

Interplay between primary cilia, ubiquitin-proteasome system and autophagy

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28 Abstract

Cilia are microtubule-based organelles located at the cell surface of many eukaryotic cell types.

Cilia control different cellular functions ranging from motility (for motile cilia) to signal transduction pathways (for primary cilia). A variety of signaling pathways are coordinated by this organelle during development, cell migration and cell differentiation. Interestingly, aberrant ciliogenesis or altered cilium signaling has been associated with human diseases, notably in cancer. Disruption of cilia through mutation of genes encoding cilia proteins has been also linked to multiple human disorders referred as ciliopathies. Recent studies highlight the interplay between cilia and proteostasis. Here we review findings regarding the crosstalk between cilia and two proteolytic systems, the ubiquitin proteasome system and the autophagy-lysosomal system and discuss the potential implications in human disease including ciliopathies.

1. Cilia: from structure to function

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Cilia are tiny cellular membrane protrusions that emanate from the surface of different cell types. 44 The cilia are composed of a microtubule-based core structure (the axoneme) which nucleates from a basal body (BB) that is derived from one centriole of the centrosome (the older one for 46 primary cilia) [1,2]. The axoneme is separated from the rest of the intracellular compartments by 47 the transition zone (TZ) which is a ciliary subdomain highly organized with a molecular structure resembling that of the nuclear pore. It functions as a ciliary gate that strictly controls the 49 50 molecular composition of the ciliary compartment. Conventionally, cilia are classified as motile 51 and non-motile according to their microtubule pattern and associated motility in the organism. Motile cilium (MC) is formed by an axoneme of 9 outer microtubule doublets and 2 single 52 central microtubules whereas the primary cilium (PC), a solitary non-motile cilium, lacks the 2 54 single central microtubules and dynein (molecular motors) arms, needed for motility. Cilia are 55 very dynamic organelles since cilia formation and disassembly occur in synchrony with the cell 56 cycle. Ciliogenesis takes place in quiescent cells when cell enter the G0 phase whereas cilia are disassembled as cell progress towards S phase. Due to the fact that no protein synthesis occurs in 57 cilia, cilia growth is maintained by specific bidirectional trafficking system, coordinated by the 58 59 IFT proteins (Intraflagellar Transport). More specifically, two well conserved IFT protein machineries are known to traffic along the polarized microtubules of the axoneme, through the 60 action of two motor protein families (kinesins and dyneins) termed IFT-A (Retrograde) and IFT-61 B (Anterograde) with tip-to-base and base-to-tip cargo direction, respectively. Maintenance of 62 the cilia also depends on the Bardet-Biedl syndrome (BBsome) proteins complex (consisting of 63 eight BBS proteins) which recognize ciliary targeting sequence on specific proteins (for example RVxP (where x is any amino acid) in the N- terminus of polycystin-2 ciliary protein) that need to be targeted to the cilium. Readers can refer to excellent reviews for more detailed information on the regulation of the dynamic process of the cilia formation and disassembly [3]. 67

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MC is a beating organelle which generates fluid flow on the surface of epithelial cells lining the airways and the reproductive tract as well as of the ependyma. Motility of the MC in these epithelial cells is essential for mucociliary clearance and ependymal flow. PC is a sensory non-motile organelle that clusters receptors and signaling molecules and thus PC is recognized as signaling hubs. The ciliary membrane is enriched in signaling receptors such as components of the Hedgehog (Hh) pathway [4], Wnt signaling pathway [5], PDGF alpha receptors and calcium

