

Cellular Malnutrition in 2D Cancer Models: Mechanisms, Phenotypes, and Implications for Drug Discovery

Compiled by:

KaMoZo Biologics, LLC
Nashville, TN, USA
info@kmzbio.com

TABLE OF CONTENTS

SUMMARY	- 2 -
PART I: TRANSLATING MALNUTRITION TO THE CULTURE DISH: AN IN VITRO FRAMEWORK	- 2 -
DEFINING CLINICAL MALNUTRITION	- 2 -
THE NECESSITY OF REDUCTIONISM FOR MECHANISTIC INSIGHT	- 2 -
ESTABLISHING THE IN VITRO ANALOGS	- 3 -
PART II: METHODOLOGIES OF INDUCED NUTRIENT STRESS IN 2D CANCER CELL CULTURE	- 3 -
GLUCOSE DEPRIVATION	- 3 -
AMINO ACID STARVATION	- 4 -
SERUM STARVATION	- 4 -
PART III: THE CELLULAR RESPONSE TO SCARCITY: PROLIFERATION, VIABILITY, AND DORMANCY	- 5 -
PROLIFERATION ARREST AND CELL CYCLE INHIBITION	- 5 -
INDUCTION OF CELL DEATH: APOPTOSIS AND NECROSIS	- 6 -
ENTERING A STATE OF QUIESCENCE OR DORMANCY	- 6 -
PART IV: MORPHOLOGICAL AND STRUCTURAL ALTERATIONS UNDER NUTRIENT DEPRIVATION	- 7 -
GROSS MORPHOLOGICAL CHANGES AND ADHESION	- 7 -
ORGANELLAR DYNAMICS: THE MITOCHONDRIAL RESPONSE	- 7 -
THE PARADOX OF INDUCED AGGRESSIVENESS: EMT AND MOTILITY	- 8 -
PART V: MOLECULAR SENTINELS AND MASTER REGULATORS: SIGNALING UNDER NUTRIENT STRESS	- 8 -
THE CENTRAL mTOR/AMPK AXIS	- 8 -
THE PI3K/AKT SURVIVAL PATHWAY	- 9 -
HIF-1A AND THE PSEUDO-HYPOXIC RESPONSE	- 9 -
PART VI: ADAPTIVE SURVIVAL STRATEGIES: AUTOPHAGY AND NUTRIENT SCAVENGING	- 10 -
AUTOPHAGY: THE CELLULAR RECYCLING SYSTEM	- 10 -
MACROPINOCYTOSIS AND THE UBIQUITIN-PROTEASOME SYSTEM (UPS): EXTERNAL SCAVENGING	- 10 -
PART VII: THERAPEUTIC CONTEXT AND FUTURE DIRECTIONS	- 11 -
MALNUTRITION AS A MODULATOR OF THERAPY SENSITIVITY	- 11 -
CRITICAL PERSPECTIVE: THE LIMITATIONS OF THE 2D MONOLAYER MODEL	- 11 -
EXPLOITING METABOLIC VULNERABILITIES: THE PATH FORWARD	- 12 -
CONCLUSIONS	- 12 -

Summary

This report examines the effects of malnutrition on 2D cultured cancer cells, providing a framework for understanding how nutrient scarcity influences cellular behavior and informs therapeutic strategies. By modeling clinical malnutrition through *in vitro* protocols specifically glucose deprivation, amino acid starvation, and serum starvation researchers can dissect the complex cellular responses to metabolic stress. Nutrient deprivation typically halts cell proliferation and can lead to programmed cell death (apoptosis), often by inducing overwhelming oxidative stress. However, cancer cells exhibit remarkable adaptability, employing survival strategies such as entering a reversible dormant state, which may contribute to tumor relapse. Key signaling pathways, including the central mTOR/AMPK axis, the pro-survival PI3K/Akt pathway, and the HIF-1 α pathway, orchestrate these adaptive responses. To endure starvation, cells activate internal recycling mechanisms like autophagy and external nutrient scavenging processes like macropinocytosis. These adaptations, while promoting survival, create new vulnerabilities that can be exploited for therapeutic purposes, such as sensitizing cancer cells to chemotherapy. Despite these valuable insights, the report emphasizes the limitations of the 2D monolayer model, which fails to replicate the complex, nutrient-gradient-rich microenvironment of an *in vivo* tumor. Future research directions focus on leveraging these findings in more physiologically relevant models and developing sophisticated therapeutic strategies, such as contextual synthetic lethality, to target the unique metabolic dependencies of cancer cells within their native environment.

