a lack of coQ10 shortened the longevity of *Drosophila* (228). It is noteworthy that mice under oral coQ10 treatment apparently displayed shorter survival rates than those maintaining a standard diet (7%). Histological analysis revealed that the major cause of death of these mice was an increased incidence of cancer, including hepatocellular carcinoma and malignant lymphoma.

Iron is an essential metal in mammals for the transport of oxygen by hemoglobin and for the function of many enzymes including catalase and cytochromes. However, the 'free' or 'catalytic' form of iron mediates the production of ROS via the Fenton reaction and induces oxidative stress. 'Free' iron is quite cytotoxic as well as mutagenic and carcinogenic. Ferric nitrilotriacetate induces oxidative damage in renal proximal tubules, which is a consequence of a Fenton-like reaction that ultimately leads to a high incidence of renal cell carcinoma in rats (229,230). It may be partially explained by a loss of heterozygosity in the INK4 locus with a modulated methylation status (231).

Finally, oncometabolites could affect oxidative damage and may be a hot topic for study. Kondoh et al. (232) previously reported that the glycolytic enzyme PGAM immortalized primary MEFs and reduced oxidative damage. It is reasonable to speculate that the modulation of PGAM activity would have a great impact on the process of tumorigenesis. Recent reports have suggested the detailed molecular mechanisms regarding how enhanced PGAM activity could attenuate oxidative damage. Thus, the ectopic expression of PGAM downregulated mitochondrial respiration activity by ~30% (233). Hitosugi et al. (234) reported that 3-phosphoglycerate, a substrate of PGAM, binds to and inhibits 6-phosphogluconate dehydrogenase in the oxidative pentose phosphate pathway. In contrast, 2-phosphoglycerate, a product of the PGAM reaction, activates 3-phosphoglycerate dehydrogenase to provide feedback control of 3-phosphoglycerate levels. Pentose phosphate pathway is essential for the generation of reduced nicotinamide adenine dinucleotide phosphate as an antioxidant. Moreover, another metabolite of glycolytic pathway, phosphoenolpyruvate, could bind to PGAM to increase its catalytic activity by over 100-fold. Thus, some glycolytic metabolites, such as 2-phosphoglycerate and PEP, may be candidate carcinogens because they act as a booster for glycolysis. Other metabolic enzymes have also been related to senescence. The mitochondrial gatekeeper pyruvate dehydrogenase is a critical mediator of B-Raf-induced senescence, which is also dependent of the induction of pyruvate dehydrogenase activating enzyme pyruvate dehydrogenase phosphatase (PDP2) and suppression of pyruvate dehydrogenase inhibitory kinase PDK1 (235). On the other hand therapy-induced senescent cells seem to have enhanced Warburg effect, the non-oxidative breakdown of glucose, which seems to be related to pyruvate kinase 1 (236). Therefore, chemicals interfering with this signaling are also candidates to interfere senescence.

Many antioxidant molecules (vitamin C, flavonoids, carotenoids, selenium, etc.) are used as 'friends' against cancer: how it is possible that they can contribute to tumorigenesis? We do not know how it is possible that while the cells are not genetically modified, antioxidants may help to prevent the cells from entering into senescence and thus increasing the fitness of the

cell and the organism. However, with time, the age of the organism along with many cells that carry mutations under these conditions may allow antioxidants to open a back door to tumorigenesis. This is essentially a derivation of the hypothesis of pleiotropic antagonism. However, in any case, this hypothesis remains to be experimentally tested.

Inflammation may contribute to immortalization

In the 19th century, Virchow (237,238) postulated that cancer was linked to inflammation. Epidemiological studies have noted that chronic inflammation predisposes humans to different forms of cancer, and currently, this is an accepted paradigm (239,240). In the last few years, two different molecular pathways that link cancer and inflammation have been identified: the intrinsic and extrinsic pathways. In the extrinsic pathway, inflammatory conditions, such as infections, autoimmune diseases and those of unclear origin, induce chronic inflammation and increase cancer risk. In the intrinsic pathway, genetic events that cause neoplasia simultaneously initiate the expression of proinflammatory circuits. In both cases the key orchestrators of the inflammation and tumor progression are infiltrating leukocytes, transcription factors, cytokines and chemokines that share many factors with senescence-associated secretory phenotype (SASP). Moreover, especially in colon cancer, treatment with non-steroidal anti-inflammatory drugs protects against cancer development (241–243). In addition, NFκB pathway activation is a frequent event in carcinogenesis and a requirement for inflammation and tumor promotion (244). Inflammation can contribute to immortalization via two different ways: one, by abolishing the CDK inhibitor expression during senescence and allowing tumor progression, or two, by inducing the immunosurveillance of senescent cells.

Different groups have demonstrated that inflammation is necessary for tumorigenesis to occur in models where tumorigenesis is activated by different oncogenes. In the case of mouse models of pancreatic cancer, an inflammatory event is required at the same time as a KRas mutation is induced to allow the development of pancreatic ductal adenocarcinoma (245). Pancreatitis induced by caerulein contributes to tumor progression by abrogating the senescence barrier of low grade murine pancreatic intraepithelial neoplasia and the appearance of proliferating markers, such as Ki67, inversely correlate with the expression of senescence markers (SA-β-gal and p16INK4a). The authors show that OIS can be inhibited by limited episodes of pancreatitis but can reappear after the pancreatitis-induced damage has partially subsided (242). Moreover, the treatment of those mice with sulindac, a non-steroidal anti-inflammatory drug, dramatically reduced the number and size of high grade lesions, suggesting that inflammation is a key contributor to mPanIN promotion, formation and progression to murine pancreatic ductal adenocarcinoma. Similar results are shown in PanIN in human patients suffering from chronic pancreatitis that were treated with anti-inflammatory drugs. A second model of accelerated tumor formation with concomitant KRAs activation and a loss of pRb tumorigenesis is associated with an induction of acute pancreatic inflammation. Again, coexpression of senescence (SA-β-gal and p16INK4a, p19ARF, IGFBP7, caveolin-1 and p15INK4b) and proliferative markers (ki67) suggests that OIS is bypassed, allowing the progression to high grade PanIN and PDAC (246).

In a model of prostate cancer, the overexpression of the PIM1 oncogene alone or together with the loss of one PTEN allele induces senescence in high grade lesions with visible markers

of senescence (p16, p21CIP1, p19ARF) only in the absence of inflammation. In contrast, upon hormone treatment, overexpression of PIM1 increases inflammation, and the high grade mPIN1 lesions do not exhibit senescence markers (247).

Inflammation can also trigger the immunosurveillance of senescent cells. *In vivo* temporal restoration of endogenous p53 function in mouse tumor cells trigger their entry into senescence (with the expression of SA-β-gal, p15INK4b, p16INK4a and DcR2), followed by efficient clearance by the immune system (248). This implies that the temporal sequence of events between inflammation and senescence is essential for the output of the physiological process unchained and also suggests a novel mechanism of tumor suppression involving cooperative interactions between a tumor cell senescence program and the innate immune system.

How does inflammation influence senescence? The effect can be dependent on the cellular and molecular context. One of the mechanisms is thought to be through the biological effects of some cytokines, such as macrophage migration inhibitory factor (MIF). In cases of injury, surrounding inflammation releases many factors that will de-repress the arrest of somatic cells and allow local proliferation to close the wound. One of these cytokines is MIF, which is able to bypass p53-induced arrest by inhibiting p21CIP1 transcription and increases the ratio of immortalization in MEFs (249). If the effect is temporal, there is not much damage accumulation; however, in the case of chronic inflammation, MIF is present and a sustained downregulation of p53 increases the chances of tumorigenesis. Therefore, environmental chemicals that chronically maintain local inflammation can contribute to cancer by over-riding senescence.

The other way around; how senescence may contribute to tumorigenesis

It is almost always assumed that senescence is the opposite of immortalization and that to immortalize a cell it is necessary to bypass senescence. However, paracrine effects are induced by senescent cells toward their neighbors that can contribute to tumorigenesis, including the immortalization of cells that are genetically competent for senescence. This potential problem may be caused by certain cytokines that are known to be released by senescent cells.

Recent evidence in fibroblast and epithelial cells has shown that cellular senescence is accompanied by an increase in the secretion of multiple factors that participate in cell signaling (250). This phenotype has been designated the 'SASP' (215,251). Among these factors are interleukins (IL-1, L-1β, IL-6, IL-7, IL-8, IL-11, IL-13 and IL-15), metalloproteinases (MMP-1, MMP-2, MMP-3, MMP-10, MMP-12 and MMP14), monocyte chemotactic proteins (MCP-1, MCP-2 and MIP-1α), insulin growth factor binding proteins, VEGF, angiotensin, oncostatin, among others. Thus, senescent cells can alter their microenvironment for as long as they persist. The SASP has beneficial and deleterious effects if left unchecked because cytokines are mainly pro-inflammatory molecules (252). As stated previously, inflammation is a good response by the immune system when an emergency situation appears and needs an urgent solution. The problem arises when inflammation persists as a chronic process. It has been shown that senescent cells promote the proliferation of premalignant epithelial cells *in vitro* and *in vivo* (253,254).

Multiple SASP components have been identified that mediate paracrine senescence, including TGF-β family ligands, VEGF, CCL2 and CCL20 (255). On the other hand, as senescent cells may accumulate according to the age of the individual, a low basal level of senescent cells might be constantly present in every

organism. As the organism loses the ability to provide an efficient immune response, senescence then becomes a handicap. Among SASP regulators are DNA-damage response proteins, p38MAPK activation, IL-1 α and microRNAs that act epigenetically (i.e. miR-146a/b). For example miR-146a/b plays a key role in modulating the innate immune response, which involves the Nk κ B pathway (256), and the increased expression of miR-146a in endothelial cells that occurs during replicative senescence (257).

Furthermore, compounds inducing cellular senescence could contribute to tumorigenesis in other neighboring cells depending on the cellular context. However, the extent of this hypothesis needs to be proven experimentally.