channels among others [6]. The unique localization of the PC allows the activation of these pathways in response to extracellular changes. PC is therefore an organelle critical for vertebrate 77 development, tissue homeostasis, cell migration and differentiation, cell cycle and apoptosis. The 78 importance of cilia in pathophysiology is highlighted by the presence of a group of diseases known as ciliopathies (human disorders associated to abnormalities of cilia structure or/and 80 81 function). Ciliopathies can affect many organs (including brain, eyes, liver, kidney, skeleton and limbs) with phenotypically variable and overlapping disease manifestations. Despite the fact that more than 50 genes have been linked to ciliopathies, much less is known about the specific 83 84 molecular mechanisms which could explain the phenotypic characterization of this broad range 85 of disorders. These genes encode for proteins mainly localized at the axoneme or at the transition 86 zone. For example, polycystic kidney disease (PKD), such as autosomal dominant polycystic kidney disease (ADPKD), results from mutations in genes (PKD1 and PKD2) encoding ciliary 88 associated mechanosensitive calcium channels (polycystins proteins). We can cite also the Meckel-Gruber syndrome (MKS) or Bardet-Biedl syndrome (BBS) which are characterized by 89 90 mutations affecting genes (at least 13 genes for MKS: B9D1, B9D2, CC2D2A, CEP290, MKS1, RPGRIP1L, TCTN2, TCTN3, TMEM67, TMEM107, TMEM216, TMEM231, TMEM237 genes and more than 20 for BBS: BBS1, BBS2, ARL6 (BBS3), BBS4, BBS5, MKKS (BBS6), BBS7, TTC8 (BBS8), BBS9, BBS10, TRIM32 (BBS11), BBS12,MKS1 (BBS13), CEP290 (BBS14), 93 94 WDPCP (BBS15), SDCCAG8 (BBS16), LZTFL1 (BBS17), BBIP1 (BBS18), IFT27 (BBS19), IFT72 (BBS20), and C8ORF37(BBS21)) coding for proteins associated with the transition zone or with the BBSome. Finally, cilium is not only associated to monogenic inherited disorders but 96 also to many complex human diseases such as chronic obstructive pulmonary disease (COPD) or 97 cancer. Significant cilia shortening is observed in COPD patients which leads to an impairment of mucociliary clearance interfering with the protection of airways from infection. The relation 100 between cilia and cancer seems to be more complex. Indeed, oncogenic signaling pathways (such 101 as Hh pathway) have been shown to be mediated by PC whereas cilia are also known to be lost in some types of cancer. 102

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104 2. Ubiquitin-Proteasome System (UPS)

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Two main intracellular protein degradation systems exist in vertebrates, the Ubiquitin-107 Proteasome System (UPS) and the autophagic-lysosomal pathway. Along with machineries 108 involved in protein biogenesis, folding and trafficking, these two proteolytic systems play an 109 important role in proteostasis [7,8]. Proteostasis is a crucial cellular homeostatic process that allows cells to regulate protein general abundance according to functional need but also to recognize and remove damaged protein. Thus, proteostasis imbalance leads to the accumulation of misfolded proteins or excessive protein degradation and is associated, directly or indirectly, with many human diseases such as Alzheimer, Parkinson and Prion diseases.

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115 The UPS starts with the ubiquitylation of target proteins. Ubiquitin is a small (8 kDa) and highly conserved protein and expressed in all eukaryotic cells. The C-terminal glycine of this protein can be covalently attached to lysine residues of substrate proteins, which is the process by which 117 118 target proteins are tagged for degradation. This post-translational modification involves the 119 hierarchical action of three general families of ubiquitin enzymes. An E1 (Ub-activating) enzyme 120 must first activate ubiquitin (Ub). Then, the activated Ub is transferred to E2 (Ub-conjugating) and E3 (Ub Ligase) enzyme which transfer it to the target protein. The E3 Ub ligase dictates 122 substrate specificity. Conversely, ubiquitin tags can be removed from protein substrates by deubiquitinases (DUBs). The human genome encodes two E1s, more than 30 E2 enzymes, 123 nearly 600 E3s and 100 DUBs. There are several types of ubiquitination: fixation of one Ub protein on one lysine residue of the protein substrate (monoubiquitylation, monoUb), fixation of 125 one Ub on several lysines of the same substrate (multi-monoubiquitylation, multimonoUb) and 126 fixation of multiple Ub chains (polyubiquitylation, polyUb) on the same lysine residue [9,10]. 127 Since ubiquitin itself contains seven lysines residues (K6, K11, K27, K29, K33, K48 and K63) 128 that can be targeted in recurrent rounds of enzymatic cascade, a great variety of distinct 129 polyubiquitylations can be generated. These different types of ubiquitination are associated with 130 131 distinct cellular mechanisms including endosomal pathway (for MultimonoUb or polyUb K63), 132 post-Golgi trafficking (for polyUb K33), NF-kB signaling (for polyUb K63), proteasomal degradation (for polyUb K48, K11 and K29) and autophagic degradation (see dedicated section 133 for details on autophagic pathway). For example, K48-linked polyubiquitins have been shown to be mainly destined for proteasomal degradation whereas nondegrading K63-linked polyubiquitin 135 or mono and multi-monoubiquitylation are mostly associated with endo-lysosomal trafficking 136 137 and signal transduction regulation. To achieve its cellular function, the Ub tag added on a substrate needs to be properly decoded by the eukaryotic cells. This step is completed through 138 ubiquitin receptors which possess one or more Ub-binding domains (UBDs)[11]. For example, 139 Rpn10 (Proteasome Regulatory Subunit 10), which belongs to the 19S regulatory subunits of the 141 proteasome, is known to possess ubiquitin-binding domains and function as receptor for 142 ubiquitinated substrates destined for proteasomal degradation. Once target proteins are 143 recognized, proteins are then degraded thanks to the macromolecular protease activity of the 26S

