

REVIEW

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Role of heme oxygenase-1 in tumor immune escape



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Abstract

The inducible enzyme heme oxygenase 1 (HO-1) plays a pivotal role in cell defense against different kind of stressors, from oxidative stress to hypoxia. For this reason, HO-1 overexpression has been correlated to cancer aggressiveness in different tumors, being one of the molecular mechanisms used by tumor cells to become resistant to therapies. In addition, HO-1 has a well-recognized role in restraining immune response and in maintaining tolerance. In this context, the possibility that HO-1 induction in immune cells can reduce immune response to cancer and impair cancer immune therapy becomes a hot topic in cancer research. In this review, the most recent evidence pointing out the role of HO-1 in generating a permissive tumor microenvironment has been discussed as well as the most promising therapeutic approaches to increase effectiveness of immune therapies.

Key Words

- ▶ HO-1
- ▶ cancer
- ▶ tumor microenvironment
- ▶ immune escape

Redox Experimental Medicine
(2023) **2023**, R1–R18



Introduction

The enzyme heme oxygenase (HO), described in two different isoforms (HO-1 and HO-2) in mammals, degrades heme group into biliverdin, carbon monoxide (CO), and free iron. The reaction is carried out in presence of molecular oxygen (O₂) and nicotinamide adenine dinucleotide phosphate (Maines 1988). HO-1 and HO-2 are codified by two different genes; HMOX-1 gene maps on the human chromosome 22q12.3 (Kutty *et al.* 1994), on a region of approximately 13,148 bp, containing five exons and four introns, and codifies for a 32 kD protein (Waza *et al.* 2018). HMOX-2 gene maps on the human chromosome 16p13.3 and encodes for two protein transcripts of 36 kDa. The degree of similarity between HO-1 and HO-2 is about 50% (McCoubrey & Maines 1994). While HO-2 is constitutively expressed in particular in brain and testis, HO-1 is expressed at very low levels under physiological conditions in the most cell types and upregulated (Waza *et al.* 2018) as part of stress response mechanisms (Keyse & Tyrrell 1989, Nitti *et al.* 2022, Sies

et al. 2022). Indeed, HO-1 is induced in response to various stressors (e.g. oxidative insults or iron overload) in order to maintain redox homeostasis preventing cell damage or transformation, and the products of its enzymatic activity exert the antioxidant and pro-surviving properties of HO-1. Indeed, biliverdin, together with bilirubin derived by the reduction carried out by biliverdin reductase, as well as CO are potent antioxidant and antiapoptotic molecules. Furthermore, the release of free iron is normally quenched by ferritin, which is synthesized in parallel with HO-1, or extruded by cells through ferroportin (Yanatori *et al.* 2020), thus preventing Fenton reaction and cell damage.

It is important to note that HO-1 is considered a key molecule in promoting immune tolerance and immune suppression, acting as major regulator of crosstalk between innate and adaptive immune response (Ozen *et al.* 2015). For instance, it has been well demonstrated that HO-1 induction protects cells and tissues from immunological destruction, promoting the generation of CD4⁺CD25⁺

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regulatory T cells in mouse models of transplantation (Yamashita *et al.* 2006).

One of the main effectors of the anti-inflammatory and immunomodulatory action of HO-1 is CO, as demonstrated in different experimental models in which CO administration mimics the effects of HO-1 induction. HO-1-derived CO increases interleukin-10 (IL-10) production from macrophage (Otterbein *et al.* 2000) and drives maturation and proliferation of T cells toward anti-inflammatory and immunosuppressive phenotype (Song *et al.* 2004). Moreover, HO-1 induction and CO generation act as a safeguard mechanism to prevent inappropriate T cell activation, as demonstrated in monocyte and in naïve CD4⁺ and CD8⁺ T cells (Burt *et al.* 2010). In addition, CO is able to inhibit APC maturation and induces Treg proliferation and expansion, ensuring a tolerogenic phenotype (Wegiel *et al.* 2013). Indeed, both in rats and in human, the overexpression of HO-1 increases the refractory of dendritic cells (DCs) to lipopolysaccharide (LPS)-induced maturation (Chauveau *et al.* 2005) and limits antigen presentation, thus impairing the activation of CD4⁺ T-cell responses (Campbell *et al.* 2018). In addition, HO-1-derived CO promotes immunotolerance at fetal-maternal interface (Sollwedel *et al.* 2005) and maintains maternal DCs in an immature state, leading to the expansion of the peripheral Treg population (Schumacher *et al.* 2012, Solano *et al.* 2015). Furthermore, HO-1 upregulation is involved in the early expansion, differentiation, and maturation of myeloid cells into macrophages (Wegiel *et al.* 2014). HO-1 overexpression was demonstrated to be responsible for the switch to M2 macrophage polarization, and M2 macrophages showed high levels of HO-1 expression (Naito *et al.* 2014). Also, HO-1/CO system inhibits both caspase-1 activation and secretion of pro-inflammatory cytokines IL-1 β and IL-18, acting as inflammasome inhibitors (Kim & Lee 2013).

However, the anti-inflammatory activity of HO-1 is mediated not only by CO but also by bilirubin. Indeed, the potent anti-inflammatory activity of bilirubin is well recognized since the pioneering observation of Philip S. Hench concerning the anti-inflammatory effect of jaundice (Hench 1938). Nowadays, the increased blood levels of bilirubin, when limited to modest increments, are considered protective against cardiovascular diseases, aging, and inflammatory diseases, as widely revised by Vitek and Tiribelli (Vitek *et al.* 2023). In addition, HO-1-derived bilirubin can act as potent immune modulator also in local tissue microenvironment, for instance favoring wound healing or regulating acute inflammation (Nitti *et al.* 2020). Indeed, not only bilirubin is able

to affect innate immunity by interfering with the complement cascade activation (Basiglio *et al.* 2007) and inducing M2-macrophages polarization (Zhao *et al.* 2021) but is also able to affect adaptive immunity. It has been demonstrated that bilirubin inhibits T-cell proliferation and decreases the production of pro-inflammatory Th1 cytokines IL-2 and interferon- γ (IFN γ) in a dose-dependent manner in experimental model of EAE (Liu *et al.* 2008). In addition, macrophage exposure to bilirubin reduces PD-L1 expression and leads to the expansion of Treg cells (Rocuts *et al.* 2010, Adin *et al.* 2017). Furthermore, both *in vitro* and *in vivo* bilirubin inhibits the production of inflammatory cytokines such as IL-6 and tumor necrosis factor α (TNF α) and reduces leukocyte transmigration via interaction with endothelial adhesion molecules (Keshavan *et al.* 2005), in particular decreasing the expression of P- and E-selectin, VCAM, and ICAM (Mazzone *et al.* 2009, Grochot-Przeczek *et al.* 2012).

HO-1 anti-inflammatory activity is widely recognized, and HO-1 has been proposed as a potential pharmacological target to treat chronic inflammatory diseases, as recently revised (Campbell *et al.* 2021).