Many chemical agents or types of radiation can induce cellular senescence (258). Oxidative agents are among the more potent senescence inducers. Moderate doses of doxorubicin induced a senescent phenotype in 11 out of 14 tumor cell lines that were analysed independent of p53 status (259). A similar effect has been observed in lines from human tumors treated with cisplatin (260), hydroxyurea (261) and bromodeoxyuridine (262,263). Under equitoxic doses, the strongest induction of a senescent phenotype was observed with DNA-interacting agents and the weakest effects were observed with microtubule-targeting drugs. A medium response was observed with ionizing radiation. Induction of senescence by the chemicals was dose dependent and correlated with growth arrest observed in the cultures (258,261–263). The compound-induced senescent phenotype in tumor cells was not associated with telomere shortening and was not prevented by the expression of telomerase (264).

Cross-talk between replicative immortality and the other hallmarks of cancer

Given that the carcinogenicity of low dose exposures to chemical mixtures in any given tissue will probably depend upon simultaneous instigation of several important tumor promotion mechanisms and the disruption of several important defense mechanisms, it was felt that a better way of visualizing the potential synergies of combinations of chemicals will ultimately involve a thorough review of disruptive actions across the full range of mechanisms that are known to be relevant in cancer biology. Accordingly, we undertook a thorough cross validation activity to illustrate the importance of the prioritized target sites for disruption that this team has identified (i.e. across multiple aspects of cancer's biology) and to illustrate the extent to which the prototypical chemical disruptors that we identified (i.e. also disruptive to other mechanisms that are also relevant to carcinogenesis).

There is a strict relationship between pathways and chemical agents involved in the acquisition of replicative immortality and the achievement of the other cellular capabilities that, according to Hanahan et al. (165), distinguish neoplastic cells. Telomerase is a multifaceted complex that plays a role in several biological processes (265). A large body of evidence indicates that the induction of hTERT expression not only leads to telomerase activation, and thus telomere maintenance and replicative immortality, but also has a positive role in the achievement of cellular capabilities as different as angiogenesis or immune system evasion (Table 2), hence promoting tumorigenesis through many different routes (266). Similarly, p53 and pRB are essential for a proper cellular functionality and their inactivation causes the acquisition of a wide spectrum of cancer-related features (Table 2). A more complex relationship is present between mTOR inactivation and the acquisition of other cancer hallmarks. In fact, if mTOR inactivation is viewed as a possible therapeutic strategy contrasting

Table 2. Involvement of the cellular pathways promoting replicative immortality in the development of the hallmarks of cancer identified by Hanahan et al. (165)

Replicative immortality priority targets	Deregulated metabolism	Evasion of antigrowth signaling	Angiogenesis	Genetic instability	Resistance to cell death	Immune system evasion	Sustained proliferative signaling	Tissue invasion and metastasis	Tumor promoting inflammation	Tumor micro-environment
Telomerase activation	+ (266)	+ (266)	+ (266)	+ (266)	+ (267)	+ (266)	+ (266)	+ (266)	+ (266)	- (268)
p53 inactivation	+ (269)	+ (270)	+ (271)	+ (272)	+ (273)	+ (274)	+ (275)	+ (276)	+ (277)	+ (278)
pRb inactivation	+ (279)	+ (280)	+ (281)	+ (282)	+ (283)	0	+ (284)	+ (285)	+ (286)	+ (287)
mTOR inactivation	+ (288)	+ (289)	- (290)	+ (291)	- (292)	- (293)	- (288)	- (294)	- (295)	+/- (278)

Targets that were found to have opposing actions in a particular hallmark (i.e. anticarcinogenic) were denoted using '-', while targets that were found to have promoting actions in a particular hallmark (i.e. pro-carcinogenic) were denoted using '+'. In instances where reports on relevant actions in other hallmarks were mixed (i.e. reports showing both pro-carcinogenic potential and anticarcinogenic potential), the symbols '+/-' were used. Finally, in instances where no literature support was found to document the relevance of a target in a particular aspect of cancer's biology, were denoted using '0'.

Table 3. Involvement of disruptors promoting replicative immortality in the development of the hallmarks of cancer identified by Hanahan et al. (165)

Replicative immortality prototypical disruptors	Deregulated metabolism	Evasion of antigrowth signaling	Angiogenesis	Genetic instability	Resistance to cell death	Immune system evasion	Sustained proliferative signaling	Tissue invasion and metastasis	Tumor promoting inflammation	Tumor microenvironment
Acetaminophen	0	0	-(301)	-(301)	-(302)	0	+/- (303,304)	-(303,304)	+/- (305,306)	0
Cotinine	0	0	+(307)	+(302)	+(308)	0	+(308)	0	-(309)	0
Nitric oxide	0	+(310)	+(297)	+(311)	+/- (312)	-(313)	-(314)	+/- (315)	+(316)	+(298)
Na-selenite	0	0	-(317)	-(318)	+/- (319,320)	0	+/-	-(321)	-(322)	0
Nickel chloride	+(323)	+(324)	+(325)	+(326)	+/- (327,328)	0	+/- (329,330)	0	+(331)	+(332)
Lead	0	0	0	+(333)	-(334)	0	+(335)	0	+(336)	0

Disruptors that were found to have opposing actions in a particular hallmark (i.e. anticarcinogenic) were denoted using '-', while targets that were found to have promoting actions in a particular hallmark (i.e. pro-carcinogenic) were denoted using '+'. In instances where reports on relevant actions in other hallmarks were mixed (i.e. reports showing both pro-carcinogenic potential and anticarcinogenic potential), the symbols '+/-' were used. Finally, in instances where no literature support was found to document the relevance of a target in a particular aspect of cancer's biology, were denoted using '0'.

several cellular processes sustaining tumorigenesis (Table 2), evidence has been reported that it can play a role in promoting metabolism alterations, evasion of antigrowth signaling and genetic instability, which favor neoplastic transformation (261–263). Moreover, mTOR can have both a pro- or anti-tumor activity regulating autophagy in cancer and tumor stroma cells (278).

Among the compounds promoting replicative immortality, nitric oxide, a physiological cellular metabolite, can mediate tumor formation by stimulating angiogenesis through the modulation of VEGF (296,297), sensing the inflammatory mediators present in tumor microenvironment (298). Moreover, nitric oxide can influence the cell's decision to survive or die in opposite ways, depending on the cellular context (299) and, similarly, it can have conflicting effects on metastasis formation (300). Cotinine, a nicotine metabolite found in tobacco, promotes tumorigenesis mediating the acquisition of different cancer hallmarks (Table 3); however, it seems to be effective in preventing inflammation (337). The environmental compounds lead and nickel have a potent effect on the different processes leading to cancer development; both are capable to generate oxidative stress and damage DNA leading to genetic instability (326,333) and tumor promoting inflammation (326,337). The reported stimulatory activity of the widely used drug acetaminophen (also known as paracetamol) toward telomerase (143) stimulated the investigation of its possible pro-tumoral effect; however, this compound was found to exert overall a protective effect on tumors (Table 3). Analogously, the inorganic Na selenite is generally regarded as a protective agent (338), despite its stimulation of cellular proliferation (339).

Conclusions

Senescence is a mechanism imposed to limit the number of divisions that somatic cells can perform thus becoming permanently arrested. The mechanism possesses a high degree of redundancy. Furthermore, attempts to induce the system to bypass senescence are usually recognized as unwanted signals and trigger a senescence response. However, these conclusions are based on the interpretations of experimental designs in which acute molecular or cellular alterations are produced. There are very few, if any, experiments regarding the effects of chronic, low dose alterations. There are even less studies considering the different cellular and molecular contexts that can arise over the course of a lifetime. It is necessary to design cellular and organism model systems that allow for this type of test to explore the effects of environmental chemical carcinogens at low doses in mixtures.

Funding

Ministry of Education, Culture, Sports, Science, and Technology of Japan from Japan Science and Technology Agency and JST, CREST (to H.K.); triennial project grant (Strategic Award) from the National Centre for the Replacement, Refinement and Reduction of animals in research (NC.K500045.1 and G0800697 to H.Y.); ISCIII (Instituto de salud Carlos III) (FIS: PI12/01104 to M.L.); Spanish Ministry of Economy and Competitiveness, Plan Nacional de I+D+I 2008-2011, Instituto de Salud Carlos III (Fis: PI12/00137, RTICC: RD12/0036/0028 to A. C.) co-funded by FEDER from Regional Development European Funds (European Union), Consejería de Ciencia e Innovación (CTS-6844 and CTS-1848 to A. C.) and Consejería de Salud of the Junta de Andalucía (PI-0135-2010 and PI-0306-2012 to A. C.); National Institute of Environmental Health Sciences (ES016893 to J.P.W.), Maine Center for Toxicology and Environmental Health (J.P.W.); Fondazione Cariplo (2011-0370 to C.M.); United States National Institute of Health-National

Institute of Environmental Health Sciences. Kuwait Institute for the Advancement of Sciences (2011-1302-06 to F. al-M.), Grant University Scheme (RUGs) Ministry Of Education Malaysia (04-02-12-2099RU to R.A.H.), Italian Ministry of University and Research (2009FZZ4XM_002 to A.A.), the University of Florence (ex60%2012 to A.A.), US Public Health Service Grants (RO1 CA92306, RO1 CA92306-S1, RO1 CA113447 to R.R.), Department of Science and Technology, Government of India (SR/FT/LS-063/2008 to N.S.).

Acknowledgements

We thank Professor R.F. Newbold and Professor J. Gil for critical reading of this manuscript and their valuable suggestions. We also thank Christy Gianios Jr, and Shou-Ping Huang for information technology and administrative support. Contributions: A.C., C.B.-A., H.K., M.L., J.F.M.-L., C.M., A.I.S., J.P.W., S.S.W. and H.Y. organized, wrote and edited the manuscript. C.M., A.I.S., W.H.B., A.A., R.R., J.W., A.C., M.V., J.R., F.A.-M., R.A.-T., H.K.S., L.M., S.F., N.S., R.A.H., E.R. and D.B. cross-validated priority targets and prototypical disruptors (Tables 2 and 3). The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute of Environmental Health Sciences, the National Institutes of Health or other participant institutions.