144 proteasome, a large multi-protein complex of about 1700 kDa which consists of a 20S catalytic 145 subunit (also called core particle, CP), flanked by two 19S regulatory subunits (also called 146 regulatory particle, RP)[12]. It is important to notice that proteasome is not only required for degradation of cytosolic protein but also membrane bound proteins. For example, newly synthesized misfolded membrane proteins are known to be recognized by specific UPS system 148 called ERAD (for ER-associated degradation)[13]. These proteins are ubiquitinated, 149 retrotranslocated/dislocated from ER and degraded by the proteasome. Since UPS is a 150 151 fundamental cellular process involved in proteostasis, the regulation of its dedicated molecular 152 machinery and activity are tightly controlled. First, different factors induce the expression of 153 genes encoding enzymes (involved in different steps of ubiquitylation) or structural proteasomal 154 components. Second, another layer of regulation is added by different kinds of posttranslational modifications (such as ubiquitination, phosphorylation) of proteasomal subunits regulating the 156 assembly, the degradative capacity but also the localization of 26S proteasomes. Finally, proteasomal activity has been shown to be compromised in age related-human diseases. For 157 158 example, this defect leads to an accumulation of aberrant proteins such as the tau protein in tauopathy. Here, after reviewing the interplay between cilia and UPS, we will discuss the 159 potential implications of this relationship in ciliopathies.

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163 3.Crosstalk between Cilia and UPS

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The first piece of evidence showing the interplay between cilia and UPS came from proteomic 165 analysis of cilia (figure 1) [14] [15]. In these studies, authors have identified several UPS 166 proteins associated with cilia proteome. Among them, E1 activating enzymes (including UBA1, 167 UBA6), Ub E3 ligase (such as MYCBP2 and NEDD4L) and chaperones involved in Ub 168 signaling quality control (such as VCP (also known as p97)). Interestingly, functional analyses 169 through genome-wide RNAi screens have also been performed and lead to propose that UPS-170 171 mediated protein degradation is crucial for regulating cilia formation and disassembly [16,17]. Thus, these studies have identified several UPS components as positive or negative regulators of 172 ciliogenesis. Most of them were validated by complementary and dedicated studies [18–20]. For 173 example, UBR5, an E3 ubiquitin ligase frequently misregulated in tumors, is known to ubiquitylate a centrosomal protein called CSPP1 (Centrosome And Spindle Pole Associated 175 Protein 1) required for cilia formation [21]. Others E3 ligase such as SCF (Skp1-Cul1-F box 176 protein), FBW7, Mib1 (Mindbomb1), KCTD17 and KCTD10 were all also identified to regulate

