

Autophagy and human diseases

Peidu Jiang^{1,2}, Noboru Mizushima^{1,2}

¹Department of Biochemistry and Molecular Biology, Graduate School and Faculty of Medicine, The University of Tokyo, Tokyo 113-0033, Japan; ²Department of Physiology and Cell Biology, Tokyo Medical and Dental University, Tokyo 113-8519, Japan

Autophagy is a major intracellular degradative process that delivers cytoplasmic materials to the lysosome for degradation. Since the discovery of autophagy-related (*Atg*) genes in the 1990s, there has been a proliferation of studies on the physiological and pathological roles of autophagy in a variety of autophagy knockout models. However, direct evidence of the connections between *ATG* gene dysfunction and human diseases has emerged only recently. There are an increasing number of reports showing that mutations in the *ATG* genes were identified in various human diseases such as neurodegenerative diseases, infectious diseases, and cancers. Here, we review the major advances in identification of mutations or polymorphisms of the *ATG* genes in human diseases. Current autophagy-modulating compounds in clinical trials are also summarized.

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Introduction

Half a century ago, Christian de Duve coined the term “autophagy” (literally, “self-eating” in Greek) to describe a process where the cell digests its cytoplasmic materials within lysosomes [1]. At least three major types of autophagy have been identified: macroautophagy, characterized by the formation of a unique double-membrane organelle called the autophagosome; microautophagy, where lysosomes engulf cytoplasmic materials by inward invagination of the lysosomal membrane; and chaperone-mediated autophagy, mediated by the chaperone hsc70, co-chaperones, and the lysosomal-associated membrane protein type 2A [2, 3]. This review focuses on the role of macroautophagy (hereafter referred to as autophagy) in human diseases.

In recent years, genetic deletion of the autophagy-related (*Atg*) genes in various model organisms, including mammals, has revealed that autophagy plays critical roles in adaptive responses to starvation and other forms of stress, homeostasis, and cellular differentiation and development [2, 4-7]. In addition, analysis of mice with systemic or tissue-specific deletion of *Atg* genes has re-

vealed the connection between dysregulated autophagy and various kinds of disease-like phenotypes including cancer, neurodegenerative diseases, infectious diseases, and metabolic diseases [2, 6-11]. However, these experimental results do not directly demonstrate that defects in autophagy contribute to pathogenesis of human diseases. Thus, it has become particularly important to understand the genetic basis of putative human autophagy-related diseases.

With the completion of the Human Genome Project in 2003 and the International HapMap Project in 2005, researchers now have a powerful set of research tools, including the high-speed DNA sequencing technology that make it possible to identify the genetic contributions to specific diseases, even if they are rare. Indeed, genome-wide studies have identified disease-associated loci and genes in many human diseases. Table 1 summarizes the association between genetic variants of autophagy-related genes and selected human diseases.

Static encephalopathy of childhood with neurodegeneration in adulthood (SENDA)

Recently, two groups identified *de novo* mutations in *WDR45*, an autophagy-related gene located at Xp11.23, in individuals with SENDA by whole-exome sequencing using next-generation sequencing technologies [12, 13]. SENDA is a recently established subtype of neurode-