Thus, due to the prominent role in cell survival and adaptation to stress, the induction of HO-1 in cancer cells can favor tumor progression and resistance to therapy. Nonetheless, in the last years, HO-1 overexpression has been demonstrated also in cells of the tumor microenvironment (TME) and proved to be involved in the gain of a tolerogenic phenotype.

In this review, the main aspects of the role of HO-1 in the modification of TMEN and in immune escape will be detailed, highlighting new potential therapeutic approaches in cancer treatment.

Molecular mechanisms of HMOX-1 transcription in cancer cells and in immune cells

HMOX-1 gene promoter contains NRF2, hypoxia inducible factor-1 (HIF-1), Sp1, AP-1, nuclear factor-kappa B (NF-kB), and STAT3-binding sites that enable gene transcription in response to oxidative and electrophilic stressors or hypoxia (Lavrovsky *et al.* 1994, Siow *et al.* 1999, Prawn *et al.* 2005, Alam & Cook 2007) and to different signal transduction pathways, setting up a pivotal mechanisms of cell survival and adaptation. Here, we focus on the main molecular mechanisms involved in HMOX-1 transcription demonstrated in cancer cells and in immune

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cells, especially with regard to cancer-immune recognition (Fig. 1).

HO-1 induction in response to the most oxidative and electrophilic stressors mainly relies on the activation of NRF2 (Loboda *et al.* 2016, Yamamoto *et al.* 2018), and the role played in cancer progression by NRF2-dependent HO-1 induction is well known and characterized (Shibata *et al.* 2008, Na & Surh 2014, Furfaro *et al.* 2016b). NRF2 in the cytosol is bound to its inhibitor Kelch-like ECH-associated protein 1 (Keap1) which belongs to the Cullin3 (CUL3)-based ubiquitin 3 ligase complex and targets NRF2 to proteasome degradation. Keap1 modifications due to cysteine oxidation or electrophile binding allow NRF2 to move into the nucleus and bind antioxidant/electrophile response elements (AREs) by dimerizing with small Maf proteins, leading to HO-1 transcription (Kobayashi & Yamamoto 2005, Hirotsu *et al.* 2012).

In cancer cells, NRF2/Keap1 system can be affected by genetic modifications (Mitsuishi *et al.* 2012, Furfaro *et al.* 2016b). Its constitutive activation due to gain-of-function mutations of NRF2 or loss-of-function mutations of Keap1 has been identified in different kinds of tumors, including head and neck, lung, esophageal, gastric, liver, bladder, and colorectal cancer (Na & Surh 2014). In addition, epigenetic modifications, such as TET-dependent demethylation of NRF2 promoter, or CUL3 hypermethylation of Keap1, can induce NRF2 constitutive activation in lung, ovarian, and colorectal cancers (Hanada *et al.* 2012, van der Wijst *et al.* 2014, Zhao *et al.* 2015). Recent evidence underlines that NRF2/HO-1 pathways activation works as an oncogenic route that favors murine breast cancer progression

modulating immune response in pro-carcinogenic direction (Li *et al.* 2021).

In immune cells, NRF2-dependent HO-1 induction has a prominent role in macrophage polarization. It has been recently demonstrated that in diet-induced obese mice JWH-133, an agonist of cannabinoid receptor 2, regulates its anti-inflammatory and anti-obesity activity by promoting macrophage polarization to M2 in adipose tissue via NRF2/HO-1 pathways (Wu *et al.* 2020). In addition, the activation of NRF2/HO-1 pathway is linked to IL-10 production and to the gain of a pro-fibrotic feature in macrophages, cooperating with the arhyl hydrocarbon receptor in response to the exposure to uremic toxins (Barisione *et al.* 2016). Furthermore, NRF2/HO-1 activation in tumor-associated macrophages (TAMs) reduces the efficacy of anticancer treatment and favors melanoma progression, as better discussed in the next sections (Consonni *et al.* 2021).

HO-1 induction is also observed as a response to the increased intracellular concentration of heme groups (Ogawa *et al.* 2001). The BTB domain and CNC homolog 1 (Bach1) is a heme-binding protein able to bind ARE sequences repressing HMOX-1 transcription (Kikuchi *et al.* 2005, Ryter & Choi 2005, Chapple *et al.* 2016, Piras *et al.* 2017, Zhang *et al.* 2019). Heme groups can bind Bach1 that in turns detaches from ARE sequences enabling HMOX-1 transcription (Ogawa *et al.* 2001, Davudian *et al.* 2016, Nitti *et al.* 2017). The degradation of heme due to the activity of HO-1 stabilizes Bach1 and prevents its further degradation, restoring its level. Thus, when Bach1 levels are restored, HO-1 levels in turns decreases. In cancer cells,

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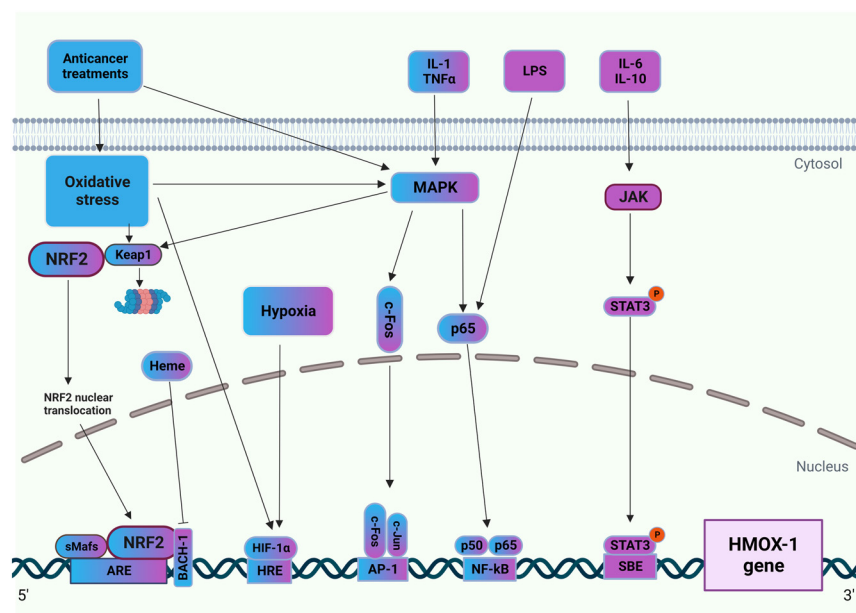


Figure 1
Schematic representation of the main molecular pathways involved in HMOX1 gene transcription, particularly relevant in cancer cells (blue) and immune cells (purple) or in both (degrading). See text for more details. Image created with BioRender.com.

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this mutual regulation between HO-1 and Bach1 seems lost. Indeed, Bach1 stabilization can be observed in the presence of HO-1 expression in lung cancer metastasis and correlates with poor prognosis (Lignitto *et al.* 2019, Wiel *et al.* 2019). The role of heme in Bach1 modification and the correlation with tumor progression has been demonstrated and reviewed elsewhere (Muhseena *et al.* 2021). Considering immune cells, it has been recently well proved that HO-1 can be induced by heme independently by NRF2 but dependently by Bach1, at least in peritoneal macrophages (Zhang *et al.* 2021), and this aspect seems to be particularly relevant in inflammatory response. Moreover, the possibility to induce HO-1 in a Bach1-dependent but NRF2-independent way has been demonstrated for cannabidiol and proved to exert anti-inflammatory effects (Casares *et al.* 2020).