Part I: Translating Malnutrition to the Culture Dish: An *In Vitro* Framework

Defining Clinical Malnutrition

Malnutrition, in its broadest clinical sense, refers to

a state of nutritional imbalance resulting from deficiencies, excesses, or disproportionate intake of energy and nutrients.^{www} This comprehensive term encompasses two primary conditions: undernutrition and overnutrition. Undernutrition, often the focus in the context of disease-related malnutrition, includes several sub-forms such as wasting (low weight-for-height), stunting (low height-for-age), underweight (low weight-for-age), and micronutrient deficiencies involving essential vitamins and minerals like iodine, vitamin A, and iron.^{www} These conditions, particularly protein-energy undernutrition, compromise physiological function, impair immune responses, and are associated with increased morbidity and mortality, especially in vulnerable populations and patients with chronic diseases like cancer.^{www} Conversely, overnutrition, characterized by excessive accumulation of fat leading to overweight and obesity, also constitutes a form of malnutrition and is a significant risk factor for various noncommunicable diseases, including certain types of cancer.^{www} The clinical presentation of malnutrition is a systemic phenomenon, influenced by a complex interplay of metabolic dysregulation, inflammation, hormonal changes, and the underlying pathology.^{www}

The Necessity of Reductionism for Mechanistic Insight

While the clinical understanding of malnutrition is systemic and multifaceted, dissecting the precise cellular and molecular mechanisms by which nutrient scarcity affects cancer cell behavior requires a reductionist approach. The *in vivo* tumor microenvironment is characterized by a complex interplay of factors, including nutrient availability, oxygen gradients, cell-cell interactions, and systemic inflammatory responses, making it exceedingly difficult to isolate the effects of a single variable.^{www} Two-dimensional (2D) cell culture models, despite their inherent limitations in replicating this complexity, provide an indispensable platform for mechanistic investigation. By allowing for the precise control and manipulation of the cellular environment, these *in vitro* systems enable researchers to

attribute specific cellular responses such as changes in proliferation, viability, or signaling directly to the deprivation of a particular class of nutrients.^{www} This controlled environment is essential for elucidating the fundamental signaling pathways and adaptive strategies that cancer cells employ to survive under nutrient stress, providing insights that are foundational for developing targeted metabolic therapies.

Establishing the In Vitro Analogs

To study the effects of malnutrition at the cellular level, researchers have developed standardized *in vitro* protocols that serve as analogs for specific aspects of clinical undernutrition. These experimental models are created by selectively removing or reducing key components from the defined culture medium. This report will focus on the three most common and mechanistically informative analogs of malnutrition used in 2D cancer cell culture:

- **Energy Deprivation:** This state is primarily modeled by **glucose deprivation**. Given that many cancer cells exhibit a profound dependence on glucose to fuel both energy production and the synthesis of biomass (the Warburg effect), removing this key substrate directly challenges their central metabolic programming.
- **Macronutrient (Protein) Deprivation:** This is modeled through **amino acid starvation**. This can involve the complete withdrawal of all amino acids to induce an acute stress response or the targeted depletion of a single amino acid to exploit specific metabolic dependencies, known as auxotrophies, that are unique to certain cancer types.
- **Growth Factor and Micronutrient Deprivation:** This complex state is most commonly modeled by **serum starvation**. Fetal bovine serum (FBS) is a rich, undefined supplement containing a vast array of growth factors, hormones, vitamins, and minerals. Its removal simultaneously deprives cells of critical mitogenic signals and a wide range of essential micronutrients, allowing for the study of growth factor independence and cell cycle control.

The deliberate application of these distinct starvation protocols allows for the systematic deconstruction of the complex cellular response to nutrient scarcity. The findings from each model are not interchangeable; rather, they provide complementary insights into the different facets of cancer cell adaptation to a challenging metabolic environment.