Correspondence: Noboru Mizushima

Tel: +81-3-5841-3440; Fax: +81-3-3815-1490

E-mail: nmizu@m.u-tokyo.ac.jp

Table 1 Human diseases associated with defective autophagy

Genes	Functions in autophagy	Associated human diseases
<i>ATG5</i>	Autophagosome formation	Genetic polymorphisms are associated with asthma [132, 133] and enhanced risk of systemic lupus erythematosus [134, 135]
<i>ATG16L1</i>	Autophagosome formation	T300A mutation is associated with increased risk of Crohn's disease [90, 91, 136]
<i>BECN1</i>	Autophagosome formation	Monoallelic deletion is associated with risk and prognosis of human breast, ovarian, prostate, and colorectal cancers [70-73, 75]
<i>EI24/PIG8</i>	Autophagosome formation and/or degradation	Mutations and deletions are associated with human early onset breast cancers [32, 84,137]
<i>EPG5</i>	Autophagosome maturation and degradation	Recessive mutations are associated with Vici syndrome [27]
<i>IRGM</i>	Phagosome degradation	Single-nucleotide polymorphisms (SNPs) and deletion mutation are associated with enhanced risk of Crohn's disease [101-103, 136]
<i>NOD2/CARD15</i>	Xenophagy induction	SNPs and mutational variants are associated with enhanced risk of Crohn's disease [104-106, 136]
<i>PARK2/Parkin</i>	Mitophagy induction	Mutations are associated with autosomal recessive or sporadic early-onset Parkinson's disease [51, 52]
<i>PARK6/PINK1</i>	Mitophagy induction	Mutations are associated with autosomal recessive or sporadic early-onset Parkinson's disease [51, 53, 54]
<i>SMURF1</i>	Selective autophagy	SNP is associated with enhanced risk of ulcerative colitis [138]
<i>SQSTM1/p62</i>	A selective substrate An adaptor protein for selective autophagy	Mutations are associated with Paget disease of bone [139] and amyotrophic lateral sclerosis [140, 141]
<i>TECPR2</i>	Autophagosome formation	A frameshift mutation is associated with an autosomal-recessive form of hereditary spastic paraparesis [35]
<i>UVRAG</i>	Autophagosome degradation	Deletion mutation is associated with human colorectal cancer [88]
<i>WDR45/WIPI4</i>	Autophagosome formation	Heterozygous mutations are associated with static encephalopathy of childhood with neurodegeneration in adulthood (SENDA) [12, 13]
<i>ZFYVE26/SPG15</i>	Autophagosome maturation	Mutations are associated with hereditary spastic paraparesis type 15 [44, 45]

generation with brain iron accumulation [14] that begins with early-onset spastic paraplegia and mental retardation, which remain static until adulthood. Patients subsequently develop sudden-onset parkinsonism and dystonia during their late 20s to early 30s. Additional features include eye movement abnormalities, frontal release signs, sleep disorders, and dysautonomia. Brain magnetic resonance imaging has revealed iron accumulation in the globus pallidus and hypointensity in the substantia nigra, as well as white matter changes [14, 15].

The hit gene *WDR45* (also known as *WIPI4*) is one of the four mammalian homologues of yeast *Atg18*, which plays an important role in autophagosome formation [16-19]. *Atg18*/*WIPI*s belong to the PROPPIN family of proteins. They contain seven-bladed β -propellers formed by seven WD40 repeats and bind to phosphatidylinositol 3-phosphate and the lysosomal/vacuolar lipid phosphatidylinositol 3,5-bisphosphate (PtdIns(3,5)P₂) [17, 20].

Atg18/*WIPI*s also interact with *Atg2* [20-22]. The crystal structure of Hsv2, a yeast *Atg18* paralogue, shows two phosphoinositide-binding sites at blades five and six, and an *Atg2*-binding region at blade 2 [23-25]. *Atg18*/*WIPI*s are recruited to the autophagosome formation site through binding to phosphatidylinositol 3-phosphate, which is synthesized by the class III PtdIns 3-kinase complex [18, 21]. *Caenorhabditis elegans* has two *Atg18* homologues, *ATG-18* and *EPG-6* [19]. Interestingly, *C. elegans* requires both *ATG-18* and *EPG-6* for autophagy because the two molecules function sequentially, not redundantly. Human *WDR45*/*WIPI4* shows a higher similarity to *EPG-6* than to *ATG-18*, and loss of *epg-6*/*WIPI4* causes the accumulation of premature autophagic structures in both *C. elegans* and mammalian cells [19]. In fact, by using lymphoblastoid cell lines derived from SENDA patients, Saitou *et al.* confirmed that the protein expression of *WIPI4* was severely reduced in

affected individuals. Specifically, blocked autophagic flux and accumulation of abnormal ATG9A- and LC3-double-positive structures, which may represent aberrant early autophagic structures, were observed in the lymphoblastoid cell lines of affected individuals [13]. Since *WDR45/WIPI4* is encoded by the X chromosome and one of the X chromosomes is subjected to X inactivation, female patients should possess mosaic loss of function of *WDR45/WIPI4*. It is unclear, however, whether hemizygous mutations in male patients are lethal. Hayflick's group reported three male SENDA patients with similar phenotypes [12, 26]; all three may have had somatic mosaicism.

These studies provided the first direct evidence that the deficiency of a core autophagy factor is indeed a contributing factor to human neurodegenerative diseases. However, the exact mechanism of brain iron accumulation due to an autophagy defect and why only the brain is affected remain to be clarified. Further investigation of these aspects is needed.