178 the stability of different centrosomal proteins (CP110, NDE1, Talpid3, Trichoplein, CEP97 respectively) which is crucial for ciliary axoneme extension [22-24][25]. Others UPS 179 180 components including DUBs were also identified as a positive regulator of ciliogenesis. The 181 deubiquitylation of Cep70 by the tumor suppressor CYLD (cylindromatosis) favors the cilia assembly [26]. It is important to highlight that UPS consequences on ciliogenesis is not restricted 182 to primary cilia since the DUB activity of CYLD has been shown to contribute to the assembly of 183 both primary and motile cilia in multiple organs [26]. Others ubiquitin-like proteins such as E2 184 SUMO-conjugating enzyme called UBE2I/UBC-9 have also been shown to be a regulator of 185 186 ciliogenesis in mammalian cells [16]. UBE1/UBC9 sumoylates a small GTPase ARL-13 and this 187 sumoylation is required for the ciliary entry of polycystin-2, the protein mutated in autosomal 188 dominant polycystic kidney disease [27]. Others studies are needed to better investigate the 189 interplay between ubiquitin-like proteins and cilia. One should also better clarify whether cilia 190 homeostasis is also interconnected with other aspects of proteostasis including UPR (Unfolded Protein Response) and proteasome-dependent ERAD (ER-associated degradation system) 191 pathways. During ERAD, as mentioned before, misfolded proteins are recognized and ubiquitinated at ER surface and subsequently retro-translocated/dislocated from ER to the 26S 193 proteasome in the cytosol for proteolytic elimination. Interestingly, polycystin-2 (PC2), a ciliary 195 calcium channel which is mutated in autosomal dominant polycystic kidney disease (ADPKD) 196 has been shown to be degraded by ERAD [28] thus highlighting that UPS not only regulate 197 ciliogenesis but also primary cilia dependent-signal transduction pathways. The interplay between UPS and cilia homeostasis is not restricted to the effect of UPS on 198 ciliogenesis: this relationship being indeed bilateral (figure 1). Different ciliary proteins 199 (including BBS4, OFD1 and RPGRIP1L) have been shown to directly interact with different 200 proteasomal components (such as RPT6 from the 19S subunit) leading to a reduction of 201 proteasomal activity [29,30]. The presence of specific cilia-(or centrosomal)-associated 202 proteasomal activity regulated by ciliary proteins was even suggested [31,32]. However, it is still 203 unclear whether cilia are able to relocalize the proteasome complex itself at basal body since a 204 205 subpopulation of proteasomes, with different subunits composition, possibly exists at the ciliary base. Finally and more interestingly, reduction of UPS activity has been observed in mouse 206 models of ciliopathies. For example, Gerhardt and co-authors have highlighted a specific 207 disruption of proteasomal activity in mouse embryos invalidated for the gene Rpgrip11 encoding 208 the RPGRIP1L proteins which is mutated in different ciliopathies including the Joubert 209 Syndrome [33]. The most intriguing question that remains to be answered is to what extend this 210 211 UPS deregulation corresponds to the effect of ciliary protein on UPS. Knowing the fact that this

proteasomal activity disruption seems to occur specifically and exclusively at the ciliary base [33], targeting proteasome appears to be an attractive therapeutic strategy to cure human ciliary disorders.

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216 3. Autophagy pathway

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Autophagy is a lysosomal degradation and recycling pathway that controls the quality and 218 219 quantity of cytoplasmic material [34,35]. Autophagy mobilizes nutrient stores such as glycogen, 220 lipid droplets, proteins and organelles and provide nutrients, essential amino acids, fatty acids, glucose allowing cell survival during starvation. It is now widely accepted that autophagy plays 221 222 crucial roles in cellular and tissue homeostasis as well as metabolism, development, and, through pathogen clearance, immunity. Dysfunctional autophagy, defective or excessive, has been 224 associated to human pathologies ranging from neurodegenerative diseases to cancer and infectious diseases. Growing list of mutations in genes encoding the autophagy-related 225 proteins (ATG) was also identified in various human diseases. In translational terms, autophagy is now recognized as an attractive target for the development of new treatments for human 227 diseases. To this date, three major types of autophagy have been described in mammals: 228 chaperone-mediated autophagy, microautophagy and macroautophagy. During chaperone-229 mediated autophagy, a subset of cytosolic proteins with KFERQ motifs are recognized by the 230 Hsc70 chaperone and degraded selectively in lysosome. In the case of microautophagy, the cytoplasmic content is directly engulfed by the lysosome by the invagination of the lysosomal 232 membrane itself. The process of macroautophagy (hereafter referred simply to as "autophagy") 233 requires the formation of a double-membrane vacuole called the autophagosome that sequesters 234 235 proteins and other cytoplasmic components to be delivered into the lysosome (figure 2). Autophagosome biogenesis is mostly orchestrated by autophagy-related proteins (ATGs) and 236 initiated by a complex that is composed of the kinase ULK1/2 and ATG13, FIP200, and 237 ATG101. The activity of this complex is under the control of the mTOR complex 1 (MTORC1), 238 which integrates a variety of signals such as amino acids, glucose, and growth factors. The subsequent step of autophagosome formation relies on VPS34/PIK3C3, a class III 240 phosphatidylinositol kinase responsible for phosphatidylinositol-3-phosphate (PI3P) synthesis, 241 which forms a complex with ATG14L, Beclin1, VPS15, and then with the subsequent, and PI3Pdependent, ATG12—ATG5-ATG16L1 complex. This complex allows the lipidation of LC3-I 243 (ATG8) to form LC3-II which favors maturation of the autophagosome. Finally, fully formed 244 autophagosome will fuse with a lysosome (autolysosome step) to allow the proper breakdown