The different kinases (i.e. MAPKs and PI3K/AKT) involved in HO-1 induction in cancer cells can act on NRF2 but also on other transcription factors. In MCF-7 breast cancer cells treated with cadmium chloride, the induction of HO-1 is due to p38 MAPK-dependent NRF2 activation (Alam *et al.* 2000). In human gastric cancers, HO-1 induction is mediated by ERK activation but independent of NRF2 (Liu *et al.* 2004). Also, PI3K/AKT plays a role in HO-1 induction in neuroblastoma and in cholangiocarcinoma treated with guanosine (Dal-Cim *et al.* 2012) or piperlongumine (Talabnin *et al.* 2020), respectively.

HIF-1 α (Wang *et al.* 1995, Pugh *et al.* 1997) also induces HO-1 expression in response to cellular stressors, including endogenous ROS and oxygen deprivation (Chin *et al.* 2007, Palazon *et al.* 2014). A specific HIF-1 α /HO-1 pathway has been well characterized in halting inflammatory response in lungs (Hu *et al.* 2015) and correlated to the modulation of mitochondrial biogenesis (Yu *et al.* 2016, Shi *et al.* 2021). Importantly, a specific role of HIF-1 α -dependent HO-1 induction has been demonstrated to be involved in maintaining Hodgkin lymphoma cells as undifferentiated (Nakashima *et al.* 2021). Notably, the expression of HIF-1 α has been proved to be highly interconnected with HO-1 overexpression in order to constitute a highly tolerogenic TME, favoring M2 polarization and Treg recruitment in breast cancer (Duechler *et al.* 2014).

Sp1 and AP-1 have been demonstrated to be responsible of HO-1 induction in mouse brain endothelial cells exposed to prostaglandin 15d-PGJ2 downstream the activation of ROS/PKC δ /JNK1/2 cascade (Yang *et al.* 2022). Moreover, it has been demonstrated that HO-1 is induced through the activation of AP-1 via PKC α /Pyk2/p38 α MAPK- or JNK1/2-dependent c-Jun activation, in

human pulmonary alveolar cells exposed to mevastatin, and suppresses TNF α -dependent inflammation (Yang *et al.* 2020).

In addition, the relevance of AP-1 and NF- κ B in the regulation of HMOX-1 transcription has been described in the inflammatory response (Luu Hoang *et al.* 2021). Indeed, the binding site for NF- κ B in the promoter region of HO-1 was identified by Abraham's lab in 1996 (Lavrovsky *et al.* 1994) and confirmed later on as part of the mechanisms underlying HO-1 expression in macrophages exposed to LPS (Kurata *et al.* 1996) or in epithelial cells treated with TGF β (Lin *et al.* 2007a). Interestingly, also the pharmacological modulation of this pathway has been proposed in the treatment of B-cell lymphoma (Huang *et al.* 2016).

With particular relevance to macrophages, IL-10 induces the upregulation of HO-1 via IL-10R, through STAT3 phosphorylation and its binding to the STAT-binding element in the promoter region of HO-1 (Ricchetti *et al.* 2004, Naito *et al.* 2014). Notably, STAT3 can be activated downstream of HO-1 induction, since HO-1 inhibition was able to downregulate STAT3 activation (Magri *et al.* 2022).

It is important to note that the presence of two kinds of polymorphisms such as (GT) n repeats and SNPs in gene promoter can influence HMOX1 inducibility. Indeed, the length of (GT) n repeats (long vs short) correlates with different transcriptional activity (lower vs higher, respectively) and with the development of cardiovascular and pulmonary diseases (Exner *et al.* 2004, Daenen *et al.* 2016). Also, a higher degree of inducibility is associated with SNP413 A>T and with a reduction of cardiovascular disease risk (Ono *et al.* 2004). Yet, few data have been provided so far as far as neoplastic pathology is concerned, as previously reported by us (Nitti *et al.* 2021).

HO-1 expression is regulated by microRNA as well, as elsewhere revised (Cheng *et al.* 2013), directly or through the modulation of NRF2-dependent activation pathway affecting cancer progression. Indeed, the modulation of NRF2/HO-1 by miRNA-155 or miR200a has a role in lung cancer and breast cancer progression, respectively (Eades *et al.* 2011, Gu *et al.* 2017). Also, miR-1254 or miR-193a-5p acts directly on HO-1 and reduces the growth of non-small cell lung cancer (NSCLC) and prostate cancer, respectively (Pu *et al.* 2017, Yang *et al.* 2017), and we proved that miR494 favors neuroblastoma cell survival in oxidative stress condition by inducing HO-1 (Piras *et al.* 2018).

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HO-1 protein structure and localization

HO-1 has an α -helical structure. The heme group is coordinated with His 25 and is accommodated between the distal and the proximal helices generating a closer conformation in the holoenzyme (Rahman *et al.* 2013).

HO-1 main localization is the endoplasmic reticulum (ER) where co-localizes with cytochrome P450 (CYP450) reductase (Durante 2020), but evidence has been provided also for plasma membrane, where HO-1 co-localizes with caveolin 1 and 2 (Jung *et al.* 2003), mitochondria (Slebos *et al.* 2007), and nuclei (Lin *et al.* 2007b). It has been proved that HO-1 prevents apoptosis acting on caveolin 1 through the activity of CO (Kim *et al.* 2005). Localization at the mitochondria seems to be involved in the control of apoptotic pathway, in a mutual relation with HO-2 (Turkseven *et al.* 2007). In addition, mitochondrial HO-1 controls the metabolism of heme groups (Converso *et al.* 2006). However, the role played by the different localization of HO-1 in the progression of tumors has not been evaluated, with the exception of the nuclear localization. Indeed, a truncated form of HO-1, with nuclear localization and no enzymatic activity, derived by proteolytic activity of peptide peptidase (SSP), has been described (Lin *et al.* 2007b, Hsu *et al.* 2015). Being characterized by a transcriptional activity, truncated HO-1 has been hypothesized to be importantly involved in cancer progression. In the acetylated form, truncated HO-1 increases AP-1 transcriptional activity, leading to cancer progression (Hsu *et al.* 2017, Mascaró *et al.* 2021). Contrasting results have been described, both highlighting not only the association between nuclear compartmentalization and disease severity in chronic myeloid leukemia (Tibullo *et al.* 2013) but also opposite observations (Ferrando *et al.* 2011, Degese *et al.* 2012), and the topic has been revised in deep elsewhere (Mascaró *et al.* 2021).