Vici syndrome

A recent study by Cullup *et al.* showed that recessive mutations in *EPG5*, a key factor implicated in the maturation of autolysosomes, play a causative role in Vici syndrome [27]. Vici syndrome is a recessively inherited multisystem disorder characterized by callosal agenesis, cataracts, hypopigmentation, cardiomyopathy, psychomotor retardation, and immunodeficiency with cleft lip and palate [28-31].

EPG5 is a metazoan-specific autophagy gene first identified by genetically screening *C. elegans* for mutants with defective degradation of autophagy substrates. *C. elegans epg-5* mutant and knockdown of mEPG5 in mammalian cells show accumulation of non-degradative autolysosomes, indicating the role of EPG-5/mEPG5 in autolysosome maturation [32]. It was later shown that knockdown of *EPG5* in HeLa cells results in another defect in the endocytic pathway [33]. By using fibroblasts derived from patients with Vici syndrome, Cullup *et al.* showed that autophagic flux is blocked and the autophagy adapters NBR1 and SQSTM1/p62 accumulate, confirming the decreased autophagic activity in Vici syndrome [27]. However, as *EPG5* is also involved in the endocytic pathway, it is important to examine whether dysregulated endocytic trafficking also contributes to the pathogenesis of Vici syndrome. Furthermore, the *Epg5*-deficient mice display only some features of Vici syndrome [33, 34]. For example, although patients with Vici syndrome demonstrate facial dysmorphism and cataracts, these features are not marked in the *Epg5*-deficient

mice. In addition, psychomotor abnormalities appear to be milder in mice than in humans. Further studies are needed to elucidate the reason for phenotypic differences between mice and humans as well as the exact molecular role of *EPG5* in the autophagy and endocytic pathways.

Hereditary spastic paraparesis

Oz-Levi *et al.* reported a recessive mutation in *TECPR2*, an autophagy-related WD repeat-containing protein, in five individuals with SPG49, a novel form of recessive hereditary spastic paraparesis (HSP) [35]. HSP is a diverse group of neurodegenerative disorders characterized by axonal degeneration of the corticospinal or pyramidal motor and sensory tracts that control the lower extremities. It leads to progressive spasticity and hyperreflexia of the lower limbs [36-38]. The newly characterized HSP subtype, accompanied by lower-limb spasticity and other neurological symptoms, appears to be an autosomal-recessive form of complicated HSP that is caused by a single base deletion in the *TECPR2* gene, resulting in a premature stop codon accompanied by full degradation of its protein product [35].

TECPR2, an uncharacterized protein belonging to the tectonin β -propeller repeat-containing protein family, was previously found to interact with ATG8 orthologues, suggesting a possible role in the autophagy pathway [39]. Skin fibroblasts from an HSP patient showed decreased autophagic flux, but no accumulation of the autophagic substrate SQSTM1/p62, implying that some autophagic activity could be maintained in affected individuals. Knockdown of *TECPR2* in HeLa cells also reduced autophagic activity, suggesting that *TECPR2* is a *bona fide* autophagy factor [35]. However, the exact role of *TECPR2* in the autophagy pathway warrants further examination. The fact that *TECPR2* shows some similarity to two autophagy-involved proteins — *TECPR1* and *HPS5* [35, 40-43] — is expected to shed new light on this issue.

Recently, Vantaggiato *et al.* reported that *ZFYVE26/SPG15*, the causative gene of another recessive complicated form of HSP (HSP type 15), is also involved in the autophagy process [44]. *ZFYVE26/SPG15* encodes a zinc-finger protein with a FYVE domain and a leucine zipper, termed spastizin [45]. Spastizin interacts with the Beclin 1-UVRAG-Rubicon complex and mediates autophagosome maturation. Both spastizin-mutated fibroblast cells derived from HSP patients and spastizin knockdown cells showed impaired autophagic flux and accumulation of autophagosomes due to reduced autophagosome-lysosome fusion [44]. However, as this complex also plays an important role in the endocytic

pathway [46-49], and as spastizin is not present on the autophagic membranes [44], whether spastizin specifically regulates autophagosome-lysosome fusion needs to be clarified.

Parkinson's disease

Parkinson's disease is the most common form of a group of progressive neurodegenerative disorders characterized clinically by bradykinesia (paucity and slowness of movement), rest tremor, muscular rigidity, shuffling gait, and flexed posture. It can also be accompanied by various non-motor symptoms, including sleep, autonomic, sensory, cognitive, and psychiatric disturbances. Nearly all forms of Parkinson's disease result from reduced dopaminergic transmission in the basal ganglia [50, 51]. Many genes, mutations, and polymorphisms have been implicated in the pathogenesis of the disease. Among them, mutations in the *PARK2/Parkin* and *PARK6/PINK1* have been shown to lead to autosomal recessive or sporadic juvenile-onset Parkinson's disease [52-54].