Conflict of Interest Statement: None declared.

References

- Newbold, R.F. et al. (1982) Induction of immortality is an early event in malignant transformation of mammalian cells by carcinogens. *Nature*, 299, 633–635.
- Newbold, R.F. et al. (1983) Fibroblast immortality is a prerequisite for transformation by EJ c-Ha-ras oncogene. *Nature*, 304, 648–651.
- Hayflick, L. (1965) The limited *in vitro* lifetime of human diploid cell strains. *Exp. Cell Res.*, 37, 614–636.
- Hanahan, D. et al. (2000) The hallmarks of cancer. *Cell*, 100, 57–70.
- Shay, J.W. et al. (2004) Hallmarks of senescence in carcinogenesis and cancer therapy. *Oncogene*, 23, 2919–2933.
- Untergasser, G. et al. (2002) Characterization of epithelial senescence by serial analysis of gene expression: identification of genes potentially involved in prostate cancer. *Cancer Res.*, 62, 6255–6262.
- Mason, D.X. et al. (2004) Molecular signature of oncogenic ras-induced senescence. *Oncogene*, 23, 9238–9246.
- Schwarze, S.R. et al. (2005) The identification of senescence-specific genes during the induction of senescence in prostate cancer cells. *Neoplasia*, 7, 816–823.
- Ruiz, L. et al. (2008) Characterization of the p53 response to oncogene-induced senescence. *PLoS One*, 3, e3230.
- Carnero, A. (2013) Markers of cellular senescence. *Methods Mol. Biol.*, 965, 63–81.
- Lawless, C. et al. (2010) Quantitative assessment of markers for cell senescence. *Exp. Gerontol.*, 45, 772–778.
- Correia-Melo, C. et al. (2013) Robust multiparametric assessment of cellular senescence. *Methods Mol. Biol.*, 965, 409–419.
- Narita, M. et al. (2003) Rb-mediated heterochromatin formation and silencing of E2F target genes during cellular senescence. *Cell*, 113, 703–716.
- Zhang, W. et al. (2008) Comparison of global DNA methylation profiles in replicative versus premature senescence. *Life Sci.*, 83, 475–480.
- Carnero, A. et al. (2011) Epigenetic mechanisms in senescence, immortalisation and cancer. *Biol. Rev. Camb. Philos. Soc.*, 86, 443–455.
- d'Adda di Fagagna, F. (2008) Living on a break: cellular senescence as a DNA-damage response. *Nat Rev Cancer*, 8, 512–522.
- d'Adda di Fagagna, F. et al. (2003) A DNA damage checkpoint response in telomere-initiated senescence. *Nature*, 426, 194–198.
- Herbig, U. et al. (2004) Telomere shortening triggers senescence of human cells through a pathway involving ATM, p53, and p21(CIP1), but not p16(INK4a). *Mol. Cell*, 14, 501–513.
- Passos, J.F. et al. (2012) Mitochondrial dysfunction and cell senescence—skin deep into mammalian aging. *Aging (Albany, NY)*, 4, 74–75.
- Olovnikov, A.M. (1973) A theory of marginotomy. The incomplete copying of template margin in enzymic synthesis of polynucleotides and biological significance of the phenomenon. *J. Theor. Biol.*, 41, 181–190.
- Wright, W.E. et al. (1995) Time, telomeres and tumours: is cellular senescence more than an anticancer mechanism? *Trends Cell Biol.*, 5, 293–297.
- Kipling, D. et al. (1999) Telomere-dependent senescence. *Nat. Biotechnol.*, 17, 313–314.
- Collado, M. et al. (2006) The power and the promise of oncogene-induced senescence markers. *Nat. Rev. Cancer*, 6, 472–476.
- Carnero, A. et al. (2003) Cellular senescence and cancer. *Res. Adv. Cancer*, 3, 183–198.
- Chandek, C. et al. (2010) Oncogene-induced cellular senescence. *Adv. Anat. Pathol.*, 17, 42–48.
- Braig, M. et al. (2006) Oncogene-induced senescence: putting the brakes on tumor development. *Cancer Res.*, 66, 2881–2884.
- Courtois-Cox, S. et al. (2008) Many roads lead to oncogene-induced senescence. *Oncogene*, 27, 2801–2809.
- Ferrer, I. et al. (2011) Spinophilin acts as a tumor suppressor by regulating Rb phosphorylation. *Cell Cycle*, 10, 2751–2762.
- Alimonti, A. et al. (2010) A novel type of cellular senescence that can be enhanced in mouse models and human tumor xenografts to suppress prostate tumorigenesis. *J. Clin. Invest.*, 120, 681–693.
- Bartek, J. et al. (2007) DNA damage signalling guards against activated oncogenes and tumour progression. *Oncogene*, 26, 7773–7779.
- Ruzankina, Y. et al. (2008) Replicative stress, stem cells and aging. *Mech. Ageing Dev.*, 129, 460–466.
- Kenyon, J. et al. (2007) The role of DNA damage repair in aging of adult stem cells. *Nucleic Acids Res.*, 35, 7557–7565.
- Di Micco, R. et al. (2006) Oncogene-induced senescence is a DNA damage response triggered by DNA hyper-replication. *Nature*, 444, 638–642.
- Wei, S. et al. (1999) Expression of catalytically active telomerase does not prevent premature senescence caused by overexpression of oncogenic Ha-Ras in normal human fibroblasts. *Cancer Res.*, 59, 1539–1543.
- Shay, J.W. et al. (2002) Telomerase: a target for cancer therapeutics. *Cancer Cell*, 2, 257–265.
- Di Leonardo, A. et al. (1994) DNA damage triggers a prolonged p53-dependent G₁ arrest and long-term induction of Cip1 in normal human fibroblasts. *Genes Dev.*, 8, 2540–2551.
- Serrano, M. et al. (1997) Oncogenic ras provokes premature cell senescence associated with accumulation of p53 and p16INK4a. *Cell*, 88, 593–602.
- Robles, S.J. et al. (1998) Agents that cause DNA double strand breaks lead to p16INK4a enrichment and the premature senescence of normal fibroblasts. *Oncogene*, 16, 1113–1123.
- Serrano, M. et al. (2001) Putting the stress on senescence. *Curr. Opin. Cell Biol.*, 13, 748–753.
- Sharpless, N.E. et al. (2004) Telomeres, stem cells, senescence, and cancer. *J. Clin. Invest.*, 113, 160–168.
- Ben-Porath, I. et al. (2005) The signals and pathways activating cellular senescence. *Int. J. Biochem. Cell Biol.*, 37, 961–976.
- Muñoz-Espín, D. et al. (2013) Programmed cell senescence during mammalian embryonic development. *Cell*, 155, 1104–1118.
- Storer, M. et al. (2013) Senescence is a developmental mechanism that contributes to embryonic growth and patterning. *Cell*, 155, 1119–1130.
- Counter, C.M. et al. (1998) Dissociation among *in vitro* telomerase activity, telomere maintenance, and cellular immortalization. *Proc. Natl. Acad. Sci. U. S. A.*, 95, 14723–14728.
- Hahn, W.C. et al. (1999) Creation of human tumour cells with defined genetic elements. *Nature*, 400, 464–468.
- Wang, J. et al. (1998) Myc activates telomerase. *Genes Dev.*, 12, 1769–1774.
- Gil, J. et al. (2005) Immortalization of primary human prostate epithelial cells by c-Myc. *Cancer Res.*, 65, 2179–2185.
- Vergel, M. et al. (2010) Bypassing cellular senescence by genetic screening tools. *Clin. Transl. Oncol.*, 12, 410–417.
- Malumbres, M. et al. (2003) Cell cycle deregulation: a common motif in cancer. *Prog. Cell Cycle Res.*, 5, 5–18.
- Braig, M. et al. (2005) Oncogene-induced senescence as an initial barrier in lymphoma development. *Nature*, 436, 660–665.
- Chen, Z. et al. (2005) Crucial role of p53-dependent cellular senescence in suppression of Pten-deficient tumorigenesis. *Nature*, 436, 725–730.