Part II: Methodologies of Induced Nutrient Stress in 2D Cancer Cell Culture

The experimental induction of malnutrition in 2D cultured cancer cells relies on precise modifications of the growth medium. The specific protocol chosen is dictated by the biological question being addressed, whether it is the flexibility of energy metabolism, dependency on specific biosynthetic precursors, or the control of growth factor signaling.

Glucose Deprivation

The rationale for glucose deprivation studies is rooted in the unique metabolic phenotype of many cancer cells known as the Warburg effect, or aerobic glycolysis. These cells exhibit an unusually high rate of glucose uptake and fermentation to lactate, even in the presence of sufficient oxygen.^{www} This metabolic rewiring provides not only ATP but also a steady supply of carbon intermediates essential for the synthesis of nucleotides, lipids, and proteins required for rapid cell proliferation.^{www} Targeting this dependency through glucose deprivation is a powerful tool to probe metabolic vulnerabilities. Protocols for glucose deprivation vary in severity and duration:

- **Partial Deprivation:** This approach involves culturing cells in media with reduced, often more physiologically relevant, glucose concentrations. Standard culture media like DMEM often contain high glucose levels (25 mM, equivalent to 4.5 g/L), whereas media like RPMI-1640 may contain lower levels (11 mM or 1.0 g/L).^{www} Studies may further reduce glucose to

levels mimicking severe hypoglycemia (e.g., 3 mM) to assess cellular responses to moderate energy stress.^{www}

- **Complete Deprivation (Starvation):** For a more acute stress, cells are cultured in glucose-free media (0 mM glucose). This is a severe challenge that forces cells to rely entirely on alternative fuel sources, such as glutamine or fatty acids, and often leads to significant cell death in sensitive lines within hours to days.^{www} For instance, a study on HeLa cells demonstrated that reducing glucose from 6 mM to 3 mM resulted in 73% survival after 2 hours, while complete removal to 0 mM for 4 hours reduced survival to 53%.^{www}
- **Pharmacological Mimics:** The effects of glucose deprivation can also be simulated using pharmacological agents. The non-metabolizable glucose analog 2-deoxy-D-glucose (2-DG) competitively inhibits glycolysis.^{www} Other drugs, such as metformin (which inhibits mitochondrial complex I) and sodium oxamate (a lactate dehydrogenase inhibitor), disrupt downstream glucose metabolism and can be used to induce a state of metabolic stress similar to nutrient withdrawal.^{www}

Amino Acid Starvation

Amino acid starvation protocols are designed to target the high demand for these essential building blocks in cancer cells, which are required for the massive protein synthesis needed to support continuous proliferation.^{www} Furthermore, some tumors develop specific "addictions" to certain amino acids that they cannot synthesize themselves, creating unique therapeutic vulnerabilities.^{www}

Experimental approaches include:

- **Complete Amino Acid Starvation:** To induce a potent and rapid stress response, cells are often washed and incubated in a nutrient-free balanced salt solution, such as Earle's Balanced Salt Solution (EBSS), which lacks all amino acids but contains essential salts and a buffer. This is typically done for short durations

(e.g., 2 to 4 hours) to study acute signaling events, such as the inhibition of mTORC1 or the activation of the integrated stress response.^{www}

- **Targeted Depletion:** A more nuanced approach involves using custom-formulated media that specifically lacks one or more amino acids. This method is crucial for identifying and studying cancer-specific auxotrophies. For example, many cancer types exhibit methionine dependency, meaning they die in methionine-free media while normal cells survive.^{www} Similarly, depriving cells of arginine or glutamine has been shown to inhibit proliferation and induce cell death in dependent cancer lines.^{www} This can also be achieved enzymatically, for example, by using an engineered cyst(e)inase to deplete cysteine and cystine from the medium, thereby inducing oxidative stress and cell death.^{www}

Serum Starvation

Serum starvation is a widely used technique with a dual purpose: it removes a complex and undefined mixture of growth factors, hormones, and micronutrients, and it synchronizes the cell population into a quiescent state.^{www} By arresting the majority of cells in the G0/G1 phase of the cell cycle, serum starvation provides a homogenous and low-activity baseline, which is critical for accurately studying the effects of subsequent treatments, such as the addition of a specific growth factor or drug, without the confounding variables present in serum.^{www}