PTEN-induced putative kinase protein 1 (PINK1, encoded by *PARK6/PINK1*) is a mitochondria-associated protein kinase that acts upstream of Parkin (encoded by *PARK2/Parkin*), an E3 ubiquitin ligase implicated in the selective degradation of damaged mitochondria by autophagy, a process termed "mitophagy" [55-57]. When mitochondria are damaged and lose their membrane potential, mitochondrial PINK1 is stabilized and recruits Parkin, which ubiquitinates a number of mitochondrial membrane proteins, resulting in selective mitophagy. Consistent with this finding, excessive mitochondrial damage has been linked to Parkinson's disease [58]. Thus, this type of Parkinson's disease can be caused by the accumulation of mitochondrial damage. However, Parkin is also reported to mediate other biological processes, including translocation of some mitochondrial outer membrane proteins to the endoplasmic reticulum to escape autophagic degradation [59]. Furthermore, other studies have shown that Parkin also mediates proteasome-dependent degradation of outer membrane proteins of depolarized mitochondria, although it is controversial whether this process is required for mitophagy [60-62], these findings suggest that an autophagic defect may not be the only factor contributing to the pathogenesis of PINK1/Parkin-related Parkinson's disease. It would also be important to know whether PINK1/Parkin-mediated mitophagy occurs under physiological conditions, because most previous studies were performed in cells overexpressing Parkin, and PINK1/Parkin knockout mice failed to faithfully recapitulate Parkinson's disease in humans [63-65].

Lysosomal storage disorders

Lysosomal storage disorders (LSDs), characterized by progressive accumulation of undigested macromolecules within the cell, are a family of disorders caused by inherited gene mutations that perturb lysosomal homeostasis. As lysosomes also play an important role in the autophagy pathway by fusing with autophagosomes and degrading autophagic cargo, lysosomal dysfunction in LSDs impacts the autophagy pathway. In fact, in most LSDs, the lysosomal dysfunction is accompanied by impaired autophagic flux, resulting in defective autophagosome-lysosome fusion and secondary accumulation of autophagy substrates such as SQSTM1/p62, polyubiquitinated proteins, and damaged mitochondria [66]. In some sense then, LSDs can be regarded as "autophagy disorders". Some excellent reviews on the genetic basis of LSDs are available [11, 67, 68].

Cancer

An association between autophagy and cancer has long been proposed. The role of autophagy likely differs in different stages of cancer development; initially, autophagy probably has a preventive effect against cancer, but once a tumor develops, the cancer cells could utilize autophagy for their own cytoprotection [9, 69].

Monoallelic deletion of *BECN1* has been detected in human breast, ovarian, and prostate tumor specimens [70-73]. In particular, the aberrant expression of Beclin 1 (encoded by the human *BECN1* gene) in many kinds of tumor tissues correlates with poor prognosis [74-78]. Beclin 1, the mammalian orthologue of yeast Atg6/vacuolar protein sorting (Vps)-30, plays an essential role in autophagy. It interacts with the class III PtdIns 3-kinase, Vps34 (also known as PIK3C3 in mammals), to form the Beclin 1-Atg14-Vps34-Vps15 complex, which is important for the localization of downstream autophagic proteins to the autophagosome formation site to induce autophagy [73, 79]. Beclin 1 also has other important biological functions including roles in anti-apoptosis [80, 81] and endocytic trafficking [47, 82, 83].

A recent study in *C. elegans* identified EI24/PIG8, whose human homolog was reported to be mutated in breast cancers [84], as a critical factor of autophagic degradation [32]. However, it remains to be clarified whether EI24-mutated human breast cancer cells indeed show decreased autophagic activity. Furthermore, since EI24/PIG8 is also known as the proapoptotic factor [84, 85], this role may contribute to tumor suppression. Besides Beclin 1 and EI24, altered expression of several autophagy proteins such as ATG5 [86, 87], and UVRAG [88] are

reported to be associated with human cancers [7, 89].