and recycling of the engulfed cargoes by specific lysosomal enzymes. Several trafficking 246 247 regulators, including Rab small GTPases, SNAREs, and VPS proteins have been shown to be 248 crucial for the last stage of autophagosome maturation for fusion with lysosome. (figure 2).

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Autophagy takes place at basal levels in all eukaryotic cells. However, autophagy is mostly a stress-response catabolic process that is induced by many different physiological stimuli (among which nutrient starvation, growth factor withdrawal, drug treatment, radiotherapy, oxidative and mechanical stress) and pathophysiological situations. Although in general autophagy is a bulk process, it can also be highly selective. Selective autophagic responses are named according to the type of cellular material targeted: aggregated proteins (aggrephagy), mitochondria (mitophagy), peroxisomes (pexophagy), lipid droplets (lipophagy), ribosomes (ribophagy), endoplasmic reticulum (reticulophagy), lysosomes (lysophagy), glycogen (glycophagy), intracellular pathogens (xenophagy) or proteasome components (proteaphagy). Many efforts have been made in understanding certain aspects of selective autophagy especially how cargo(es) is (are) sequestered into autophagosome. Two different cellular pathways (ubiquitin-independent and ubiquitin-dependent) have been shown to recognize signals on cargoes to deliver them into the autophagosome [36]. The ubiquitin independent pathway requires receptors (including NIX for mitophagy or FAM134B for reticulophagy) that bind directly certain substrates and target them for autophagic degradation by interacting with LC3. The ubiquitin dependent pathway involves adaptor proteins (such as p62/SQSTM1, NBR1 or NPD52) which also recognize LC3 and cargoes, however, its ubiquitination is required for its own recognition. As mentioned before, ubiquitination is therefore not only important for substrate degradation by proteasome but also for selective autophagy. The precise mechanism that governs the choice between these two proteolytic systems is still unclear. The lysine residue position, as well as the length and nature of ubiquitin chains have been suggested to be required to pathway selection. Indeed, K48-linked chains lead to proteasomal degradation of the substrates while K63-linked chains or phosphorylated ubiquitin are likely more involved in xenophagy and mitophagy respectively.

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276 Before reviewing data on the interplay between cilia and autophagy, it is important to underlie 277 that autophagy and UPS pathways are tightly interconnected [37]. As mentioned before, autophagy directly regulates UPS by degrading the proteasome through a selective autophagy 279 called proteaphagy. However, the relation between UPS, which is the primary proteolytic pathway for short-lived proteins, and autophagy, more dedicated to the long-lived ones, is not restricted to the effect of autophagy on the regulation of proteasomal degradation. Upon proteasome impairment, autophagy is well known to be able to compensate the reduced cellular proteasomal degradative capacity [38]. Apart from this compensatory function of autophagy, both systems are interconnected by influencing each other through the degradation of key components. This is for example the case of several E3 ligases which control the proteasomal degradation of various autophagy effectors such as ULK1.