The standard protocol involves:

- **Seeding and Attachment:** Cells are seeded at a density that will allow them to reach approximately 70–80% confluency, ensuring they have established cell-cell contacts but are not overgrown.^{www}
- **Washing:** The complete, serum-containing medium is removed, and the cell monolayer is gently washed with a sterile buffer like phosphate-buffered saline (PBS) to eliminate any residual serum components.^{www}

- Incubation:** The cells are then incubated in a serum-free medium (SFM) or a low-serum medium (e.g., containing 0.1% to 0.5% FBS). The duration of incubation is critical and depends on the experimental goal. A period of 12–24 hours is common for cell cycle synchronization.^{www} Longer incubations, from 48 to 72 hours or more, are used to induce a deeper state of quiescence or dormancy.^{www}

The choice among these starvation methodologies is a critical aspect of experimental design, as each one probes a distinct aspect of cancer cell biology. Glucose deprivation challenges metabolic plasticity, amino acid starvation tests biosynthetic dependencies, and serum starvation interrogates growth factor signaling and cell cycle regulation. The interpretation of results must always be framed within the context of the specific stress that was applied.

Starvation Method	Typical Protocol	Primary Biological Target	Primary Effect on Proliferation	Primary Effect on Viability	Key Associated Signaling Pathways
Glucose Deprivation	Culture in glucose-free or low-glucose (e.g., 1-5 mM) medium for 4–48 h. ^{www}	Energy metabolism (glycolysis), biosynthesis	Reduced proliferation; cell-line dependent. ^{www}	Induces ROS-mediated cell death in sensitive lines; can be tolerated by resistant lines. ^{www}	AMPK activation, mTORC1 inhibition, HIF-1 α stabilization. ^{www}
Amino Acid Starvation	Culture in amino acid-free medium (e.g., EBSS) for 2–4 h or medium lacking a specific amino acid (e.g., Met, Gln) for 24–72 h. ^{www}	Protein synthesis, specific metabolic dependencies (auxotrophies)	Strongly reduced proliferation and colony formation. ^{www}	Induces apoptosis; triggers survival adaptations like autophagy and macropinocytosis. ^{www}	mTORC1 inhibition, GCN2/ATF4 (Integrated Stress Response) activation. ^{www}
Serum Starvation	Culture in serum-free or low-serum (0.1–0.5% FBS) medium for 12–72 h. ^{www}	Growth factor signaling, cell cycle control	Cell cycle arrest in G0/G1 phase; induction of quiescence. ^{www}	Variable; can induce apoptosis in sensitive lines or a reversible dormant state in others. ^{www}	PI3K/Akt inhibition, MAPK pathway modulation, reduced ERK1/2 activity. ^{www}

Part III: The Cellular Response to Scarcity: Proliferation, Viability, and Dormancy

The primary and most immediate consequence of nutrient deprivation is the cessation of cell proliferation, a logical strategy to conserve finite resources when the building blocks for growth are unavailable.^{www} However, the subsequent fate of the

arrested cell is highly variable and context-dependent, ranging from programmed cell death to entry into a reversible state of dormancy. This decision point is critical, as it determines not only the immediate efficacy of a starvation-based therapeutic strategy but also the long-term risk of tumor relapse.

Proliferation Arrest and Cell Cycle Inhibition

Nutrient and growth factor availability are tightly coupled to the cell cycle machinery. The

withdrawal of these essential components triggers signaling cascades that actively halt cell cycle progression. Serum starvation is the most well-characterized method for inducing this state. By removing the mitogenic signals from growth factors in FBS, cells are unable to pass the restriction point in the G1 phase and thus enter a quiescent G0 state.^{www} This is experimentally verified by flow cytometry, which shows an accumulation of cells in the G0/G1 phase, and by a marked decrease in the expression of proliferation markers such as Ki67.^{www} Similarly, the deprivation of key metabolites like glucose and amino acids effectively puts the brakes on proliferation. Studies using MTT assays, which measure metabolic activity as a proxy for cell number, and colony formation assays, which assess the ability of single cells to proliferate into colonies, consistently demonstrate a significant reduction in growth rate upon glucose or glutamine starvation.^{www} For example, in various breast cancer cell lines, complete glucose deprivation inhibited proliferation after four days of culture.^{www} Likewise, glutamine starvation reduced the growth of four different colorectal cancer cell lines by 40–50% after three days and significantly impaired their ability to form colonies.^{www} This arrest is a direct consequence of the lack of energetic currency (ATP) and biosynthetic precursors needed to duplicate the cell's contents.