52. Michaloglou, C. et al. (2008) BRAF(E600) in benign and malignant human tumours. *Oncogene*, 27, 877–895.
53. Blanco-Aparicio, C. et al. (2010) Exploring the gain of function contribution of AKT to mammary tumorigenesis in mouse models. *PLoS One*, 5, e9305.
54. Russo, I. et al. (1998) A telomere-independent senescence mechanism is the sole barrier to Syrian hamster cell immortalization. *Oncogene*, 17, 3417–3426.
55. Smith, J.R. et al. (1996) Replicative senescence: implications for *in vivo* aging and tumor suppression. *Science*, 273, 63–67.
56. Duncan, E.L. et al. (1993) Assignment of SV40-immortalized cells to more than one complementation group for immortalization. *Exp. Cell Res.*, 205, 337–344.
57. Barrett, J.C. et al. (1994) Cellular senescence and cancer. *Cold Spring Harb. Symp. Quant. Biol.*, 59, 411–418.
58. Feliciano, A. et al. (2011) MicroRNAs regulate key effector pathways of senescence. *J. Aging Res.*, 2011, 205378.
59. Schmitt, C.A. (2007) Cellular senescence and cancer treatment. *Biochim. Biophys. Acta*, 1775, 5–20.
60. Mooi, W.J. et al. (2006) Oncogene-induced cell senescence—halting on the road to cancer. *N. Engl. J. Med.*, 355, 1037–1046.
61. Carnero, A. et al. (2010) Epigenetic mechanisms in senescence, immortalisation and cancer. *Biol. Rev. Camb. Philos. Soc.*, 86, 443–455.
62. Ferbeyre, G. et al. (2002) Oncogenic ras and p53 cooperate to induce cellular senescence. *Mol. Cell. Biol.*, 22, 3497–3508.
63. Demidenko, Z.N. et al. (2008) Growth stimulation leads to cellular senescence when the cell cycle is blocked. *Cell Cycle*, 7, 3355–3361.
64. Blagosklonny, M.V. (2010) Calorie restriction: decelerating mTOR-driven aging from cells to organisms (including humans). *Cell Cycle*, 9, 683–688.
65. Castro, M.E. et al. (2008) PPP1CA contributes to the senescence program induced by oncogenic Ras. *Carcinogenesis*, 29, 491–499.
66. Narita, M. et al. (2004) Executing cell senescence. *Cell Cycle*, 3, 244–246.
67. Lin, A.W. et al. (1998) Premature senescence involving p53 and p16 is activated in response to constitutive MEK/MAPK mitogenic signaling. *Genes Dev.*, 12, 3008–3019.
68. Lin, A.W. et al. (2001) Oncogenic ras activates the ARF-p53 pathway to suppress epithelial cell transformation. *Proc. Natl. Acad. Sci. U. S. A.*, 98, 5025–5030.
69. Pearson, M. et al. (2000) PML regulates p53 acetylation and premature senescence induced by oncogenic Ras. *Nature*, 406, 207–210.
70. Wynford-Thomas, D. (1996) p53: guardian of cellular senescence. *J. Pathol.*, 180, 118–121.
71. Bond, J. et al. (1996) Evidence that transcriptional activation by p53 plays a direct role in the induction of cellular senescence. *Oncogene*, 13, 2097–2104.
72. Chin, L. et al. (1999) p53 deficiency rescues the adverse effects of telomere loss and cooperates with telomere dysfunction to accelerate carcinogenesis. *Cell*, 97, 527–538.
73. Blaydes, J.P. et al. (1998) The proliferation of normal human fibroblasts is dependent upon negative regulation of p53 function by mdm2. *Oncogene*, 16, 3317–3322.
74. Kamijo, T. et al. (1997) Tumor suppression at the mouse INK4a locus mediated by the alternative reading frame product p19ARF. *Cell*, 91, 649–659.
75. Carnero, A. et al. (2000) p16INK4A and p19ARF act in overlapping pathways in cellular immortalization. *Nat. Cell Biol.*, 2, 148–155.
76. Brown, J.P. et al. (1997) Bypass of senescence after disruption of p21CIP1/WAF1 gene in normal diploid human fibroblasts. *Science*, 277, 831–834.
77. Carnero, A. et al. (2004) Absence of p21WAF1 cooperates with c-myc in bypassing Ras-induced senescence and enhances oncogenic cooperation. *Oncogene*, 23, 6006–6011.
78. Pantoja, C. et al. (1999) Murine fibroblasts lacking p21 undergo senescence and are resistant to transformation by oncogenic Ras. *Oncogene*, 18, 4974–4982.
79. Ho, J.S. et al. (2005) p53-Dependent transcriptional repression of c-myc is required for G₁ cell cycle arrest. *Mol. Cell. Biol.*, 25, 7423–7431.
80. Sherr, C.J. et al. (2002) The RB and p53 pathways in cancer. *Cancer Cell*, 2, 103–112.
81. Serrano, M. (2003) Proliferation: the cell cycle. *Adv. Exp. Med. Biol.*, 532, 13–17.
82. Classon, M. et al. (2002) The retinoblastoma tumour suppressor in development and cancer. *Nat. Rev. Cancer*, 2, 910–917.
83. Classon, M. et al. (2000) Combinatorial roles for pRB, p107, and p130 in E2F-mediated cell cycle control. *Proc. Natl. Acad. Sci. U. S. A.*, 97, 10820–10825.
84. Jarrard, D.F. et al. (1999) p16/pRb pathway alterations are required for bypassing senescence in human prostate epithelial cells. *Cancer Res.*, 59, 2957–2964.
85. Haferkamp, S. et al. (2009) The relative contributions of the p53 and pRb pathways in oncogene-induced melanocyte senescence. *Aging (Albany NY)*, 1, 542–556.
86. Ye, X. et al. (2007) Definition of pRB- and p53-dependent and -independent steps in HIRA/ASF1a-mediated formation of senescence-associated heterochromatin foci. *Mol. Cell. Biol.*, 27, 2452–2465.
87. Mulligan, G. et al. (1998) The retinoblastoma gene family: cousins with overlapping interests. *Trends Genet.*, 14, 223–229.
88. Burkhardt, D.L. et al. (2008) Cellular mechanisms of tumour suppression by the retinoblastoma gene. *Nat. Rev. Cancer*, 8, 671–682.
89. Sage, J. et al. (2003) Acute mutation of retinoblastoma gene function is sufficient for cell cycle re-entry. *Nature*, 424, 223–228.
90. Carnero, A. et al. (1998) The INK4 family of CDK inhibitors. *Curr. Top. Microbiol. Immunol.*, 227, 43–55.
91. Palmero, I. et al. (1997) Accumulation of p16INK4a in mouse fibroblasts as a function of replicative senescence and not of retinoblastoma gene status. *Oncogene*, 15, 495–503.
92. Gil, J. et al. (2006) Regulation of the INK4b-ARF-INK4a tumour suppressor locus: all for one or one for all. *Nat. Rev. Mol. Cell Biol.*, 7, 667–677.
93. Okamoto, A. et al. (1994) p16INK4 mutations and altered expression in human tumors and cell lines. *Cold Spring Harb. Symp. Quant. Biol.*, 59, 49–57.
94. Krimpenfort, P. et al. (2001) Loss of p16Ink4a confers susceptibility to metastatic melanoma in mice. *Nature*, 413, 83–86.
95. Sharpless, N.E. et al. (2001) Loss of p16Ink4a with retention of p19Arf predisposes mice to tumorigenesis. *Nature*, 413, 86–91.
96. Yasaei, H. et al. (2013) Carcinogen-specific mutational and epigenetic alterations in INK4A, INK4B and p53 tumour-suppressor genes drive induced senescence bypass in normal diploid mammalian cells. *Oncogene*, 32, 171–179.
97. Jacobs, J.J. et al. (1999) The oncogene and Polycomb-group gene *bmi-1* regulates cell proliferation and senescence through the *ink4a* locus. *Nature*, 397, 164–168.
98. Sparmann, A. et al. (2006) Polycomb silencers control cell fate, development and cancer. *Nat. Rev. Cancer*, 6, 846–856.
99. Bernard, D. et al. (2005) CBX7 controls the growth of normal and tumor-derived prostate cells by repressing the *Ink4a/Arf* locus. *Oncogene*, 24, 5543–5551.
100. Alani, R.M. et al. (2001) Id1 regulation of cellular senescence through transcriptional repression of p16/Ink4a. *Proc. Natl. Acad. Sci. U. S. A.*, 98, 7812–7816.
101. Cummings, S.D. et al. (2008) Id1 delays senescence of primary human melanocytes. *Mol. Carcinog.*, 47, 653–659.
102. Castro, M.E. et al. (2008) PPP1CA contributes to the senescence program induced by oncogenic Ras. *Carcinogenesis*, 29, 491–499.
103. Carnero, A. (2010) The PKB/AKT pathway in cancer. *Curr. Pharm. Des.*, 16, 34–44.
104. Blanco-Aparicio, C. et al. (2007) PTEN, more than the AKT pathway. *Carcinogenesis*, 28, 1379–1386.
105. Lacal, J. et al. (1994) Regulation of ras proteins and their involvement in signal-transduction pathways (review). *Oncol. Rep.*, 1, 677–693.
106. Gottlieb, T.M. et al. (2002) Cross-talk between Akt, p53 and Mdm2: possible implications for the regulation of apoptosis. *Oncogene*, 21, 1299–1303.
107. Sengupta, S. et al. (2010) Regulation of the mTOR complex 1 pathway by nutrients, growth factors, and stress. *Mol. Cell*, 40, 310–322.
108. Collado, M. et al. (2000) Inhibition of the phosphoinositide 3-kinase pathway induces a senescence-like arrest mediated by p27Kip1. *J. Biol. Chem.*, 275, 21960–21968.