To note, HO-1 has been detected extracellularly, in plasma, serum, milk, cerebrovascular fluids, and urine (Serpero *et al.* 2012, Signorelli *et al.* 2016, Vanella *et al.* 2016), opening to the chance to investigate a potential role of HO-1 as biomarker (Tibullo *et al.* 2013). The mechanisms underlying the extracellular localization are still largely unknown, and both the active secretion and the result of cellular lysis have been hypothesized. In patients with acute myocardial infarction, the plasma level of HO-1 does not correlate with biomarkers of necrosis (Novo *et al.* 2011), and in patients with acute kidney injury, the urinary level of HO-1 mirrors the increased level in renal tissue, as a response to cell damage (Zager *et al.* 2012). Interestingly,

a correlation between the serum level of HO-1 and the progression of abdominal aortic aneurysm has been highlighted (Hofmann *et al.* 2021). With regard to cancer, it is to note that HO-1 protein is found in the culture medium of breast, lung, melanoma, and kidney tumor cells in the extracellular vesicles (Hurwitz *et al.* 2016). In this context, HO-1 needs to be taken into consideration as a potential circulating biomarker, especially considering the evident correlation among HO-1 expression levels in cancer tissues and clinical disease score or prognosis, as already reviewed (Nitti *et al.* 2021), even though more investigations are needed.

HO-1 expression and immune escape

During the progression of neoplastic disease, the upregulation of HO-1 can modify TME, decreasing cancer cell immune recognition. This effect can be achieved by different mechanisms. On one hand, cancer cells can upregulate HO-1 and elude immune surveillance modifying the expression of receptors for immune cells or through the generation of immune-suppressive cytokines. On the other hand, immune cells themselves can overexpress HO-1 gaining a less aggressive, tolerant phenotype. These two main mechanisms are detailed below.

HO-1 expression in cancer cells reduces immune recognition

The induction of HO-1 in cancer cells has been related to the progression of disease, and associated with resistance to therapy, invasiveness, metastasis, and angiogenesis, as widely reviewed by us and others (Jozkowicz *et al.* 2007, Was *et al.* 2010, Nitti *et al.* 2017) and not further discussed here.

Nonetheless, in the last years, HO-1 upregulation in cancer cells gained attention for the ability to impair immune recognition (Fig. 2).

We have recently demonstrated that, in BRAF^{V600}-mutated melanoma cells treated with vemurafenib (PLX4032), HO-1 overexpression reduces natural killer (NK) recognition impairing the expression of NK ligands (B7-H6 and ULBP3), both under standard culture conditions (Furfaro *et al.* 2020) and under physiological oxygen tension or hypoxia (Furfaro *et al.* 2022). Moreover, the induction of HO-1 in cervical cancer cells reduces the expression of specific markers of NK activation (NKG2D,

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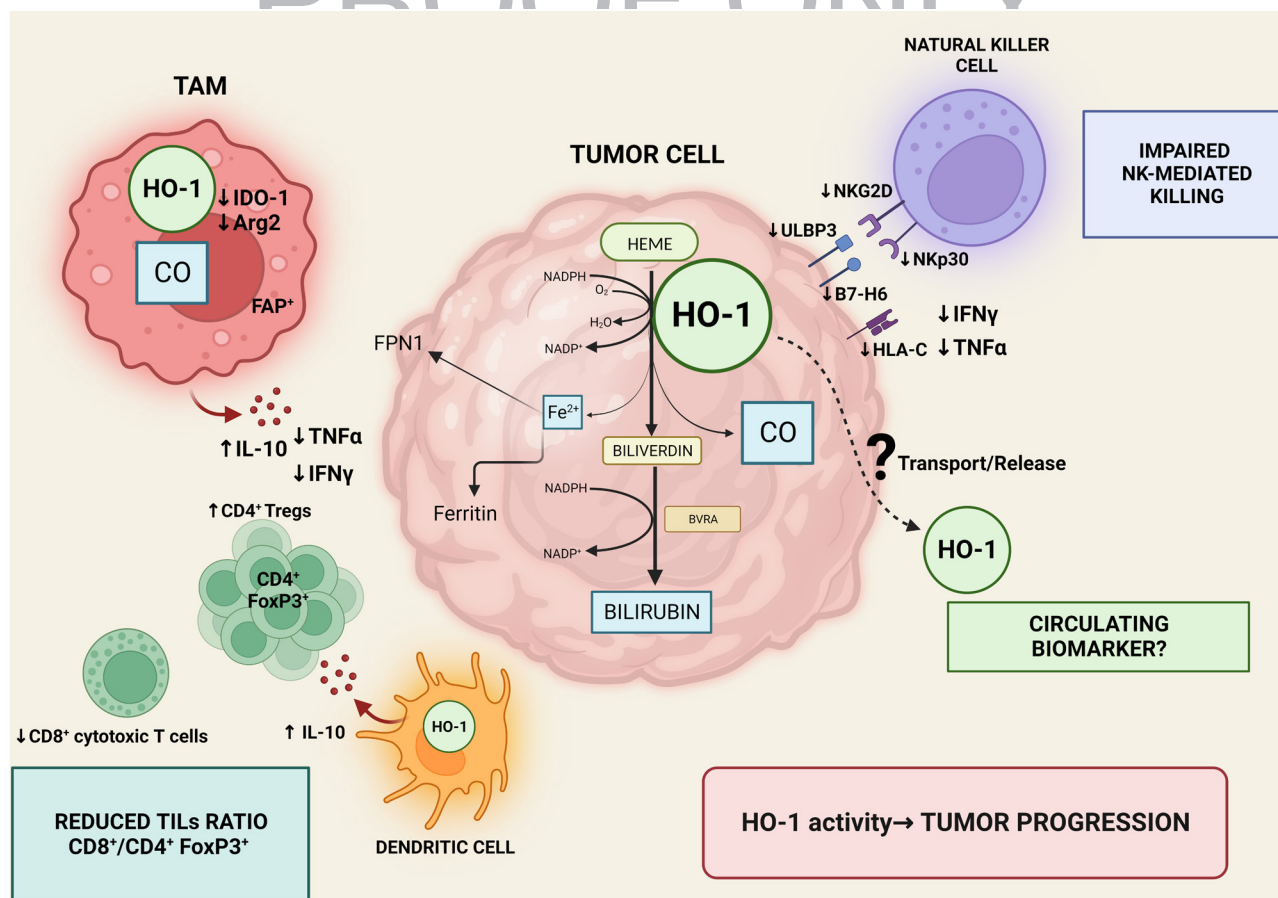


Figure 2

Schematic representation of the immune-suppressive activity induced by HO-1 overexpression in cancer cells, in TAMs, and in DCs and the effects on T and NK cells that lead to immune-escape and cancer progression. Image created with BioRender.com.

NKp30, and NKp46) and the production of IFN γ and TNF α in a co-culture model (Gomez-Lomeli *et al.* 2014). In both experimental systems, the downregulation or the enzymatic inhibition of HO-1 in cancer cells restores the NK antitumor activity restoring the expression of NK ligands on cancer cells (Furfaro *et al.* 2020, 2022) or NK-activating receptors (Gomez-Lomeli *et al.* 2014). In line with these results, HO-1 overexpression in acute myeloid leukemia (AML) cells has been shown to decrease NK cytotoxicity activity by inhibiting CD48-2B4 axis both *in vitro* and *in vivo* and is associated with a poor prognosis in term of overall survival, refractory, and relapse (Zhang *et al.* 2022). More recently, the induction of HO-1 in AML has been proved to reduce the expression of HLA-C, thus favoring tumor escape from NK-mediated killing (Feng *et al.* 2023).