Induction of Cell Death: Apoptosis and Necrosis

When nutrient stress is severe or prolonged, and adaptive mechanisms are insufficient, the cell may initiate a self-destruction program. Nutrient deprivation is a potent trigger for apoptosis, or programmed cell death.^{www} In tongue squamous carcinoma cells, serum starvation was shown to increase the percentage of apoptotic cells, as measured by Annexin V staining, which detects an early marker of apoptosis. This was accompanied by a significant decrease in the ratio of the anti-apoptotic protein Bcl-2 to the pro-apoptotic protein Bax, indicating a shift in the cellular balance towards death.^{www} The mechanism of cell death can be

specific to the type of nutrient being withheld. In many cancer cells that are highly dependent on glycolysis, glucose deprivation induces a massive accumulation of intracellular reactive oxygen species (ROS).^{www} This occurs because glucose metabolism, particularly through the pentose phosphate pathway, is a primary source of the antioxidant molecule NADPH. Without glucose, NADPH levels plummet, the cell's ability to neutralize ROS is compromised, and the resulting oxidative stress leads to widespread damage and cell death.^{www} This ROS-mediated death pathway can be so potent that it occurs independently of ATP depletion, challenging the traditional view that cells die from glucose starvation simply because they run out of energy.^{www} However, the response to starvation is remarkably heterogeneous across different cancer types. While many cell lines succumb to nutrient deprivation, some exhibit extraordinary resistance. A notable study found that several pancreatic cancer cell lines, which originate from a notoriously nutrient-poor tumor environment, could survive for more than 48 hours in a medium completely lacking serum, glucose, and amino acids. In contrast, normal fibroblasts and liver cancer cell lines died within 24–36 hours under the same conditions.^{www} This remarkable tolerance was found to be associated with high baseline expression of the pro-survival kinase PKB/Akt, highlighting that the intrinsic genetic and signaling architecture of a cancer cell dictates its ability to withstand metabolic stress.^{www}

Entering a State of Quiescence or Dormancy

The cellular response to malnutrition is not limited to a binary choice between proliferation and death. A third, clinically significant outcome is the entry into a reversible, non-proliferative state known as quiescence or dormancy.^{www} This represents an adaptive strategy where the cell minimizes its metabolic activity to survive a period of unfavorable conditions, retaining the ability to re-enter the cell cycle once conditions improve. This phenomenon is a major contributor to cancer therapy resistance and tumor recurrence.

Serum starvation is a powerful tool for studying this

process *in vitro*. A detailed study of ovarian cancer cells demonstrated that while shorter periods of serum starvation had minimal effect, a 72-hour incubation in serum-free medium reliably induced a dormant state in a significant fraction of the cells.^{www} This state was characterized by G0/G1 arrest, low Ki67 expression, and a shift in the balance of key signaling kinases specifically, a decrease in the activity of the pro-proliferative ERK1/2 kinase and an increase in the activity of the stress-activated p38 MAPK. Importantly, this dormant state was induced without causing widespread apoptosis or cellular senescence (an irreversible form of growth arrest). The most critical finding was the reversibility of this state: upon re-supplementing the medium with serum, the dormant cells efficiently re-entered the cell cycle and resumed proliferation, with their growth rate sometimes even exceeding that of the original culture.^{www} This capacity for dormancy reveals a profound layer of complexity in the response to nutrient stress. It suggests that therapeutic strategies aimed at starving tumors may not be purely cytotoxic. Instead, they may act as a strong selective pressure, eliminating metabolically inflexible cells while simultaneously inducing a dormant, therapy-resistant state in a subpopulation of adaptable cells. These dormant cells could then serve as a reservoir for tumor regrowth and relapse long after the initial treatment has ceased. Understanding the signals that govern the entry into and exit from dormancy is therefore a critical frontier in cancer research.