Crohn's disease

Genome-wide association studies of non-synonymous SNPs have linked *ATG16L1* variants with susceptibility to Crohn's disease [90, 91], a major type of inflammatory bowel disease that can affect any part of the digestive tract from the mouth to the anus. The disease causes a wide variety of symptoms including abdominal pain, diarrhea, vomiting, and weight loss, as well as complications outside the gastrointestinal tract such as fatigue, skin rash, inflammation of the eye, anemia, arthritis, and lack of concentration [92].

Atg16L1, a core component of the autophagy machinery, forms a complex with Atg12-Atg5 to induce LC3 lipidation and is essential for autophagosome formation [93, 94]. Recent studies have shown that the interaction between Atg16L1 and FIP200 is important for the localization of the Atg12-Atg5-Atg16L1 complex to the autophagosome formation site or isolation membrane [95, 96]. The Atg16L1 protein possesses a C-terminal WD repeat domain, and the Crohn's disease-associated mutation (T300A, also known as Ala197Thr) is within or immediately upstream of this domain. However, it was shown that the Atg16L1 WD repeat domain is not essential for autophagic activity [96, 97]. Thus, it is important to clarify how the *ATG16L1* T300A mutation contributes to the pathogenesis of Crohn's disease in humans.

Investigations of mice carrying two distinct mutations that reduce or eliminate the expression of Atg16L1 have suggested potential links between *Atg16L1* mutations and Crohn's disease. It was shown that Atg16L1-deficient macrophages produced more of the inflammatory cytokines IL-1 β and IL-18 upon stimulation with lipopolysaccharides [98]. On the other hand, the *Atg16L1* hypomorph mice exhibited aberrant granule formation in Paneth cells, which play an important role in the innate immune response of the intestine [99]. Recently, Marchiondo *et al.* reported that Atg16L1 possesses an immunosuppressive role during intestinal bacterial infection [100].

Apart from Atg16L1, other autophagy-related proteins such as IRGM [101-103] and NOD2 [104-106] are reported to be associated with Crohn's disease in humans [107]. However, since these proteins also play roles in biological processes other than autophagy, it remains unclear whether they relate to Crohn's disease via autophagy modulation.

Conclusion and future prospects

In this article, we have summarized recent findings on

the relationship between autophagy and human diseases. It is expected that new efficient technologies such as exome sequencing will help to identify more autophagy-related diseases over the next few years. Given that autophagy is associated with a plethora of human diseases, there are at least two important issues to address.

First, the development of pharmacological agents that modulate autophagy in these pathological conditions is critical; in fact, it has become a major priority in the field. Pharmacological approaches to activate or inhibit autophagy are also required because autophagy can play either a protective or destructive role in different diseases, even in different stages of the same diseases. Many drugs and compounds that modulate autophagy are currently receiving considerable attention [11, 89, 108]. These include, for example, autophagy inducers such as the mTORC1 inhibitor rapamycin [109] and its analogues (e.g., CCI-779 [109], RAD001 [110, 111], and AP23573 [112]), mTOR kinase inhibitors (e.g., Torin 1 [113], and PP242 [114]), trehalose [115, 116], carbamazepine [117], and the newly identified autophagy-inducing peptide Tat-beclin 1 [118]; autophagy inhibitors such as chloroquine [119, 120] and hydroxychloroquine [121], Lys05 [122], 3-methyladenine [123] and its derivatives [124], PIK3C3 inhibitors [125], ATG4B inhibitors [126, 127], and ATG7 inhibitors [128, 129]. Autophagy-modulating drugs that are currently used in clinical trials are summarized in Table 2. An improved understanding of how autophagy defects contribute to the pathogenesis of human diseases and the development of other more specific and less toxic compounds will benefit many more patients.

Second, and perhaps a more challenging issue, is the monitoring of autophagic activity in humans, in tissue samples at the least, but preferably in blood samples. In particular, it is more important to measure autophagic flux than autophagosome number. To date, however, measurement of autophagic flux in paraffin-embedded tissue samples has been unsuccessful, and the simple detection of endogenous LC3-II, a commonly used marker for autophagosomes, has proved problematic in tissue sections. The appearance of more LC3-positive puncta (which may represent autophagosomes) does not necessarily indicate higher autophagic activity in the tissue. Autophagosomes can accumulate due to the induction of autophagy or due to blocking of a late step of the autophagy pathway, including impaired autophagosome-lysosome fusion and compromised lysosomal activity [130]. This is a frequent occurrence in human diseases and even during the normal aging process. It should also be remembered that LC3 can be incorporated into protein aggregates independently of autophagy [131]. To help overcome these problems, it may be beneficial to com-