Furthermore, breast cancer and melanoma progression has been successfully halted by fasting-mimicking diet that increases the infiltration of cytotoxic

CD8⁺ tumor-infiltrating lymphocytes (TILs) through the downregulation of HO-1 in cancer cells (Di Biase & Longo 2016).

Interestingly, a potent immune-suppressive response is observed in regulatory CD8⁺ T cells that specifically recognized HO-1 and that crucially contribute to the suppression of T-mediated antitumoral response (Andersen *et al.* 2009). Thus, HO-1 could drive the suppression of T-cell response once recognized by immune cells. In addition, these cells have been detected not only in tumor mass but also in peripheral blood potentially working as biomarkers in cancer patients (Andersen *et al.* 2009).

HO-1 expression in TAMs, TILs, and DCs impairs cancer immune recognition

In recent years, HO-1 upregulation has been described in immune cells of TME, where it plays a role in suppressing antitumor response promoting a permissive environment

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for growth and metastasis. In this context, the most important evidence comes from the analysis of TAMs, TILs, and DCs (Luu Hoang *et al.* 2021).

TAMs are the main source of HO-1 in the TME. They respond to different tumor-derived stimuli and are able to differentiate and reprogram into different subsets that are beyond the classic M1 and M2 dichotomy, and HO-1 has been recently proved to be overexpressed in different specific subgroups of TAMs (Arnold *et al.* 2014, Muliaditan *et al.* 2018a, Consonni *et al.* 2021).

Indeed, in two murine models of Lewis lung carcinoma and pancreatic ductal adenocarcinoma, a particular subset of HO-1-positive TAMs co-expressing fibroblast activation protein alpha (FAP⁺HO-1⁺ TAMs) has been described (Arnold *et al.* 2014). In these cells, HO-1 conditional ablation or HO-1 pharmacological inhibition decreases tumor growth, confirming the immunosuppressive role of HO-1 in TAMs.

Similar TAM subsets were found in tissue sections of human adenocarcinoma and in the 4T1 orthotopic model of breast adenocarcinoma (Muliaditan *et al.* 2018a). They are predominantly located in the perivascular region of the tumor and facilitate trans-endothelial migration and metastatic spread, and HO-1 inhibition completely abrogates this effect (Muliaditan *et al.* 2018a).

Positive staining for HO-1 was also found in CD11b⁺ and F4/80⁺-infiltrating macrophages in E.G7-OVA tumor-bearing mice (Alaluf *et al.* 2020). HO-1⁺ TAMs derive from a subset of Ly6C^{hi} monocytes that gradually differentiate into Ly6C^{lo}MHCII⁺ TAMs in TME. Compared with HO-1-negative TAMs, this subset shows decreased MHC II expression in line to its immunosuppressive feature.

Recently, another particular subgroup of TAMs expressing high levels of HO-1 (F4/80^{hi}CD115^{hi}C3aR^{hi}CD88^{hi}) has been identified (Consonni *et al.* 2021). This population, phenotypically similar to erythrocyte macrophages, preferentially accumulates at the invasive edge of the tumor, in line with their involvement in neoangiogenesis, epithelial-to-mesenchymal transition, and tumor spread. Furthermore, M-CSF or C3a-induced differentiation of bone marrow-derived monocytes (BMDMs) upregulates HO-1 in an NRF2-dependent way coordinated by the p50NF-κB/CSF-R1-C3aR axis and induces TAM phenotype in CO₂-dependent manner. Importantly, both the deletion of myeloid HO-1 and the inhibition of recruitment pathway of HO-1⁺ TAMs are able to block metastasis formation and to enhance the effect of immunotherapy, in particular increasing the efficacy of anti-PD-1 therapy. Moreover, in patients with stage III melanoma, HO-1 expression

levels in the peripheral monocytes correlate with HO-1 expression in CD163⁺ cells of metastatic lesions, thus highlighting the correlation between HO-1 expression and poor prognosis (Consonni *et al.* 2021).

Other evidence shows that following chemotherapy-induced phagocytosis of tumor cells, TAMs upregulate HO-1 expression that, in turns, hampers M1 polarization, attenuating the effect of chemotherapeutics. In fact, using HO-1 knockout mice or in the presence of HO-1 inhibitor the response to chemotherapy is efficiently restored (Kim *et al.* 2020, 2021).

In addition, HO-1 plays a role in the metabolic changes of TAMs, such as modification in aminoacid metabolism, driving the establishment of an immunosuppressive microenvironment (Magri *et al.* 2022). In fact, the inhibition of HO-1 in BMDMs significantly reduces the expression of IDO-1 and Arg2 (Magri *et al.* 2022), two essential enzymes involved in the catabolism of L-arginine and L-tryptophane, associated with the immunosuppressive network in cancer (Mondanelli *et al.* 2017).

Notably, HO-1 expression in TAMs modulates the activity of TILs, DCs, and NK cells toward an immunosuppressive feature. Indeed, the inhibition of HO-1 in TAMs affects the production of cytokines involved in T-cell recruitment and regulation, leading to a reduction in the expression of Tregs and increasing the proportion of CD8⁺ T cells, highlighting the strategic potential associated with TAMs reprogramming by HO-1 inactivation (Kim *et al.* 2021). Importantly, myeloid ablation of HO-1 is able to improve the response toward therapeutic immunization promoting antitumor CD8⁺ T cell proliferation and cytotoxicity (Alaluf *et al.* 2020).

Moreover, in glioblastoma tissues, a large presence of CD68⁺/HO-1⁺ macrophages and a lower percentage of CD8⁺ T lymphocytes have recently been shown; HO-1 inhibition, which strongly reduces IL-10 release, is able to drive the complete recovery of T-cell proliferation (Magri *et al.* 2022).

Furthermore, HO-1 deletion, by promoting a phenotypic switch in F4/80^{hi} TAMs, increases the expression of IFN γ and GrzB in CD8⁺ T cells, leading to a higher frequency of effector memory cells (CD8⁺CD44⁺CD62L⁻ cells) and to an augmented CD8⁺/CD4⁺FoxP3⁺ ratio restoring their antitumor activities (Consonni *et al.* 2021). Notably, the infiltration of HO-1⁺CD4⁺CD25⁺ FoxP3⁺ Tregs correlates with the progression and grading of glioma (El Andaloussi & Lesniak 2007).

With regard to DCs, it has been demonstrated that HO-1 induction maintains DCs in an immature and

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pro-tolerogenic status (Chauveau *et al.* 2005). Moreover, the immunomodulatory activity of CD4⁺CD25⁺ Tregs is dependent on HO-1 expression in DCs (George *et al.* 2008). Importantly, pro-tolerogenic signature of DCs in TME is achieved in an HO-1-dependent manner (Trojand *et al.* 2016).

No evidence of HO-1 upregulation in NK cells in TME has been pointed out so far.

