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# **RIPK1** inhibition in malignant cells potentiates immunotherapy and radiotherapy outcome

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#### ABSTRACT

Apoptosis, necroptosis and pro-inflammatory NF-κB-dependent signaling are repressed by receptorinteracting serine/threonine-protein kinase 1 (RIPK1). A recent paper in *Immunity* describes a small molecule inducing the proteolytic degradation of RIPK1. In preclinical experiments, this RIPK1 inhibitor improved the anticancer efficacy of radiotherapy, immunotherapy (with PD-1 blockade) and radioimmunotherapy (with CTLA-4 blockade).

#### **ARTICLE HISTORY**

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#### Main text

In a recent study, Mannion J et al. investigated the role of receptor-interacting serine/threonine-protein kinase 1 (RIPK1) in cancer biology, highlighting its dual function as both a driver of cell survival and an orchestrator of immunogenic cell death (ICD).<sup>1</sup> This builds upon a growing body of literature emphasizing the importance of ICD in enhancing anticancer immune responses, a concept that is increasingly seen as central to optimizing cancer therapies, particularly in the context of overcoming resistance to immunotherapy and radiotherapy.

ICD represents a critical mechanism in cancer immunosurveillance, wherein stressed or dying cancer cells release damage-associated molecular patterns (DAMPs) that stimulate an effective antitumor immune response.<sup>2,3</sup> In this process, various signaling pathways, including those regulated by RIPK1, play crucial roles in determining whether a cell death event will be immunogenic, thereby influencing the ability of the immune system to recognize and eradicate cancer cells.

Mannion and colleagues extend these findings by focusing on the complex regulatory functions of RIPK1 in both cell death and survival, involving the NF- $\kappa$ B pathway, noting that cancer cells frequently exploit the scaffold function of RIPK1 to evade necroptosis, a form of regulated necrosis associated with robust immunogenicity.<sup>4</sup> By developing a small-molecule proteolysistargeting chimera (PROTAC) that selectively degrades RIPK1, they have identified a strategy to circumvent this cancer defense mechanism, triggering necroptosis and promoting ICD.

Their research reveals that degradation of RIPK1 not only sensitizes cancer cells to treatment-induced tumor necrosis factor (TNF) and interferons but also potentiates the immunostimulatory effects of radiotherapy, anti-PDCD1 (programmed cell death 1, best known as PD-1)-based immunotherapy, and anti-CTLA4-based radioimmunotherapy (**Figure 1**). This finding echoes previous reports showing that necroptotic cancer cells can enhance CD8<sup>+</sup> T cell crosspriming and elicit durable antitumor immunity.<sup>5,6</sup>

However, at least at first glance, the role or RIPK1 in modulating the immunogenicity of necroptosis appears controversial. A prior report suggested that RIPK1 activation is required for necroptosis to be immunogenic because knockout of the Ripk1 gene reduced the capacity of polyinosinicpolycytidylic acid (poly I:C)-treated cells (which undergo necroptosis) to induced immune responses against the model antigen ovalbumin and to elicit protective immune responses in vaccination experiments.<sup>5</sup> In sharp contrast, PROTACinduced degradation of RIP1K enhances the immunogenicity of cell death.<sup>4</sup> Future studies must investigate whether the knockout of the *Ripk1* gene and the PROTAC-induced degradation of RIPK1 protein have exactly the same cell biological consequences or whether one of the two methods for inhibiting RIPK1 may have off-target effects explaining these discrepant conclusions. Alternatively, the duration of RIPK1 inhibition might affect the system. Indeed, acute pharmacological removal of RIPK1 may have rather distinct effects than knockout of the gene, because the latter can lead to long-term adaptation of the cells, as this has been suggested by Mannion et al.<sup>4</sup>

The work by Mannion et al. aligns with emerging approaches aimed at exploiting immunogenic forms of cell death, such as necroptosis and ferroptosis, to boost

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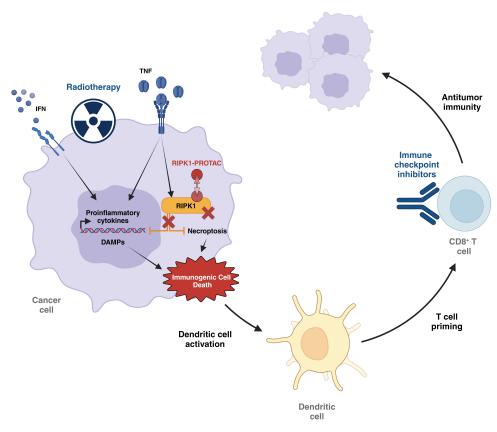


Figure 1. RIPK1-PROTAC improves the efficacy of radio- and immune-therapy. RIPK1 inhibits RIPK3/MLKL-triggered necroptosis and the production of proinflammatory factors. RIPK1-PROTAC degrades RIPK1 which sensitizes cancer cells treated by radiotherapy and/or immune checkpoint inhibitors (anti-PD-1, anti-CTLA-4) to immunogenic necroptotic cell death. The related emission/exposure of DAMPs accompanied by the secretion of inflammatory cytokines (e.g. chemokines, IFNs, TNFs) favor the recruitment and activation of dendritic cells and the subsequent priming of tumor-specific cytotoxic CD8<sup>+</sup> T cells. DAMP, damage-associated molecular pattern; IFN, interferon; PROTAC, proteolysis-targeting chimera; TNF, tumor-necrosis factor.

antitumor immune responses.<sup>7–9</sup> Along this way, Zhang J et al. recently described a synthetic compound named necrocide-1 (NC1). NC1 operates as an inducer of TNF-independent necrosis accompanied with the release of DAMPs, underscoring the therapeutic potential of pharma-cologically triggering necrotic cell death to enhance the immunogenicity of cancer cells.<sup>10</sup>

This work highlights not only the versatility of RIPK1 as a therapeutic target but also the far-reaching implications of RIPK1 degradation in driving lasting antitumor immunity. By disrupting cancer cells' reliance on RIPK1 for survival and immune modulation, the PROTAC approach amplifies the inflammatory cascade associated with DAMP release, enhances dendritic cell recruitment, and strengthens CD8<sup>+</sup> T cell priming, all of which are critical to effective antitumor responses. Mannion et al.'s findings provide a significant contribution to the field, bridging molecular targeting and immune modulation to potentiate current treatment modalities and present a promising pathway for translational cancer therapies that synergize with existing therapeutic frameworks. This could be transformative in clinical contexts where treatment-resistant malignancies necessitate innovative and multi-faceted therapeutic strategies.

#### **Disclosure statement**

J.G.P. is the inventor of patents covering the diagnosis, prognosis, and treatment of cancers, including patents licensed to Turnstone Biologics

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#### Data availability statement

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