109. Lorenzini, A. et al. (2002) Role of the Raf/MEK/ERK and the PI3K/Akt(PKB) pathways in fibroblast senescence. *Exp. Gerontol.*, 37, 1149–1156.
110. Di Cristofano, A. et al. (2001) Pten and p27KIP1 cooperate in prostate cancer tumor suppression in the mouse. *Nat. Genet.*, 27, 222–224.
111. Trotman, L.C. et al. (2006) Identification of a tumour suppressor network opposing nuclear Akt function. *Nature*, 441, 523–527.
112. Renner, O. et al. (2009) Mouse models to decipher the PI3K signaling network in human cancer. *Curr. Mol. Med.*, 9, 612–625.
113. Renner, O. et al. (2008) Activation of phosphatidylinositol 3-kinase by membrane localization of p110alpha predisposes mammary glands to neoplastic transformation. *Cancer Res.*, 68, 9643–9653.
114. Calnan, D.R. et al. (2008) The FoxO code. *Oncogene*, 27, 2276–2288.
115. Zanella, F. et al. (2010) Understanding FOXO, new views on old transcription factors. *Curr. Cancer Drug Targets*, 10, 135–146.
116. Greer, E.L. et al. (2008) FOXO transcription factors in ageing and cancer. *Acta Physiol. (Oxf.)*, 192, 19–28.
117. Chen, J. et al. (2006) FOXO transcription factors cooperate with delta EF1 to activate growth suppressive genes in B lymphocytes. *J. Immunol.*, 176, 2711–2721.
118. Kyoung Kim, H. et al. (2005) Down-regulation of a forkhead transcription factor, FOXO3a, accelerates cellular senescence in human dermal fibroblasts. *J. Gerontol. A. Biol. Sci. Med. Sci.*, 60, 4–9.
119. Martínez-Gac, L. et al. (2004) Phosphoinositide 3-kinase and Forkhead, a switch for cell division. *Biochem. Soc. Trans.*, 32(Pt 2), 360–361.
120. Wullschleger, S. et al. (2006) TOR signaling in growth and metabolism. *Cell*, 124, 471–484.
121. Blagosklonny, M.V. (2008) Aging: ROS or TOR. *Cell Cycle*, 7, 3344–3354.
122. Blagosklonny, M.V. (2009) TOR-driven aging: speeding car without brakes. *Cell Cycle*, 8, 4055–4059.
123. Anisimov, V.N. et al. (2010) Rapamycin extends maximal lifespan in cancer-prone mice. *Am. J. Pathol.*, 176, 2092–2097.
124. Korotchikina, L.G. et al. (2010) The choice between p53-induced senescence and quiescence is determined in part by the mTOR pathway. *Aging (Albany, NY.)*, 2, 344–352.
125. Young, A.R. et al. (2013) Cell senescence as both a dynamic and a static phenotype. *Methods Mol. Biol.*, 965, 1–13.
126. Singh, K.P. et al. (2008) Allelic loss and mutations in a new ETRG-1 gene are early events in diethylstilbestrol-induced renal carcinogenesis in Syrian hamsters. *Gene*, 408, 18–26.
127. Tsutsui, T. et al. (1994) Reserpine-induced cell transformation without detectable genetic effects in Syrian hamster embryo cells in culture. *Carcinogenesis*, 15, 11–14.
128. Martens, U. et al. (1996) Low expression of the WAF1/CIP1 gene product, p21, in enzyme-altered foci induced in rat liver by diethylnitrosamine or phenobarbital. *Cancer Lett.*, 104, 21–26.
129. Newbold, R.F. et al. (1980) Mutagenicity of carcinogenic methylating agents is associated with a specific DNA modification. *Nature*, 283, 596–599.
130. Brosh, R. et al. (2009) When mutants gain new powers: news from the mutant p53 field. *Nat. Rev. Cancer*, 9, 701–713.
131. Stampfer, M.R. et al. (1985) Induction of transformation and continuous cell lines from normal human mammary epithelial cells after exposure to benzo[a]pyrene. *Proc. Natl. Acad. Sci. U. S. A.*, 82, 2394–2398.
132. Lehman, T.A. et al. (1993) p53 mutations in human immortalized epithelial cell lines. *Carcinogenesis*, 14, 833–839.
133. Dimri, G. et al. (2005) Mammary epithelial cell transformation: insights from cell culture and mouse models. *Breast Cancer Res.*, 7, 171–179.
134. Kang, M.K. et al. (2001) Conversion of normal to malignant phenotype: telomere shortening, telomerase activation, and genomic instability during immortalization of human oral keratinocytes. *Crit. Rev. Oral Biol. Med.*, 12, 38–54.
135. Münger, K. et al. (2002) Human papillomavirus immortalization and transformation functions. *Virus Res.*, 89, 213–228.
136. Trott, D.A. et al. (1995) Mechanisms involved in the immortalization of mammalian cells by ionizing radiation and chemical carcinogens. *Carcinogenesis*, 16, 193–204.
137. Lafarge-Frayssinet, C. et al. (1989) Over expression of proto-oncogenes: ki-ras, fos and myc in rat liver cells treated in vitro by two liver tumor promoters: phenobarbital and biliverdin. *Cancer Lett.*, 44, 191–198.
138. Chaumontet, C. et al. (1996) Lack of tumor-promoting effects of flavonoids: studies on rat liver preneoplastic foci and on in vivo and in vitro gap junctional intercellular communication. *Nutr. Cancer*, 26, 251–263.
139. Rivedal, E. et al. (2000) Morphological transformation and effect on gap junction intercellular communication in Syrian hamster embryo cells as screening tests for carcinogens devoid of mutagenic activity. *Toxicol. In Vitro*, 14, 185–192.
140. Zhou, X. et al. (2009) Effects of nickel, chromate, and arsenite on histone 3 lysine methylation. *Toxicol. Appl. Pharmacol.*, 236, 78–84.
141. Arita, A. et al. (2009) Epigenetics in metal carcinogenesis: nickel, arsenic, chromium and cadmium. *Metallomics*, 1, 222–228.
142. Creton, S. et al. (2010) Acute toxicity testing of chemicals—opportunities to avoid redundant testing and use alternative approaches. *Crit. Rev. Toxicol.*, 40, 50–83.
143. Bader, A. et al. (2011) Paracetamol treatment increases telomerase activity in rat embryonic liver cells. *Pharmacol. Rep.*, 63, 1435–1441.
144. Tsuruga, Y. et al. (2008) Establishment of immortalized human hepatocytes by introduction of HPV16 E6/E7 and hTERT as cell sources for liver cell-based therapy. *Cell Transplant.*, 17, 1083–1094.
145. Nguyen, T.H. et al. (2005) Treatment of acetaminophen-induced acute liver failure in the mouse with conditionally immortalized human hepatocytes. *J. Hepatol.*, 43, 1031–1037.
146. Bode-Böger, S.M. et al. (2005) Aspirin reduces endothelial cell senescence. *Biochem. Biophys. Res. Commun.*, 334, 1226–1232.
147. Lee, H.R. et al. (2012) Treatment with bisphenol A and methoxychlor results in the growth of human breast cancer cells and alteration of the expression of cell cycle-related genes, cyclin D1 and p21, via an estrogen receptor-dependent signaling pathway. *Int. J. Mol. Med.*, 29, 883–890.
148. Ptak, A. et al. (2011) Effect of bisphenol-A on the expression of selected genes involved in cell cycle and apoptosis in the OVCAR-3 cell line. *Toxicol. Lett.*, 202, 30–35.
149. Tayama, S. et al. (2008) Genotoxic effects of environmental estrogen-like compounds in CHO-K1 cells. *Mutat. Res.*, 649, 114–125.
150. Suzuki, A. et al. (2002) Developmental effects of perinatal exposure to bisphenol-A and diethylstilbestrol on reproductive organs in female mice. *Reprod. Toxicol.*, 16, 107–116.
151. Roy, D. et al. (1997) Biochemical and molecular changes at the cellular level in response to exposure to environmental estrogen-like chemicals. *J. Toxicol. Environ. Health*, 50, 1–29.
152. Takahashi, A. et al. (2004) Bisphenol A from dental polycarbonate crown upregulates the expression of hTERT. *J. Biomed. Mater. Res. B. Appl. Biomater.*, 71, 214–221.
153. Palmero, I. et al. (1998) p19ARF links the tumour suppressor p53 to Ras. *Nature*, 395, 125–126.
154. Fauce, S.R. et al. (2008) Telomerase-based pharmacologic enhancement of antiviral function of human CD8+ T lymphocytes. *J. Immunol.*, 181, 7400–7406.
155. Harley, C.B. et al. (2011) A natural product telomerase activator as part of a health maintenance program. *Rejuvenation Res.*, 14, 45–56.
156. Bernardes de Jesus, B. et al. (2011) The telomerase activator TA-65 elongates short telomeres and increases health span of adult/old mice without increasing cancer incidence. *Aging Cell*, 10, 604–621.
157. Jacob, T. et al. (2009) The effect of cotinine on telomerase activity in human vascular smooth muscle cells. *J. Cardiovasc. Surg. (Torino.)*, 50, 345–349.
158. Chau, M.N. et al. (2007) Physiologically achievable concentrations of genistein enhance telomerase activity in prostate cancer cells via the activation of STAT3. *Carcinogenesis*, 28, 2282–2290.
159. Jagadeesh, S. et al. (2006) Genistein represses telomerase activity via both transcriptional and posttranslational mechanisms in human prostate cancer cells. *Cancer Res.*, 66, 2107–2115.
160. Dong, X.X. et al. (2007) Ginkgo biloba extract reduces endothelial progenitor-cell senescence through augmentation of telomerase activity. *J. Cardiovasc. Pharmacol.*, 49, 111–115.