Table 2 Autophagy-modulating compounds in clinical trials

Drug	Autophagy target	Disease	Intervention	ClinicalTrials.gov Identifier	Phase
Chloroquine	Lysosomal inhibitor	Stage IV small cell lung cancer	Chloroquine	NCT00969306	Phase 1
Chloroquine	Lysosomal inhibitor	Ductal carcinoma <i>in situ</i> [142]	Chloroquine	NCT01023477	Phase 1/2
Chloroquine	Lysosomal inhibitor	Relapsed and refractory multiple myeloma	Chloroquine combined with cyclophosphamide and velcade	NCT01438177	Phase 2
Chloroquine	Lysosomal inhibitor	Brain metastases from solid tumors [143]	Chloroquine plus whole-brain irradiation	NCT01894633	Phase 2
Hydrochloroquine	Lysosomal inhibitor	Breast cancer	Hydrochloroquine	NCT01292408	Phase 2
Hydroxychloroquine	Lysosomal inhibitor	Primary renal cell carcinoma	Hydroxychloroquine	NCT01144169	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Previously treated renal cell carcinoma	Hydroxychloroquine combined with mTOR inhibitor RAD001	NCT01510119	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Pancreatic cancer	Hydroxychloroquine combined with gemcitabine	NCT01506973	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Stage IIb or III adenocarcinoma of the pancreas	Hydroxychloroquine combined with gemcitabine	NCT01128296	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Non-small cell lung cancer	Hydroxychloroquine combined with carboplatin, paclitaxel, and bevacizumab	NCT00933803	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Recurrent advanced non-small cell lung cancer	Hydroxychloroquine combined with carboplatin, paclitaxel, and bevacizumab	NCT00728845	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Advanced/recurrent non-small cell lung cancer	Hydroxychloroquine combined with paclitaxel, carboplatin, and bevacizumab	NCT01649947	Phase 2
Hydroxychloroquine	Lysosomal inhibitor	Metastatic breast cancer	Hydroxychloroquine combined with ixabepilone	NCT00765765	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Colorectal cancer	Hydroxychloroquine combined with oxaliplatin, leucovorin, 5-fluorouracil, and bevacizumab	NCT01206530	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Metastatic colorectal cancer	Hydroxychloroquine combined with capecitabine, oxaliplatin, and bevacizumab	NCT01006369	Phase 2
Hydroxychloroquine	Lysosomal inhibitor	Unspecified adult solid tumor	Hydroxychloroquine combined with temsirolimus	NCT00909831	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Unspecified adult solid tumor	Hydroxychloroquine combined with sunitinib	NCT00813423	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Refractory or relapsed solid tumors	Hydroxychloroquine combined with sorafenib	NCT01634893	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Malignant solid tumor	Hydroxychloroquine combined with vorinostat	NCT01023737	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Advanced solid tumors or prostate or kidney cancer	Hydroxychloroquine combined with Akt inhibitor MK2206	NCT01480154	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Castrate refractory prostate cancer	Hydroxychloroquine combined with ABT-263 or abiraterone	NCT01828476	Phase 2
Hydroxychloroquine	Lysosomal inhibitor	Metastatic prostate cancer	Hydroxychloroquine combined with docetaxel	NCT00786682	Phase 2
Hydroxychloroquine	Lysosomal inhibitor	Advanced cancers	Hydroxychloroquine combined with sirolimus or vorinostat	NCT01266057	Phase 1
Hydroxychloroquine	Lysosomal inhibitor	Relapsed or refractory multiple myeloma	Hydroxychloroquine combined with bortezomib	NCT00568880	Phase 1/2
Hydroxychloroquine	Lysosomal inhibitor	Lymphangi leiomyomatosis	Hydroxychloroquine combined with sirolimus	NCT01687179	Phase 1
Carbamazepine	Autophagy inducer	α 1-antitrypsin deficiency liver cirrhosis [117]	Carbamazepine	NCT01379469	Phase 2
Lithium carbonate	Autophagy inducer	Amyotrophic lateral sclerosis [144]	Lithium carbonate	NCT00790582	Phase 2
Trehalose	Autophagy inducer	Vascular aging [116]	Low-dose and high-dose trehalose	NCT01575288	N/A

Source: The clinical trial information was queried from ClinicalTrials.gov website (<http://clinicaltrials.gov/>).

bine immunohistochemical assays of other autophagy-related marker proteins such as ATG5 and Beclin 1 to detect autophagy in clinical tissue samples.

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