Part IV: Morphological and Structural Alterations Under Nutrient Deprivation

The profound metabolic and signaling shifts induced by malnutrition are often accompanied by visible changes in the physical structure and organization of cancer cells. These morphological alterations are not merely passive consequences of cellular distress but can reflect active adaptive processes, including changes in adhesion, organellar

function, and even the acquisition of more aggressive, migratory phenotypes.

Gross Morphological Changes and Adhesion

One of the most readily observable effects of severe nutrient stress is a change in cell shape and adherence. In 2D culture, healthy adherent epithelial cells typically grow as a flat, cobblestone-like monolayer. Under duress, such as that induced by serum starvation, cells often lose their flattened shape, become rounded, and may detach from the culture surface.^{www} This was observed in A549 human lung cancer cells, which exhibited a significant increase in rounded and floating cells after 48 hours in a serum-reduced medium, a clear indicator of cellular stress and impending death.^{www}

However, morphological changes can also signify a shift in cellular programming rather than just decay. In SW480 colon cancer cells, which normally grow as a heterogeneous mix of adherent and rounded cells, the re-expression of the full-length tumor suppressor protein APC (adenomatous polyposis coli) induced a dramatic morphological shift. The cells became uniformly more flattened and adherent, forming compact, epithelial-like colonies with tighter cell-cell junctions.^{www} This suggests that certain genetic contexts can modulate the morphological response to the culture environment, pushing cells towards a more organized, less motile state.

Organellar Dynamics: The Mitochondrial Response

Mitochondria, as the hubs of cellular energy production and metabolism, undergo dynamic structural changes in response to nutrient availability. The morphology of the mitochondrial network ranging from small, fragmented organelles to large, interconnected, and filamentous structures is tightly linked to its metabolic function. In response to glucose deprivation, normal cells often fuse their mitochondria into elongated networks, a configuration thought to enhance the efficiency of oxidative phosphorylation and ATP production.^{www}

This adaptive capacity can be lost in cancer cells. K-ras transformed fibroblasts, for instance, were unable to form these interconnected mitochondrial structures upon glucose depletion, a failure that correlated with reduced ATP levels and increased sensitivity to starvation.^{www} Similarly, glutamine deficiency has been shown to directly alter mitochondrial morphology, indicating that the cell's nutrient-sensing machinery is directly wired to the control of organellar structure.^{www} These findings highlight that the ability to remodel mitochondrial networks is a key aspect of metabolic flexibility and a determinant of survival under nutrient stress.

The Paradox of Induced Aggressiveness: EMT and Motility

While acute starvation often immobilizes cells, a paradoxical and concerning finding is that prolonged nutrient deprivation can promote a more aggressive and metastatic phenotype. This is often mediated by the process of epithelial-to-mesenchymal transition (EMT), a developmental program hijacked by cancer cells to gain migratory and invasive capabilities.

In a study using MCF7 breast cancer cells, migration was initially inhibited after 24 hours of nutrient deprivation. However, after 72 hours of sustained starvation, the cells adapted and their migratory ability significantly increased.^{www} This functional change was underpinned by molecular reprogramming: the cells upregulated the expression of key EMT-associated genes, including the transcription factor *Twist* and mesenchymal markers like *vimentin* and *fibronectin*.^{www}

This phenomenon is not unique to breast cancer. In lung adenocarcinoma cells, glucose restriction was found to induce a process of dedifferentiation, causing the cells to lose their specialized features and become more aggressive.^{www} This switch was driven by epigenetic alterations and the activation of the transcription factor HIF-1 α , which in turn promoted an EMT-like state. Microscopic analysis of the highly invasive MDA-MB-231 breast cancer cell line further confirmed this trend; glucose deprivation led to increased invasion in trans-well assays

and the formation of looser, less compact spheroids in 3D culture, both hallmarks of a heightened metastatic potential.^{www}

These observations carry significant therapeutic implications. They demonstrate that the nutrient-poor conditions found in the core of a tumor, or those induced by metabolic therapies, can act as a powerful selective pressure. While this pressure may kill many cancer cells, it can also inadvertently select for or induce a subpopulation of cells that have activated aggressive, migratory programs. The initial anti-proliferative effect of starvation could thus be a deceptive prelude to the emergence of a more dangerous and difficult-to-treat disease. This underscores the need for therapeutic strategies that not only starve tumors but also block the adaptive pathways that lead to this malignant progression.