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288 4. Crosstalk between Cilia and Autophagy

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290 The crosstalk between cilia and proteolytic systems is not restricted to UPS (figure 1). In fact, since 2013 several studies including ours have highlighted the existence of a specific interplay 291 292 between primary cilia and autophagy (see previously published contributions [39] [40,41][42]). Here we will summarize and update this research area. Work by Tang and colleagues show that 293 294 the autophagic degradation of the centriolar satellite protein oral-facial-digital syndrome 1 (OFD1) is necessary for the serum starvation-induced ciliogenesis in mouse embryonic 295 fibroblasts (MEFs)[43]. Accordingly, both ciliogenesis and degradation of OFD1 induced by 296 serum deprivation are partially inhibited in Atg5^{-/-} MEFs. Indeed, these cells show a lower 297 percentage of ciliated cells and a diminished cilia length. Importantly, the knockdown of OFD1 298 in autophagy-deficient cells restores the serum deprivation-induced ciliogenesis and cilia length, 299 suggesting that the autophagic degradation of OFD1 is necessary for starvation-induced 300 301 ciliogenesis [43]. At the same time, Pampliega and colleagues demonstrated a close interaction between PC-dependent signaling pathways, ciliogenesis and autophagy [44]. The authors used 303 two cellular models of impaired ciliogenesis: the knockdown of the ciliary IFT20 protein in MEFs and mouse kidney epithelial cells (KECs) with a hypomorphic mutation of IFT88. In these models, both autophagic maturation and PC formation are significantly reduced in conditions of 305 serum starvation suggesting that compromised ciliogenesis impairs autophagy induction 306 307 following serum withdrawal. Interestingly, they show that the Hh signaling pathway is necessary for the up-regulation of PC-dependent autophagy following serum withdrawal since the 308 pharmacological or genetic activation of the Hh pathway induces autophagy in wild type MEFs 309 but not in IFT20(-) MEFs or IFT88-/- KECs [44]. This work also shows that autophagyassociated ATG16L1 protein re-localizes at the basal body of the primary cilium after serum 311 starvation or when ciliary Hh signaling is increased. Interestingly, this protein seems to be 313 associated with IFT20, participating in the proper trafficking of the latter from the Golgi to the

314 base of the PC in conditions of ciliogenesis. This study also demonstrates that IFT20 is degraded by basal autophagy, thus maintaining ciliogenesis to a minimum in nutrient rich conditions. 316 Accordingly, in autophagy-deficient Atg5-/- MEFs the protein IFT20 is accumulated, thus promoting ciliogenesis and cilia growth [44]. Recently, it has been shown that the crosstalk between PC and autophagy involves the mTOR 318 pathway and the ubiquitin-proteasome system [45]. In this work, Wang and colleagues, using 319 epithelial kidney HK2 cells in which IFT88 was knocked down, and C13 cells (epithelial kidney 320 321 cells with short cilia), demonstrated that both basal and starvation-induced autophagy are reduced 322 in both paradigms of cilia-deficient cells. Interestingly, these cells show higher activation of the 323 mTOR pathway and treatment with rapamycin restores autophagy in both cell types suggesting 324 that the PC depletion inhibits autophagy through the activation of the mTOR signaling pathway [45]. In addition, autophagy induction significantly increases cilium length, while its inhibition 325 reduces cilia length and frequency in IFT88-KD and Atg7-/- kidney proximal tubular cells, 326 respectively. Interestingly, the pharmacological inhibition of proteasomal activity reverses the 327 328 shortening of cilia in autophagy deficient cells, suggesting that the autophagy's inhibition promotes proteasomal degradation of an unknown protein that is necessary for ciliogenesis [45]. 329 Altogether, these results suggest that a PC of "normal length" is necessary for basal and 330 starvation-induced autophagy and, conversely, autophagy is required for ciliogenesis and cilia 331 length maintenance. On the other hand, it is known that the PC acts as a flow sensor that 332 regulates kidney epithelial cell size through the liver kinase B1 (LKB1)-AMPK-mTOR pathway 333 [46]. Interestingly, we have shown that physiological fluid flow induces autophagy and decreases 334 cell volume in a cilium-dependent manner, suggesting that the PC is required for fluid flow-335 induced autophagy [47]. Unlike PC-induced autophagy following serum withdrawal, Hedgehog 336 337 signaling pathway is not involved in this setting. So far, this flow-induced autophagy is characterized by the recruitment of ATG16L1 to the basal body of the PC as previously 338 demonstrated by Pampliega and colleagues. These results suggest that ATG16L1 translocation 339 might be one of the hallmarks of PC-dependent autophagy. Additionally, we evaluated the role of 340 341 the PC in vivo in the regulation of autophagy and cell size in kidney epithelial cells. The specific depletion of Kif3a in tubular cells in mice impairs ciliogenesis, reduces autophagy, and enlarges 342 tubular epithelial cells compared with control mice. Altogether, these results indicate that the PC-343 dependent flow-induced autophagy is required for the control of cell size in vitro and in vivo 344 345 [47]. Recently, Park and colleagues studied the role of autophagy and cilia in the development of focal malformations of cortical development (FMCDs) which are a group of cortical 346 347 abnormalities associated with epilepsy, intellectual disability and developmental delay. These