HO-1 inhibitors in cancer therapy

The role of HO-1 in tumor progression appears, then, to be related to two crucial aspects: on one hand, HO-1 exerts an antiapoptotic, pro-surviving activity that protects cancer cells from the death induced by therapeutic agents, and this has been widely revised elsewhere by us and others (Podkalicka *et al.* 2018, Nitti *et al.* 2021). However, HO-1 carries out a crucial immune-suppressive activity both in tumor cells, reducing their immune recognition, and in immune cells reducing their antitumoral activity. Thus, the inhibition of HO-1 activity as well as its molecular downregulation reducing the availability of HO-1 bioactive products, CO and bilirubin, can have strategic therapeutic potential acting both as chemosensitizer, increasing the efficacy of traditional anticancer treatments (chemo-, radio-, and photodynamic therapies), and as immune-stimulatory tool improving the efficacy of novel immunotherapy approaches, as explained below.

Different pharmacological compounds as well as genetic tools able to downregulate HO-1 activity have been proposed (Podkalicka *et al.* 2018). Among pharmacological compounds, proto- and mesoporphyrin derivatives and imidazole-based compounds are the most well known (Podkalicka *et al.* 2018).

The first generation of HO inhibitors are metalloporphyrins (Vreman *et al.* 1993). They are structurally similar to heme molecules and strongly inhibit HO-1 activity, although they lack in specificity (Schulz *et al.* 2012). Indeed, they act on other heme-dependent enzymes such as nitric oxide synthase (NOS), soluble guanylate cyclase (sGC), and CYP450 (Appleton *et al.* 1999, Kinobe *et al.* 2008). Moreover, their translational applicability was sometimes limited due to their poor solubility in aqueous solutions. However, the generation of water-soluble compounds by conjugation with specific molecules, for example, polyethylene glycol or amphiphilic styrene-maleic acid copolymer, increased their applicability (Sahoo *et al.* 2002, Iyer *et al.* 2007, Herrmann *et al.* 2012).

Metalloporphyrins showed efficacy both *in vitro* and *in vivo*. The most used are zinc-protoporphyrin IX (ZnPPIX), tin-protoporphyrin IX (SnPPIX), and tin-mesoporphyrin IX (SnMPIX) (Podkalicka *et al.* 2018, Nitti *et al.* 2021).

It has been shown that ZnPPIX treatment enhances the efficacy of cisplatin in hepatoma cancer cells (Liu *et al.* 2014), increases the apoptotic rate in glioma cells treated with arsenic trioxide (Liu *et al.* 2011) and is able to enhance the cytotoxic effect of gemcitabine in urothelial cancer cells (Miyake *et al.* 2010). We have demonstrated that HO-1 inhibition by ZnPPIX sensitizes neuroblastoma cells to glutathione depletion and etoposide (Furfaro *et al.* 2012) and to bortezomib treatments (Furfaro *et al.* 2014). Furthermore, in BRAF^{V600}-mutated melanoma cells, SnMPIX increases cell death induced by vemurafenib/PLX4032 (Furfaro *et al.* 2020).

Moreover, ZnPPIX treatment sensitizes A549 NSCLC cells to radiotherapy (Zhang *et al.* 2011) and colon and ovarian cancer cells to photodynamic therapy (Nowis *et al.* 2006), and SnPPIX sensitizes melanoma cells to photodynamic therapy (Frank *et al.* 2007).

Importantly, it has been recently reported that the inhibition of HO-1 by metalloporphyrins reprograms the immune response toward tumor cells and consequently improves the efficacy of immunotherapy. Indeed, FAP⁺HO-1⁺ TAMs can be therapeutically targeted using SnMPIX, which prevents metastatic spread by blocking HO-1-dependent CO release (Muliaditan *et al.* 2018a). Moreover, the inhibition of HO-1 activity by ZnPPIX restores the expression of pro-inflammatory genes such as TNF α and CXCL10 while downregulating the expression of typical anti-inflammatory genes like IL-10 and CCL22, and treatment with CO-releasing molecule, CORM-2, was able to revert these effects, confirming the role played by HO-1-dependent CO in suppressing tumor immune recognition (Consonni *et al.* 2021). In addition, in mice treated with anti-PD-1, HO-1 inhibition with ZnPPIX improves the efficacy of immunotherapy, resulting in a decrease of tumor volume (Consonni *et al.* 2021). More recently, in macrophage derived from glioblastoma patients, it has been proved that treatments with ZnPPIX or SnPPIX decrease PD-L1 expression; on the contrary, HO-1 induction obtained by macrophage exposure to cobalt protoporphyrin IX (CoPPIX) increases PD-L1 expression, indicating that PD-L1 regulation depends on HO-1 activity (Magri *et al.* 2022). Also, in a preclinical model of breast cancer, it has been demonstrated that SnMPIX can be used as immune checkpoint that targeting myeloid-derived HO-1 improves response to chemotherapy, achieving the efficacy of PD-1 blockade (Muliaditan *et al.* 2018b).

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Furthermore, the inhibition of HO-1 can be a strategy to improve the adoptive immunotherapy. Indeed, SnMPIX-based HO-1 inhibition significantly increases the generation of WT1 leukemia-specific T cells, from healthy donors, enhancing the effective T-cell immunity in leukemia patients (Schillingmann *et al.* 2019).

The second generation of HO-1 inhibitors, namely the imidazole-based compounds, are water-soluble non-porphyrin molecules. Acting with a non-competitive mechanism, they show a limited inhibitory activity on NOS, sGC, and CYP450 and are selective toward HO-1 (Kinobe *et al.* 2006, Pittala *et al.* 2013). Azalanstat was the first imidazole-based compound described (Vlahakis *et al.* 2005), but other molecules derived from its structural modification have been synthesized and extensively reviewed by the group of Salerno and Pittalà (Salerno *et al.* 2019). Recently, a novel acetamide-based HO1 inhibitor, with potent antiproliferative activity in U87MG glioma cells, has been discovered (Fallica *et al.* 2021).

Among imidazole-based compounds, a small molecule OB-24 shows potent inhibition of HO-1 activity. In particular, OB-24 selectively inhibits HO-1 in prostate advanced cancer cells, leading to a significant decrease of cell proliferation *in vitro* and a reduction of tumor growth and lymph node/lung metastasis *in vivo*, also showing a potent synergistic activity when combined with taxol (Alaoui-Jamali *et al.* 2009). In macrophages from glioblastoma patients, OB-24, similar to ZnPPIX and SnMPIX, reduced PD-L1 expression (Magri *et al.* 2022). Notably, in B16-F0 melanoma-bearing mice, the combination therapy OB-24 plus anti-PD-1 reduces the tumor size compared to monotherapy. The effect seems to be dependent on the inhibition of cytoprotective function of HO-1; the inhibition of HO-1, indeed, renders melanoma cells more susceptible to immune-mediated killing (Khojandi *et al.* 2021). In addition, the same authors demonstrated that OB-24-dependent HO-1 inhibition counteracts immune CD4⁺ and CD8⁺ TIL evasion of B16 melanoma cells, leading to a decrease in tumor volume. In fact, HO-1 induction by hemin treatment protects B16 cells from CTL-mediated killing (Kuehm *et al.* 2021).