161. Pearce, V.P. et al. (2008) Immortalization of epithelial progenitor cells mediated by resveratrol. *Oncogene*, 27, 2365–2374.
162. Xia, L. et al. (2008) Resveratrol reduces endothelial progenitor cells senescence through augmentation of telomerase activity by Akt-dependent mechanisms. *Br. J. Pharmacol.*, 155, 387–394.
163. Baur, J.A. et al. (2006) Resveratrol improves health and survival of mice on a high-calorie diet. *Nature*, 444, 337–342.
164. Artandi, S.E. et al. (2010) Telomeres and telomerase in cancer. *Carcinogenesis*, 31, 9–18.
165. Hanahan, D. et al. (2011) Hallmarks of cancer: the next generation. *Cell*, 144, 646–674.
166. Chin, K. et al. (2004) In situ analyses of genome instability in breast cancer. *Nat. Genet.*, 36, 984–988.
167. Raynaud, C.M. et al. (2010) DNA damage repair and telomere length in normal breast, preneoplastic lesions, and invasive cancer. *Am. J. Clin. Oncol.*, 33, 341–345.
168. Sun, L. et al. (2003) Effects of allicin on both telomerase activity and apoptosis in gastric cancer SGC-7901 cells. *World J. Gastroenterol.*, 9, 1930–1934.
169. Ramachandran, C. et al. (2002) Curcumin inhibits telomerase activity through human telomerase reverse transcriptase in MCF-7 breast cancer cell line. *Cancer Lett.*, 184, 1–6.
170. Thelen, P. et al. (2004) Inhibition of telomerase activity and secretion of prostate specific antigen by silibinin in prostate cancer cells. *J. Urol.*, 171, 1934–1938.
171. Meeran, S.M. et al. (2010) Sulforaphane causes epigenetic repression of hTERT expression in human breast cancer cell lines. *PLoS One*, 5, e11457.
172. Naasani, I. (2000) Telomerase inhibitors: forcing the end to put an end. *Drug News Perspect.*, 13, 389–394.
173. Huang, P.R. et al. (2005) Potent inhibition of human telomerase by helenalin. *Cancer Lett.*, 227, 169–174.
174. Mizushima, Y. et al. (2012) Anti-cancer targeting telomerase inhibitors: β -rubromycin and oleic acid. *Mini Rev. Med. Chem.*, 12, 1135–1143.
175. Strahl, C. et al. (1996) Effects of reverse transcriptase inhibitors on telomere length and telomerase activity in two immortalized human cell lines. *Mol. Cell. Biol.*, 16, 53–65.
176. Komarov, P.G. et al. (1999) A chemical inhibitor of p53 that protects mice from the side effects of cancer therapy. *Science*, 285, 1733–1737.
177. Ambs, S. et al. (1999) Cancer-prone oxyradical overload disease. *IARC Sci. Publ.*, 295–302.
178. Borrás, C. et al. (2011) The dual role of p53: DNA protection and antioxidant. *Free Radic. Res.*, 45, 643–652.
179. Holley, A.K. et al. (2012) Manganese superoxide dismutase: beyond life and death. *Amino Acids*, 42, 139–158.
180. Alfonso, L.F. et al. (2009) Does aspirin acetylate multiple cellular proteins? (Review). *Mol. Med. Rep.*, 2, 533–537.
181. Carmody, R.J. et al. (2001) Signalling apoptosis: a radical approach. *Redox Rep.*, 6, 77–90.
182. Maehle, L. et al. (1992) Altered p53 gene structure and expression in human epithelial cells after exposure to nickel. *Cancer Res.*, 52, 218–221.
183. Flora, S.J. (2011) Arsenic-induced oxidative stress and its reversibility. *Free Radic. Biol. Med.*, 51, 257–281.
184. De Chaudhuri, S. et al. (2008) Arsenic-induced health effects and genetic damage in keratotic individuals: involvement of p53 arginine variant and chromosomal aberrations in arsenic susceptibility. *Mutat. Res.*, 659, 118–125.
185. Shi, H. et al. (2004) Oxidative mechanism of arsenic toxicity and carcinogenesis. *Mol. Cell. Biochem.*, 255, 67–78.
186. Kitchin, K.T. (2001) Recent advances in arsenic carcinogenesis: modes of action, animal model systems, and methylated arsenic metabolites. *Toxicol. Appl. Pharmacol.*, 172, 249–261.
187. Brüne, B. et al. (2001) Transcription factors p53 and HIF-1 α as targets of nitric oxide. *Cell. Signal.*, 13, 525–533.
188. Ekmekcioglu, S. et al. (2005) NO news is not necessarily good news in cancer. *Curr. Cancer Drug Targets*, 5, 103–115.
189. Brown, G.C. (2010) Nitric oxide and neuronal death. *Nitric Oxide*, 23, 153–165.
190. Davis, C.D. et al. (2000) Dietary selenium and arsenic affect DNA methylation in vitro in Caco-2 cells and in vivo in rat liver and colon. *J. Nutr.*, 130, 2903–2909.
191. Arnér, E.S. et al. (2006) The thioredoxin system in cancer. *Semin. Cancer Biol.*, 16, 420–426.
192. Howitz, K.T. et al. (2003) Small molecule activators of sirtuins extend *Saccharomyces cerevisiae* lifespan. *Nature*, 425, 191–196.
193. Malhotra, A. et al. (2012) Curcumin and resveratrol in combination modulates benzo(a)pyrene-induced genotoxicity during lung carcinogenesis. *Hum. Exp. Toxicol.*, 31, 1199–1206.
194. Alcaín, F.J. et al. (2009) Sirtuin activators. *Expert Opin. Ther. Pat.*, 19, 403–414.
195. Athar, M. et al. (2009) Multiple molecular targets of resveratrol: anti-carcinogenic mechanisms. *Arch. Biochem. Biophys.*, 486, 95–102.
196. Duntas, L.H. (2011) Resveratrol and its impact on aging and thyroid function. *J. Endocrinol. Invest.*, 34, 788–792.
197. Harikumar, K.B. et al. (2008) Resveratrol: a multitargeted agent for age-associated chronic diseases. *Cell Cycle*, 7, 1020–1035.
198. Maclaine, N.J. et al. (2009) The regulation of p53 by phosphorylation: a model for how distinct signals integrate into the p53 pathway. *Aging (Albany NY)*, 1, 490–502.
199. Blasina, A. et al. (1999) Caffeine inhibits the checkpoint kinase ATM. *Curr. Biol.*, 9, 1135–1138.
200. Tichy, E.D. (2011) Mechanisms maintaining genomic integrity in embryonic stem cells and induced pluripotent stem cells. *Exp. Biol. Med. (Maywood)*, 236, 987–996.
201. Dhillon, S. (2013) Everolimus in combination with exemestane: a review of its use in the treatment of patients with postmenopausal hormone receptor-positive, HER2-negative advanced breast cancer. *Drugs*, 73, 475–485.
202. Chavez-MacGregor, M. et al. (2012) Everolimus in the treatment of hormone receptor-positive breast cancer. *Expert Opin. Investig. Drugs*, 21, 1835–1843.
203. Kruck, S. et al. (2012) Second-line systemic therapy for the treatment of metastatic renal cell cancer. *Expert Rev. Anticancer Ther.*, 12, 777–785.
204. Barnett, C.M. (2012) Everolimus: targeted therapy on the horizon for the treatment of breast cancer. *Pharmacotherapy*, 32, 383–396.
205. Zhang, J. et al. (2012) The role of α -synuclein and tau hyperphosphorylation-mediated autophagy and apoptosis in lead-induced learning and memory injury. *Int. J. Biol. Sci.*, 8, 935–944.
206. Ma, J.S. et al. (2010) Gold nanoparticles attenuate LPS-induced NO production through the inhibition of NF- κ B and IFN- β /STAT1 pathways in RAW264.7 cells. *Nitric Oxide*, 23, 214–219.
207. Wang, B. et al. (2012) Akt signaling-associated metabolic effects of dietary gold nanoparticles in *Drosophila*. *Sci. Rep.*, 2, 563.
208. Jang, S. et al. (2012) Silver nanoparticles modify VEGF signaling pathway and mucus hypersecretion in allergic airway inflammation. *Int. J. Nanomed.*, 7, 1329–1343.
209. Kalishwaralal, K. et al. (2009) Silver nanoparticles inhibit VEGF induced cell proliferation and migration in bovine retinal endothelial cells. *Colloids Surf. B. Biointerfaces*, 73, 51–57.
210. Piao, M.J. et al. (2011) Silver nanoparticles down-regulate Nrf2-mediated 8-oxoguanine DNA glycosylase 1 through inactivation of extracellular regulated kinase and protein kinase B in human Chang liver cells. *Toxicol. Lett.*, 207, 143–148.
211. Piao, M.J. et al. (2011) Silver nanoparticles induce oxidative cell damage in human liver cells through inhibition of reduced glutathione and induction of mitochondria-involved apoptosis. *Toxicol. Lett.*, 201, 92–100.
212. Huang, J. et al. (2011) Cancer chemoprevention by targeting the epigenome. *Curr. Drug Targets*, 12, 1925–1956.
213. Li, Y. et al. (2009) Genistein depletes telomerase activity through cross-talk between genetic and epigenetic mechanisms. *Int. J. Cancer*, 125, 286–296.
214. Harman, D. (1956) Aging: a theory based on free radical and radiation chemistry. *J. Gerontol.*, 11, 298–300.
215. Campisi, J. (2011) Cellular senescence: putting the paradoxes in perspective. *Curr. Opin. Genet. Dev.*, 21, 107–112.