authors demonstrated that brain somatic activating mutations of mTOR decrease neuronal 348 349 ciliogenesis due to impaired autophagy and the consequent accumulation of the protein OFD1 [48]. Interestingly, the mouse model of the brain somatic mutation of mTOR (p.Cys1483Tyr) 350 exhibits the same phenotype found in FMCDs patients such as cortical dyslamination, seizures, 351 cytomegalic neurons and decreased ciliogenesis which can be rescued by rapamycin treatment or 352 353 OFD1 knockdown. Altogether these results suggest that the accumulation of OFD1 induced by defective autophagy is responsible for reduced neuronal ciliogenesis. These results were 354 355 confirmed through the analysis of brain tissues from FMCDs patients which exhibit lower 356 percentage of ciliated neurons, decreased autophagy, and accumulation of OFD1 protein [48]. To 357 date, most of recent data focus on the post-translational mechanisms that control the crosstalk 358 between the PC and autophagy. However, the work of Liu and collaborators delve in the transcriptional control of the PC-autophagy interplay [49]. They indeed show that ciliogenesis is 359 360 reciprocally controlled by PPARA (peroxisome proliferator activated receptor alpha) and 361 NR1H4/FXR (nuclear receptor subfamily 1, group H, member 4). Specifically, pharmacological activation of PPARA promotes ciliogenesis, induces expression of autophagic genes, and activates autophagy in mammalian cells. Interestingly, ciliogenesis requires PPARA-mediated 363 activation of autophagy since the rapamycin treatment prevents the impaired ciliogenesis in 364 Pppara-/- MEFs, however knockdown of Atg7 in Pppara-/- MEFs abrogates the effect of rapamycin. On the contrary, pharmacological activation of NR1H4 negatively regulates autophagy and ciliogenesis and, conversely, siRNA-mediated knockdown of NR1H4 induces 367 cilia formation and autophagy. Indeed, activation of NR1H4 inhibits the PPARA-dependent 368 369 ciliogenesis suggesting that ciliogenesis is reciprocally controlled by these two transcription 370 factors [49]. Finally, defective autophagic activity has been linked to different mouse model of ciliopathies 371 such as chronic obstructive pulmonary disease (COPD) or polycystic kidney disease (PKD) models. Thus, as mentioned before for UPS, we could wonder whether targeting autophagy is an 373 attractive target for the development of new treatments for human ciliary disorders. Along this 374 375 line, Lin and colleagues have recently demonstrated the beneficial effect of autophagy activation on preventing cystogenesis. In this study, authors have developed zebrafish model of 376 377 PKD and shown that activating autophagy using mTOR-dependent (rapamycin) or mTORindependent compounds (carbamazepine, minoxidil) reduces cystogenesis and restores renal 379 function [50]. However, other in vivo experiments are needed to study the therapeutic (versus the renal and non-renal toxicity [51,52]) effect of several autophagic activators in PKD 380 381 models.

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384 **5. Concluding remarks**