Furthermore, different genetic tools such as RNA interference and CRISPR/Cas9 technology have been tested to modulate HO-1 activity in cancer therapy.

Small interfering RNA and short hairpin RNA act by targeting HO-1 at the transcriptional level, leading to a decrease of protein synthesis, and the efficacy of HO-1 silencing in sensitizing cancer cells to therapy has been reported widely. We have demonstrated that HO-1 silencing overcomes cancer cell resistance in neuroblastoma cells

exposed to bortezomib (Furfaro *et al.* 2014, 2016a) and in melanoma cancer cells exposed to target therapy (Furfaro *et al.* 2020). HO-1 silencing sensitizes pancreatic cancer cell lines to gemcitabine or radiation treatment, leading to a significant inhibition of tumor growth (Berberat *et al.* 2005). Silencing of HO-1 significantly increased apoptosis as demonstrated in lung (Kim *et al.* 2008) and colon cancer cells (Busserolles *et al.* 2006). In the orthotopic model of hepatocellular carcinoma, siHO-1 results in diminished tumor growth (Sass *et al.* 2008). Moreover, siHO-1 sensitizes human urothelial and cervical cancer cells to 5-aminolevulinic acid-based photodynamic therapy (Miyake *et al.* 2009, Ohgari *et al.* 2011) and mediated the photodynamic cytotoxicity, increasing the responsiveness, in C-26 colon adenocarcinoma, in MDAH2774 human ovarian carcinoma (Nowis *et al.* 2006) and in WM451Lu human metastatic melanoma cells (Frank *et al.* 2007).

In addition, silencing of HO-1 significantly enhanced the sensitivity of HL-60R AML cell line to chemotherapy (Zhe *et al.* 2015) and induced apoptosis and cell growth arrest in acute lymphocytic leukemia (Cerny-Reiterer *et al.* 2014) as well as in chronic lymphocytic leukemia, where the silencing also enhanced the effects of the combined therapy fludarabine plus entinostat (Zhou *et al.* 2019).

CRISPR/Cas9 editing system through the genetic ablation of HO-1 leads to a stable knockdown and to a high efficiency of protein inhibition. In BRAF-WT melanoma cells, HO-1 CRISPR/Cas9 editing decreased clone formation and tumor cell growth (Liu *et al.* 2019) and in pancreatic ductal adenocarcinoma suppressed cell proliferation and increased, under hypoxia condition, the efficacy of gemcitabine treatment (Abdalla *et al.* 2019). Moreover, in T47D breast cancer cells, HO-1 CRISPR/Cas9-mediated knockdown decreased both proliferation and migration and increased cisplatin-induced apoptosis (Evazi Bakhshi *et al.* 2022).

Importantly, *in vivo* experimental models on HO-1 ablation leads to important findings on the role played by HO-1 in response to immunotherapy. Indeed, it has been demonstrated that myeloid specific ablation of HO-1 in MN/MCA1 fibrosarcoma enhances the efficacy of anti-PD-1 therapy in decreasing tumor volume and the percentage of metastatic area (Consonni *et al.* 2021).

In xenograft mouse models of AML, HO-1 gene knockout enhances the antitumor effect of PD-1 inhibition by reducing tumor growth and increasing survival. In this context, HO-1 knockout inhibits the immunosuppressive function of both polymorphonuclear and monocytic/myeloid-derived suppressor cell populations (Zhou *et al.* 2018). Moreover, it has been demonstrated that HO-1

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Table 1 Efficacy of HO-1 inhibitors in cancer therapies.

Inhibitor	Experimental models		Effect	Reference
	<i>In vitro</i>	<i>In vivo</i>		
ZnPPIX	Hepatoma cells (HepG2)	Xenograft mouse model of liver cancer	ZnPPIX enhances cellular sensitivity to cisplatin by increasing ROS production	Liu <i>et al.</i> (2014)
	Human glioma cell lines (U251MG and A172)		ZnPPIX increases cell death and ROS generation in glioma cells potentiating the effects of arsenic trioxide	Liu <i>et al.</i> (2011)
	UC lines (T24 and MGHU3)	Xenograft mouse model of urothelial cancer	ZnPPIX sensitizes UC to gemcitabine and irradiation treatment. <i>In vivo</i> model, ZnPPIX decreases the number of proliferating cells and increases the apoptotic rate.	Miyake <i>et al.</i> (2010)
			In addition, siHO-1 sensitizes to 5-ALA-based photodynamic therapy	
	Neuroblastoma cells (GIMEN)		ZnPPIX sensitizes GIMEN cells to GSH depletion and etoposide treatment increasing ROS production	Furfaro <i>et al.</i> (2012)
	Neuroblastoma cells (HTLA-230)		ZnPPIX improves the pro-apoptotic effect of proteasome inhibitor-based therapy (bortezomib) in high-risk neuroblastoma cells.	Furfaro <i>et al.</i> (2014)
			HO-1 silencing also sensitizes neuroblastoma cells to bortezomib treatment	
	Human NSCLC cells (A549)		ZnPPIX in combination with irradiation decreases cell viability and clonogenicity and enhances the apoptotic index as well as the percentage of cells in G1 phase.	Zhang <i>et al.</i> (2011)
	Human NSCLC cells (A549)		ZnPPIX and siHO-1 increase apoptosis of A549 cells exposed to cisplatin	Kim <i>et al.</i> (2008)
	Human ovarian carcinoma cells (MDAH2774) and murine colon adenocarcinoma cells (C-26)		ZnPPIX treatment enhances photodynamic mediated cytotoxicity. HO-1 silencing also sensitizes carcinoma cells to photodynamic therapy	Nowis <i>et al.</i> (2006)
	Mouse 4T1 breast tumor model	Cotreatment with ZnPPIX and paclitaxel decreases tumor growth and restores the proportion of infiltrating CD8 ⁺ cytotoxic T lymphocytes	Kim <i>et al.</i> (2020)	
	Mouse 4T1 breast tumor model	ZnPPIX increases the expression of CD86-M1 polarization marker in mice treated with paclitaxel and decreases the expression of IL-10 in CD11b ⁺ myeloid cells	Kim <i>et al.</i> (2021)	
<i>Ex vivo</i> HO-1 deleted TAMs	B-16 melanoma-bearing mice	ZnPPIX treatment decreases tumor growth, improves the effect of anti-PD1 immunotherapy, and reduces the percentage of metastatic area in lung. Myeloid ablation HO-1 also blocks metastasis formation and increases the efficacy of anti PD-1 therapy. <i>Ex vivo</i> deletion of HO-1 in TAMs restores CD8 ⁺ T-cell antitumor activity	Consonni <i>et al.</i> (2021)	
<i>Ex vivo</i> BMDM derived from glioblastoma patients		ZnPPIX treatment decreases PD-L1 expression in macrophages derived from glioblastoma patients and enables the recovery of CD8 ⁺ T lymphocytes. Similar results were obtained using OB-24 as HO-1 inhibitor	Magri <i>et al.</i> (2022)	