216. Vergel, M. et al. (2010) Cellular senescence as a target in cancer control. *J. Aging Res.*, 2011, 725365.
217. Lleonart, M.E. et al. (2009) Senescence induction; a possible cancer therapy. *Mol. Cancer*, 8, 3.
218. Hosokawa, M. (2002) A higher oxidative status accelerates senescence and aggravates age-dependent disorders in SAMP strains of mice. *Mech. Ageing Dev.*, 123, 1553–1561.
219. Itahana, K. et al. (2004) Mechanisms of cellular senescence in human and mouse cells. *Biogerontology*, 5, 1–10.
220. Serrano, M. et al. (1997) Oncogenic ras provokes premature cell senescence associated with accumulation of p53 and p16INK4a. *Cell*, 88, 593–602.
221. Itahana, K. et al. (2003) Control of the replicative life span of human fibroblasts by p16 and the polycomb protein Bmi-1. *Mol. Cell. Biol.*, 23, 389–401.
222. Serra, V. et al. (2003) Extracellular superoxide dismutase is a major antioxidant in human fibroblasts and slows telomere shortening. *J. Biol. Chem.*, 278, 6824–6830.
223. Parkes, T.L. et al. (1998) Extension of *Drosophila* lifespan by overexpression of human SOD1 in motoneurons. *Nat. Genet.*, 19, 171–174.
224. Orr, W.C. et al. (1994) Extension of life-span by overexpression of superoxide dismutase and catalase in *Drosophila melanogaster*. *Science*, 263, 1128–1130.
225. Lee, A.C. et al. (1999) Ras proteins induce senescence by altering the intracellular levels of reactive oxygen species. *J. Biol. Chem.*, 274, 7936–7940.
226. Woo, H.R. et al. (2004) The delayed leaf senescence mutants of *Arabidopsis*, ore1, ore3, and ore9 are tolerant to oxidative stress. *Plant Cell Physiol.*, 45, 923–932.
227. Larsen, P.L. et al. (2002) Extension of life-span in *Caenorhabditis elegans* by a diet lacking coenzyme Q. *Science*, 295, 120–123.
228. Palmer, M.R. et al. (2003) The effects of dietary coenzyme Q on *Drosophila* life span. *Ageing Cell*, 2, 335–339.
229. Toyokuni, S. (1996) Iron-induced carcinogenesis: the role of redox regulation. *Free Radic. Biol. Med.*, 20, 553–566.
230. Fukuda, A. et al. (1996) Oxidative stress response in iron-induced renal carcinogenesis: acute nephrotoxicity mediates the enhanced expression of glutathione S-transferase Yp isozyme. *Arch. Biochem. Biophys.*, 329, 39–46.
231. Tanaka, T. et al. (1999) High incidence of allelic loss on chromosome 5 and inactivation of p15INK4B and p16INK4A tumor suppressor genes in oxystress-induced renal cell carcinoma of rats. *Oncogene*, 18, 3793–3797.
232. Kondoh, H. et al. (2005) Glycolytic enzymes can modulate cellular life span. *Cancer Res.*, 65, 177–185.
233. Kondoh, H. et al. (2007) Protection from oxidative stress by enhanced glycolysis; a possible mechanism of cellular immortalization. *Histol. Histopathol.*, 22, 85–90.
234. Hitosugi, T. et al. (2012) Phosphoglycerate mutase 1 coordinates glycolysis and biosynthesis to promote tumor growth. *Cancer Cell*, 22, 585–600.
235. Kaplon, J. et al. (2013) A key role for mitochondrial gatekeeper pyruvate dehydrogenase in oncogene-induced senescence. *Nature*, 498, 109–112.
236. Dörr, J.R. et al. (2013) Synthetic lethal metabolic targeting of cellular senescence in cancer therapy. *Nature*, 501, 421–425.
237. Virchow, R. (1858) Reizung and Reizbarkeit. *Arch. Pathol. Anat. Klin. Med.*, 14, 1–63.
238. Virchow, R. (1863) Aetiologie der neoplastischen Geschwülste/Pathogenie der neoplastischen Geschwülste. *Die Krankhaften Geschwülste*, 57–101.
239. Colotta, F. et al. (2009) Cancer-related inflammation, the seventh hallmark of cancer: links to genetic instability. *Carcinogenesis*, 30, 1073–1081.
240. Balkwill, F. et al. (2005) Smoldering and polarized inflammation in the initiation and promotion of malignant disease. *Cancer Cell*, 7, 211–217.
241. van der Woude, C.J. et al. (2004) Chronic inflammation, apoptosis and (pre-)malignant lesions in the gastro-intestinal tract. *Apoptosis*, 9, 123–130.
242. Oshima, M. et al. (1996) Suppression of intestinal polyposis in *Apc delta716* knockout mice by inhibition of cyclooxygenase 2 (COX-2). *Cell*, 87, 803–809.
243. Guerra, C. et al. (2011) Pancreatitis-induced inflammation contributes to pancreatic cancer by inhibiting oncogene-induced senescence. *Cancer Cell*, 19, 728–739.
244. Philip, M. et al. (2004) Inflammation as a tumor promoter in cancer induction. *Semin. Cancer Biol.*, 14, 433–439.
245. Guerra, C. et al. (2007) Chronic pancreatitis is essential for induction of pancreatic ductal adenocarcinoma by K-Ras oncogenes in adult mice. *Cancer Cell*, 11, 291–302.
246. Carrière, C. et al. (2011) Deletion of Rb accelerates pancreatic carcinogenesis by oncogenic Kras and impairs senescence in premalignant lesions. *Gastroenterology*, 141, 1091–1101.
247. Narlik-Grassow, M. et al. (2014) Conditional transgenic expression of PIM1 kinase in prostate induces inflammation-dependent neoplasia. *PLoS One*, 8, e60277.
248. Xue, W. et al. (2007) Senescence and tumour clearance is triggered by p53 restoration in murine liver carcinomas. *Nature*, 445, 656–660.
249. Hudson, J.D. et al. (1999) A proinflammatory cytokine inhibits p53 tumor suppressor activity. *J. Exp. Med.*, 190, 1375–1382.
250. Acosta, J.C. et al. (2008) Chemokine signaling via the CXCR2 receptor reinforces senescence. *Cell*, 133, 1006–1018.
251. Coppé, J.P. et al. (2010) The senescence-associated secretory phenotype: the dark side of tumor suppression. *Annu. Rev. Pathol.*, 5, 99–118.
252. Coppé, J.P. et al. (2008) Senescence-associated secretory phenotypes reveal cell-nonautonomous functions of oncogenic RAS and the p53 tumor suppressor. *PLoS Biol.*, 6, 2853–2868.
253. Krtolica, A. et al. (2001) Senescent fibroblasts promote epithelial cell growth and tumorigenesis: a link between cancer and aging. *Proc. Natl. Acad. Sci. U. S. A.*, 98, 12072–12077.
254. Liu, D. et al. (2007) Senescent human fibroblasts increase the early growth of xenograft tumors via matrix metalloproteinase secretion. *Cancer Res.*, 67, 3117–3126.
255. Acosta, J.C. et al. (2013) A complex secretory program orchestrated by the inflammasome controls paracrine senescence. *Nat. Cell Biol.*, 15, 978–990.
256. Olivieri, F. et al. (2012) Age-related differences in the expression of circulating microRNAs: miR-21 as a new circulating marker of inflammation. *Mech. Ageing Dev.*, 133, 675–685.
257. Labbaye, C. et al. (2012) The emerging role of MIR-146A in the control of hematopoiesis, immune function and cancer. *J. Hematol. Oncol.*, 5, 13.
258. Chen, Q.M. (2000) Replicative senescence and oxidant-induced premature senescence. Beyond the control of cell cycle checkpoints. *Ann. N. Y. Acad. Sci.*, 908, 111–125.
259. Chang, B.D. et al. (1999) A senescence-like phenotype distinguishes tumor cells that undergo terminal proliferation arrest after exposure to anticancer agents. *Cancer Res.*, 59, 3761–3767.
260. Wang, X. et al. (1998) Evidence of cisplatin-induced senescence-like growth arrest in nasopharyngeal carcinoma cells. *Cancer Res.*, 58, 5019–5022.
261. Yeo, E.J. et al. (2000) Senescence-like changes induced by hydroxyurea in human diploid fibroblasts. *Exp. Gerontol.*, 35, 553–571.
262. Michishita, E. et al. (1999) 5-Bromodeoxyuridine induces senescence-like phenomena in mammalian cells regardless of cell type or species. *J. Biochem.*, 126, 1052–1059.
263. Chang, B.D. et al. (1999) Role of p53 and p21waf1/cip1 in senescence-like terminal proliferation arrest induced in human tumor cells by chemotherapeutic drugs. *Oncogene*, 18, 4808–4818.
264. Elmore, L.W. et al. (2002) Adriamycin-induced senescence in breast tumor cells involves functional p53 and telomere dysfunction. *J. Biol. Chem.*, 277, 35509–35515.
265. Belgiovine, C. et al. (2008) Telomerase: cellular immortalization and neoplastic transformation. Multiple functions of a multifaceted complex. *Cytogenet. Genome Res.*, 122, 255–262.
266. Low, K.C. et al. (2013) Telomerase: central regulator of all of the hallmarks of cancer. *Trends Biochem. Sci.*, 38, 426–434.
267. Xi, L. et al. (2006) Inhibition of telomerase enhances apoptosis induced by sodium butyrate via mitochondrial pathway. *Apoptosis*, 11, 789–798.