Part V: Molecular Sentinels and Master Regulators: Signaling Under Nutrient Stress

Cancer cells possess an intricate network of signaling pathways that act as molecular sentinels, constantly monitoring the availability of nutrients and energy. In response to scarcity, these pathways orchestrate a massive reprogramming of cellular metabolism and gene expression, shifting the cell from a state of growth and proliferation to one of survival and stress resistance. Understanding these master regulatory networks is key to deciphering the cellular response to malnutrition.

The Central mTOR/AMPK Axis

At the heart of the nutrient-sensing network lies a critical axis controlled by two opposing protein kinases: mTOR and AMPK.

- **mTORC1 (mechanistic Target of Rapamycin Complex 1):** This complex functions as a master regulator of cell growth, integrating signals from growth factors, amino acids, glucose, and cellular energy status.^{www} When nutrients are

abundant, mTORC1 is active and promotes anabolic processes, including protein synthesis, lipid synthesis, and ribosome biogenesis, thereby driving cell growth and proliferation.^{www} Amino acids, in particular, are a potent signal for mTORC1 activation. Consequently, nutrient starvation, whether of amino acids or glucose, leads to the rapid and potent inactivation of mTORC1, which serves as a crucial brake on cell growth to conserve resources.^{www}

- **AMPK (AMP-activated Protein Kinase):** In direct opposition to mTORC1, AMPK acts as the cell's primary energy sensor, or "fuel gauge".^{www} It is activated under conditions of energy stress, such as glucose deprivation, which lead to an increase in the intracellular ratio of AMP to ATP.^{www} Once activated, AMPK initiates a comprehensive program to restore energy homeostasis. It phosphorylates and activates enzymes involved in catabolic, energy-producing pathways (e.g., fatty acid oxidation, glycolysis) while simultaneously phosphorylating and inhibiting enzymes involved in anabolic, energy-consuming pathways (e.g., fatty acid and cholesterol synthesis).^{www} A key function of AMPK is to inhibit mTORC1 activity, thereby ensuring that cell growth is halted when energy levels are low.^{www} Furthermore, AMPK is a potent activator of autophagy, the cellular recycling process that generates nutrients and energy during starvation.^{www}

The dynamic interplay between mTORC1 and AMPK forms a central control hub that allows the cell to tailor its metabolic state to the prevailing nutrient conditions, balancing the demands of growth with the necessity of survival.

The PI3K/Akt Survival Pathway

The phosphoinositide 3-kinase (PI3K)/Akt pathway is one of the most frequently hyperactivated signaling cascades in human cancer and plays a pivotal role in promoting cell survival, proliferation, and metabolism. Akt signaling enhances glucose uptake and glycolysis, providing the fuel needed for

rapid growth.^{www} This pathway is also critical for surviving metabolic stress. The remarkable ability of certain pancreatic cancer cell lines to tolerate complete nutrient starvation has been directly linked to their high baseline expression and activity of Akt.^{www} This sustained pro-survival signal allows them to resist the apoptotic triggers induced by nutrient deprivation.^{www} The importance of this pathway is underscored by the finding that pharmacological inhibition of PI3K (using LY294002) or Akt can selectively kill these starvation-resistant cancer cells, revealing a critical dependency or "addiction" that only becomes apparent under metabolic stress.^{www}

HIF-1 α and the Pseudo-Hypoxic Response

Hypoxia-inducible factor 1-alpha (HIF-1 α) is the master transcriptional regulator that enables cells to adapt to low oxygen (hypoxia), a common feature of the tumor microenvironment.^{www} Under normal oxygen conditions, HIF-1 α is continuously synthesized but rapidly targeted for degradation by a class of enzymes called prolyl hydroxylases (PHDs). However, in a fascinating example of metabolic control over gene expression, nutrient deprivation can lead to the stabilization and activation of HIF-1 α even in the presence of ample oxygen a state termed "pseudo-hypoxia".^{www}