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Here we focused on the interplay between cilia and two proteolytic systems: autophagy and UPS. 386 Despite several reports that have identified bidirectional crosstalk between autophagy and the PC 387 or UPS and the PC, only a limited number of data have directly focused on the interplay between 388 autophagy, UPS and the PC in the control of cellular functions. It is known that cilium-dependent 389 390 signaling pathways are necessary for autophagy induction in some cellular models (such as 391 fibroblast and kidney epithelial cells), while both basal or starvation-induced autophagy regulate 392 ciliogenesis and the PC length through the degradation of specific proteins that acts as positive or 393 negative regulators of ciliogenesis. Despite exciting progresses in the understanding of the 394 interplay between autophagy and cilia, many questions remain to be answered: is this interplay 395 between autophagy and the PC also occurring in other cell types? Likewise, as the majority of the 396 published articles show the effect of autophagy on ciliogenesis, or vice versa, under serum deprivation conditions, could other stimuli that modulate the autophagic pathway also control 397 398 ciliogenesis or cilia length? On the other hand, are cilia associated structures and/or complexes 399 also interconnected with other aspects of proteostasis including protein folding and protein synthesis? Is there a relationship between cilia and other forms of autophagy such as chaperone-400 mediated autophagy or microautophagy? Thus, future research needs to focus on better 401 understanding the translational interplay that exists between autophagy, UPS and ciliogenesis in 402 403 order to identify therapeutic targets that, through the modulation of these processes, might represent effective treatments for different ciliopathies or non-communicable diseases associated 405 with cilia or proteostasis defects such as insulin resistance, type-2 diabetes, cancer, and neurodegenerative disorders. 406

409 Conflicts of Interests

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411 The authors declare that they have no conflict of interest.

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- 422 Figure Legends:
- Figure 1: Interplay between primary cilium (PC), ubiquitin proteasome system (UPS)
- 424 and autophagy.
- 425 UPS-PC relationship is bilateral: PC can modulate UPS activity whereas UPS components are
- 426 able to control cilia formation and disassembly via different proteins (such as RPGRIP1L,
- 427 Tricho and NDE1). Autophagy and PC are also interconnected: PC is a positive modulator of
- 428 autophagic pathway since compromised ciliogenesis impairs basal autophagy whereas induced
- 429 autophagy is required for ciliogenesis and cilia length maintenance. Interplay between
- autophagy and UPS pathways: autophagy directly regulates UPS by degrading the proteasomal
- machinery through a selective process called proteaphagy. Several keys proteins like OFD1,
- BBS1, HDAC6 and others modulate specifically this UPS and autophagy crosstalk. In addition,
- when the UPS is not efficient, autophagy can compensate the reduced proteasomal degradative
- capacity. The two systems can also influence each other through the degradation of mutual key
- 435 components.

- Figure 2: The Autophagic pathway.
- The autophagic pathway requires three different steps: 1) Initiation in which the cytosolic
- 439 substrates are sequestered within a double membrane vesicle called phagophore or pre-
- 440 autophagosome 2) Maturation that is characterized by the elongation and the closure of
- phagophore forming an «autophagosome» 3) Degradation that includes the fusion of

autophagosome-lysosome to form an autolysosome in which the cargo is degraded and recycled.

447 References

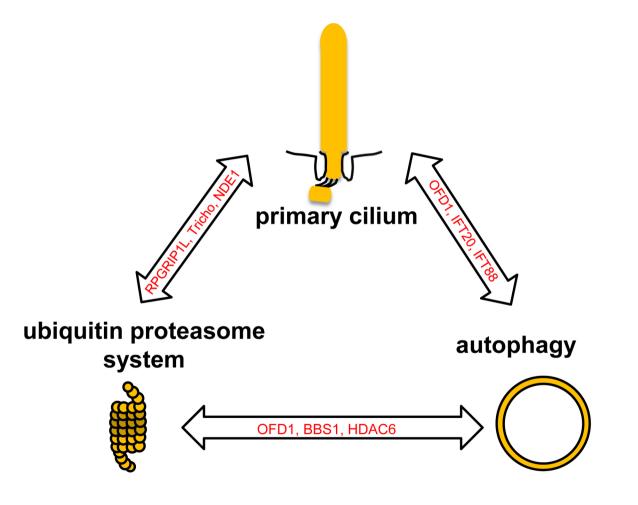
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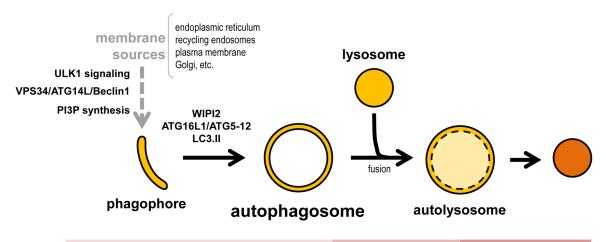
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INITIATION

MATURATION

DEGRADATION