268. Hashimoto, Y. et al. (2012) The hTERT promoter enhances the antitumor activity of an oncolytic adenovirus under a hypoxic microenvironment. *PLoS ONE*, 7, e39292.
269. Liu, J. et al. (2013) Tumor suppressor p53 and its mutants in cancer metabolism. *Cancer Lett.*
270. Puzio-Kuter, A.M. et al. (2009) Inactivation of p53 and Pten promotes invasive bladder cancer. *Genes Dev.*, 23, 675–680.
271. Ravi, R. et al. (2000) Regulation of tumor angiogenesis by p53-induced degradation of hypoxia-inducible factor 1 α . *Genes Dev.*, 14, 34–44.
272. Hanel, W. et al. (2012) Links between mutant p53 and genomic instability. *J. Cell. Biochem.*, 113, 433–439.
273. Chipuk, J.E. et al. (2006) Dissecting p53-dependent apoptosis. *Cell Death Differ.*, 13, 994–1002.
274. Niebler, M. et al. (2013) Post-translational control of IL-1 β via the human papillomavirus type 16 E6 oncoprotein: a novel mechanism of innate immune escape mediated by the E3-ubiquitin ligase E6-AP and p53. *PLoS Pathog.*, 9, e1003536.
275. Lee, J.S. et al. (2013) A novel tumor-promoting role for nuclear factor IA in glioblastomas is mediated through negative regulation of p53, p21, and PAI1. *Neuro Oncol.*, 16, 191–203.
276. Goh, A.M. et al. (2011) The role of mutant p53 in human cancer. *J. Pathol.*, 223, 116–126.
277. Gudkov, A.V. et al. (2011) Inflammation and p53: a tale of two stresses. *Genes Cancer*, 2, 503–516.
278. Lorin, S. et al. (2013) Autophagy regulation and its role in cancer. *Semin. Cancer Biol.*, 23, 361–379.
279. Nicolay, B.N. et al. (2013) Loss of RBF1 changes glutamine catabolism. *Genes Dev.*, 27, 182–196.
280. Di Fiore, R. et al. (2013) RB1 in cancer: different mechanisms of RB1 inactivation and alterations of pRb pathway in tumorigenesis. *J. Cell. Physiol.*, 228, 1676–1687.
281. Gabellini, C. et al. (2006) Involvement of RB gene family in tumor angiogenesis. *Oncogene*, 25, 5326–5332.
282. Amato, A. et al. (2009) CENPA overexpression promotes genome instability in pRb-depleted human cells. *Mol. Cancer*, 8, 119.
283. Attardi, L.D. et al. (2013) RB goes mitochondrial. *Genes Dev.*, 27, 975–979.
284. Gore, A.J. et al. (2014) Pancreatic cancer-associated retinoblastoma 1 dysfunction enables TGF- β to promote proliferation. *J. Clin. Invest.*, 124, 338–352.
285. Chou, N.H. et al. (2006) Expression of altered retinoblastoma protein inversely correlates with tumor invasion in gastric carcinoma. *World J. Gastroenterol.*, 12, 7188–7191.
286. Ying, L. et al. (2007) Nitric oxide inactivates the retinoblastoma pathway in chronic inflammation. *Cancer Res.*, 67, 9286–9293.
287. Mankame, T.P. et al. (2012) The RB tumor suppressor positively regulates transcription of the anti-angiogenic protein NOL7. *Neoplasia*, 14, 1213–1222.
288. Corominas-Faja, B. et al. (2013) Nuclear reprogramming of luminal-like breast cancer cells generates Sox2-overexpressing cancer stem-like cellular states harboring transcriptional activation of the mTOR pathway. *Cell Cycle*, 12, 3109–3124.
289. Zhou, W. et al. (2013) Dysregulation of mTOR activity through LKB1 inactivation. *Chin. J. Cancer*, 32, 427–433.
290. Kong, D. et al. (2008) Mammalian target of rapamycin repression by 3,3'-diindolylmethane inhibits invasion and angiogenesis in platelet-derived growth factor-D-overexpressing PC3 cells. *Cancer Res.*, 68, 1927–1934.
291. Guo, F. et al. (2013) mTOR regulates DNA damage response through NF- κ B-mediated FANCD2 pathway in hematopoietic cells. *Leukemia*, 27, 2040–2046.
292. Shi, Y. et al. (1995) Rapamycin enhances apoptosis and increases sensitivity to cisplatin *in vitro*. *Cancer Res.*, 55, 1982–1988.
293. Heavey, S. et al. (2014) Strategies for co-targeting the PI3K/AKT/mTOR pathway in NSCLC. *Cancer Treat Rev.*, 40, 445–456.
294. Zhou, H. et al. (2011) Role of mTOR signaling in tumor cell motility, invasion and metastasis. *Curr. Protein Pept. Sci.*, 12, 30–42.
295. Lee, D.F. et al. (2007) All roads lead to mTOR: integrating inflammation and tumor angiogenesis. *Cell Cycle*, 6, 3011–3014.
296. Fraisl, P. (2013) Crosstalk between oxygen- and nitric oxide-dependent signaling pathways in angiogenesis. *Exp. Cell Res.*, 319, 1331–1339.
297. Ziche, M. et al. (2009) Molecular regulation of tumour angiogenesis by nitric oxide. *Eur. Cytokine Netw.*, 20, 164–170.
298. Wu, Y. et al. (2014) Molecular mechanisms underlying chronic inflammation-associated cancers. *Cancer Lett.*, 345, 164–173.
299. Avezum, A. et al. (2005) Risk factors associated with acute myocardial infarction in the São Paulo metropolitan region: a developed region in a developing country. *Arq. Bras. Cardiol.*, 84, 206–213.
300. Hickok, J.R. et al. (2010) Nitric oxide and cancer therapy: the emperor has NO clothes. *Curr. Pharm. Des.*, 16, 381–391.
301. Altinoz, M.A. et al. (2004) NF-kappaB, macrophage migration inhibitory factor and cyclooxygenase-inhibitions as likely mechanisms behind the acetaminophen- and NSAID-prevention of the ovarian cancer. *Neoplasia*, 51, 239–247.
302. Kon, K. et al. (2007) Role of apoptosis in acetaminophen hepatotoxicity. *J. Gastroenterol. Hepatol.*, 22 (suppl. 1), S49–S52.
303. Singh, Y. et al. (2013) Selective poisoning of Ctnnb1-mutated hepatoma cells in mouse liver tumors by a single application of acetaminophen. *Arch. Toxicol.*, 87, 1595–1607.
304. Scheiermann, P. et al. (2013) Application of interleukin-22 mediates protection in experimental acetaminophen-induced acute liver injury. *Am. J. Pathol.*, 182, 1107–1113.
305. Ucar, F. et al. (2013) The effects of N-acetylcysteine and ozone therapy on oxidative stress and inflammation in acetaminophen-induced nephrotoxicity model. *Ren. Fail.*, 35, 640–647.
306. Ryu, Y.S. et al. (2000) Acetaminophen inhibits iNOS gene expression in RAW 264.7 macrophages: differential regulation of NF-kappaB by acetaminophen and salicylates. *Biochem. Biophys. Res. Commun.*, 272, 758–764.
307. Conklin, B.S. et al. (2002) Nicotine and cotinine up-regulate vascular endothelial growth factor expression in endothelial cells. *Am. J. Pathol.*, 160, 413–418.
308. Nakada, T. et al. (2012) Lung tumorigenesis promoted by anti-apoptotic effects of cotinine, a nicotine metabolite through activation of PI3K/Akt pathway. *J. Toxicol. Sci.*, 37, 555–563.
309. Rehani, K. et al. (2008) Cotinine-induced convergence of the cholinergic and PI3 kinase-dependent anti-inflammatory pathways in innate immune cells. *Biochim. Biophys. Acta*, 1783, 375–382.
310. Radisavljevic, Z. (2004) Inactivated tumor suppressor Rb by nitric oxide promotes mitosis in human breast cancer cells. *J. Cell. Biochem.*, 92, 1–5.
311. Wang, X. et al. (2003) Nitric oxide promotes p53 nuclear retention and sensitizes neuroblastoma cells to apoptosis by ionizing radiation. *Cell Death Differ.*, 10, 468–476.
312. Brüne, B. (2003) Nitric oxide: NO apoptosis or turning it ON? *Cell Death Differ.*, 10, 864–869.
313. Rahat, M.A. et al. (2013) Macrophage-tumor cell interactions regulate the function of nitric oxide. *Front. Physiol.*, 4, 144.
314. Ishida, A. et al. (1999) Tumor suppressor p53 but not cGMP mediates NO-induced expression of p21(Waf1/Cip1/Sdi1) in vascular smooth muscle cells. *Mol. Pharmacol.*, 56, 938–946.
315. Williams, E.L. et al. (2005) Nitric oxide and metastatic cell behaviour. *Bioessays*, 27, 1228–1238.
316. Través, P.G. et al. (2012) Macrophages, inflammation, and tumor suppressors: ARF, a new player in the game. *Mediators Inflamm.*, 2012, 568783.
317. Jiang, C. et al. (1999) Selenium-induced inhibition of angiogenesis in mammary cancer at chemopreventive levels of intake. *Mol. Carcinog.*, 26, 213–225.
318. Sarveswaran, S. et al. (2010) Selenite triggers rapid transcriptional activation of p53, and p53-mediated apoptosis in prostate cancer cells: implication for the treatment of early-stage prostate cancer. *Int. J. Oncol.*, 36, 1419–1428.
319. Li, Z. et al. (2013) Sodium selenite induces apoptosis in colon cancer cells via Bax-dependent mitochondrial pathway. *Eur. Rev. Med. Pharmacol. Sci.*, 17, 2166–2171.
320. Jiang, Q. et al. (2013) ATF4 activation by the p38MAPK-eIF4E axis mediates apoptosis and autophagy induced by selenite in Jurkat cells. *FEBS Lett.*, 587, 2420–2429.

321. Yoon, S.O. et al. (2001) Inhibitory effect of selenite on invasion of HT1080 tumor cells. *J. Biol. Chem.*, 276, 20085–20092.
322. Rusolo, F. et al. (2013) Evaluation of selenite effects on selenoproteins and cytokinome in human hepatoma cell lines. *Molecules*, 18, 2549–2562.
323. Dulhunty, A.F. (1992) The voltage-activation of contraction in skeletal muscle. *Prog. Biophys. Mol. Biol.*, 57, 181–223.
324. Pan, J.J. et al. (2011) Activation of Akt/GSK3 β and Akt/Bcl-2 signaling pathways in nickel-transformed BEAS-2B cells. *Int. J. Oncol.*, 39, 1285–1294.
325. Namiki, A. et al. (1995) Hypoxia induces vascular endothelial growth factor in cultured human endothelial cells. *J. Biol. Chem.*, 270, 31189–31195.
326. Coen, N. et al. (2001) Heavy metals of relevance to human health induce genomic instability. *J. Pathol.*, 195, 293–299.
327. Chen, C.Y. et al. (2010) Nickel(II)-induced oxidative stress, apoptosis, G₂/M arrest, and genotoxicity in normal rat kidney cells. *J. Toxicol. Environ. Health. A*, 73, 529–539.
328. Yang, Y.X. et al. (2013) Anti-apoptotic proteins and catalase-dependent apoptosis resistance in nickel chloride-transformed human lung epithelial cells. *Int. J. Oncol.*, 43, 936–946.
329. D'Antò, V. et al. (2012) Effect of nickel chloride on cell proliferation. *Open Dent. J.*, 6, 177–181.
330. Ding, J. et al. (2009) Effects of nickel on cyclin expression, cell cycle progression and cell proliferation in human pulmonary cells. *Cancer Epidemiol. Biomarkers Prev.*, 18, 1720–1729.
331. Sainte-Marie, I. et al. (1998) Comparative study of the *in vitro* inflammatory activity of three nickel salts on keratinocytes. *Acta Derm. Venereol.*, 78, 169–172.
332. Wu, C.H. et al. (2012) Nickel-induced epithelial-mesenchymal transition by reactive oxygen species generation and E-cadherin promoter hypermethylation. *J. Biol. Chem.*, 287, 25292–25302.
333. Fracasso, M.E. et al. (2002) Lead induced DNA strand breaks in lymphocytes of exposed workers: role of reactive oxygen species and protein kinase C. *Mutat. Res.*, 515, 159–169.
334. Ma, Y. et al. (2012) Effect of lead on apoptosis in cultured rat primary osteoblasts. *Toxicol. Ind. Health*, 28, 136–146.
335. Tchounwou, P.B. et al. (2004) Lead-induced cytotoxicity and transcriptional activation of stress genes in human liver carcinoma (HepG2) cells. *Mol. Cell. Biochem.*, 255, 161–170.
336. Liu, C.M. et al. (2012) Protective role of quercetin against lead-induced inflammatory response in rat kidney through the ROS-mediated MAPKs and NF- κ B pathway. *Biochim. Biophys. Acta*, 1820, 1693–1703.
337. Bagaitkar, J. et al. (2012) Cotinine inhibits the pro-inflammatory response initiated by multiple cell surface Toll-like receptors in monocytic THP cells. *Tob. Induc. Dis.*, 10, 18.
338. Brozmanová, J. et al. (2010) Selenium: a double-edged sword for defense and offence in cancer. *Arch. Toxicol.*, 84, 919–938.
339. Erkhembayar, S. et al. (2012) The effect of sodium selenite on liver growth and thioredoxin reductase expression in regenerative and neoplastic liver cell proliferation. *Biochem. Pharmacol.*, 83, 687–693.