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SnMPIX	Primary BRAF ^{V600} melanoma cells (MeOV-1, MeTA, and MeMi)		SnMPIX increases cell death induced by vemurafenib in BRAF ^{V600} -mutated melanoma cells and increases NK cell recognition and killing. siHO-1 also improves the efficacy of vemurafenib, further reducing cell viability and restoring NK ligand expression	Furfaro <i>et al.</i> (2020)
		4T1 orthotopic model breast carcinoma	SnMPIX treatment prevents trans-endothelial migration and metastatic dissemination of cancer cells, blocking CO release	Muliaditan <i>et al.</i> (2018a)
		Spontaneous murine model of mammary adenocarcinoma (MMTV-PyMT)	SnMPIX targets myeloid HO-1 activity favoring CD8 ⁺ T-cell response	Muliaditan <i>et al.</i> (2018b)
	<i>Ex vivo</i> PBMC from healthy donors		SnMPIX increases the generation of WT1-specific T cells used in adoptive immunotherapy to improve T-cell-based therapy for leukemia patients	Schillingmann <i>et al.</i> (2019)
OB-24	Human prostate advance cancer cells (PCA) and resistant cells (PCA-R)	Mouse model of human prostate cancer PC3M	HO-1 inhibition leads to a significant decrease of cell proliferation <i>in vitro</i> and a reduction of tumor growth and lymph-node metastasis <i>in vivo</i> . OB-24 + Taxol shows potent therapeutic effect yielding >90% reduction in tumor growth <i>in vivo</i> . Short hairpin HO-1 shows similar results both <i>in vitro</i> and <i>in vivo</i> .	Alaoui-Jamali <i>et al.</i> (2009)
		B16-F0 melanoma-bearing mice	Combined therapy OB-24 + anti-PD-1 reduces tumor size compared to monotherapy	Khojandi <i>et al.</i> (2021)
		B16-F0 melanoma-bearing mice	HO-1 inhibition counteracts immune CD4 ⁺ and CD8 ⁺ TIL evasion and leads to a decrease in tumor volume	Kuehm <i>et al.</i> (2021)
siHO-1	Human pancreatic cancer cells (Panc-1, Mla PaCa-2, SU8686, and Colo 357)		HO-1 silencing sensitizes pancreatic cancer cells to gemcitabine or radiation treatment and leads to a significant decrease in cancer cell growth	Berberat <i>et al.</i> (2005)
	Colon cancer cells (Caco-2)		HO-1 silencing increases apoptosis	Busserolles <i>et al.</i> (2006)
	Human epithelial cervical cancer cells (HeLa)		SnPPIX and HO-1 silencing sensitize to 5-ALA-based photodynamic therapy	Ohgari <i>et al.</i> (2011)
	<i>Ex vivo</i> primary ALL cells		HO-1 silencing induces apoptosis and cell growth arrest in cell treated with imatinib. Polyethylene glycol ZnPPIX and styrene maleic acid ZnPPIX also sensitize cells to imatinib	Cerny-Reiterer <i>et al.</i> (2014)
	CLL cells		HO-1 silencing enhances the effects of the combined therapy fludarabine plus entinostat	Zhou <i>et al.</i> (2019)
HO-1 CRSPR/ Cas9 editing	Melanoma cells (A375) and HO-1 knockout A375 cells	SCID mice injected with A375 cells	HO-1 stable knockdown decreases <i>in vitro</i> clone formation and <i>in vivo</i> tumor growth	Liu <i>et al.</i> (2019)
	Pancreatic ductal adenocarcinoma cell lines (CD18/HPAF, COLO 357, Capan-1, and MIA PaCa-2)	PDAC cell-derived xenograft tumors	HO-1 editing suppresses cell proliferation and increases the efficacy of gemcitabine treatment in hypoxia condition. HO-1 inhibition (ZnPPIX and SnPPIX) suppresses PDAC proliferation, increases susceptibility to gemcitabine, and induces apoptosis under hypoxia	Abdalla <i>et al.</i> (2019)

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T47D breast cancer cells		HO-1 editing decreases cell proliferation and migration and increases cisplatin-induced apoptosis	Evazi Bakhshi <i>et al.</i> (2022)
HO-1 ablation	C57/BL6 HO-1 knockout mice injected with HL-60 cells	HO-1 gene knockout enhances the antitumor effect of PD-1 inhibition, leading to a reduction of tumor growth and increasing overall survival	Zhou <i>et al.</i> (2018)
	<i>Hmox1</i> ^{AM} mice	<i>Hmox1</i> gene deletion in myeloid cells improves the response to therapeutic immunization by enhancing antitumor CD8 ⁺ T cell proliferation and cytotoxicity	Alaluf <i>et al.</i> (2020)

5-ALA, 5-aminolevulinic acid; ALL, acute lymphocytic leukemia; AML, acute myeloid leukemia; BMDMs, bone marrow-derived monocytes; GSH, glutathione; NK, natural killer; NSCLC, human non-small cell lung cancer; PBMCs, peripheral blood mononuclear cells; PDAC, pancreatic ductal adenocarcinoma cell; PD-1, programmed death-1; PD-L1, programmed death-ligand 1; ROS, reactive oxygen species; SnMPiX, tin-mesoporphyrin IX; TAMs, tumor-associated macrophages; TILs, tumor-infiltrating lymphocytes; UC, urothelial cells; WT-1, Wilms' tumor protein 1; ZnPPiX, zinc-protoporphyrin IX.

myeloid ablation strongly improves the response to therapeutic immunization by enhancing antitumor CD8⁺T-cell proliferation and cytotoxicity (Alaluf *et al.* 2020).

The main strategies used for HO-1 inhibition/downregulation are summarized in Table 1.

Conclusions and future perspectives

Although the precise molecular mechanisms involved in the induction of HO-1 in cancer cells and in cells from TME are far from be clearly understood, increasing evidence points out the role played by HO-1 in halting cancer immune recognition. On one hand, the overexpression of HO-1 in tumor cells, as a result of cell adaptation to therapy or to hypoxia, reduces tumor antigenicity; on the other hand, the overexpression of HO-1 in immune cells, in particular TAMs, induces tolerogenic and immune-suppressive phenotype. The two aspects converge toward a common goal, namely favoring tumor progression. Notably, the role of HO-1 in increasing tumor cell resistance to chemo-, radio-, and photodynamic therapies was already recognized, but the role of HO-1 in immune escape opens a new scenario where HO-1 inhibition could efficiently enhance the outcome of immune therapies as well, reducing therapeutic failure or disease relapses.

Declaration of interest

The authors declare that there is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

Funding

This work did not receive any specific grant from any funding agency in the public, commercial, or not for-profit sector.

Author contributor statement

MN, JO, and ALF conceived the study. MN, JO, and ALF wrote the original draft. MN and ALF reviewed the final version. All authors have read and agreed to the published version of the manuscript.

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Received 17 March 2023

Accepted 9 May 2023

Available online 9 May 2023

Version of Record published XXX

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