The mechanism underlying this phenomenon reveals a deep connection between metabolism and oxygen sensing. The PHD enzymes that degrade HIF-1 α require alpha-ketoglutarate (AKG), a key metabolite of the TCA cycle, as an essential cofactor. Glucose is a major source of carbon for the TCA cycle and thus for the production of AKG. When lung adenocarcinoma cells are deprived of glucose, intracellular levels of AKG plummet. Without its required cofactor, PHD activity is inhibited, HIF-1 α escapes degradation, accumulates, and becomes transcriptionally active.^{www}

Once active, HIF-1 α drives the expression of a suite of genes that promote a more aggressive cancer phenotype, including genes involved in glycolysis, angiogenesis, invasion, and metastasis.^{www} This metabolic hijacking of the hypoxia

response pathway helps explain the paradoxical observation that prolonged glucose starvation can make cancer cells more aggressive. It demonstrates that a cell's metabolic state can directly dictate its transcriptional programs, blurring the distinction between responses to nutrient scarcity and responses to other environmental cues like oxygen availability. This intricate signaling network highlights that the cellular reaction to malnutrition is not a simple shutdown but an active and complex re-wiring of its fundamental operating system to prioritize survival.

Part VI: Adaptive Survival Strategies: Autophagy and Nutrient Scavenging

Faced with a scarcity of external nutrients, cancer cells deploy sophisticated internal and external strategies to acquire the necessary fuel and building blocks for survival. These adaptive mechanisms demonstrate remarkable cellular plasticity and are central to the ability of tumors to withstand the harsh conditions of their microenvironment and resist therapeutic interventions. The two principal strategies are autophagy, an internal recycling program, and macropinocytosis, an external scavenging process.

Autophagy: The Cellular Recycling System

Autophagy is a highly conserved catabolic process in which a cell digests its own components to generate nutrients and energy during periods of stress.^{www} It functions as a cellular quality control and recycling system, sequestering damaged or superfluous proteins and organelles into double-membraned vesicles called autophagosomes. These vesicles then fuse with lysosomes, and their contents are degraded into basic molecular components such as amino acids, fatty acids, and nucleotides which are released back into the cytoplasm to be reused.^{www}

Nutrient starvation is one of the most potent and well-studied inducers of autophagy.^{www} The signaling cascade for its induction is tightly controlled by

the master nutrient sensors, mTORC1 and AMPK. Under nutrient-rich conditions, active mTORC1 phosphorylates and inhibits the ULK1 complex, a key initiator of autophagy. When nutrients become scarce, mTORC1 is inactivated and AMPK is activated, leading to the de-repression and activation of the ULK1 complex, which triggers the formation of autophagosomes.^{www}

In the context of cancer, autophagy plays a critical, albeit complex, dual role. In some early stages, it may act as a tumor suppressor by removing damaged organelles and preventing genomic instability. However, in established tumors, autophagy is predominantly a pro-survival mechanism.^{www} It allows cancer cells to survive in the nutrient-deprived and hypoxic core of a tumor mass, maintain their intracellular amino acid pool, and withstand the metabolic stress induced by chemotherapy and radiotherapy.^{www} This adaptive recycling is essential for maintaining cellular homeostasis and viability under conditions that would otherwise be lethal.

Macropinocytosis and the Ubiquitin-Proteasome System (UPS): External Scavenging

In addition to recycling their internal components, starved cancer cells can actively scavenge for nutrients in their external environment. One key mechanism for this is macropinocytosis, a process of non-specific, large-scale endocytosis where the cell extends protrusions of its plasma membrane to engulf large volumes of extracellular fluid and its contents.^{www} In a nutrient-poor environment, this allows cancer cells to "drink" extracellular proteins, such as albumin, which can then be degraded in lysosomes to provide a valuable source of amino acids.^{www} This process is particularly prominent in cancers with activating mutations in the *RAS* oncogene, such as pancreatic cancer.^{www}

Recent research has uncovered an additional layer of complexity in this scavenging pathway. Besides the traditional lysosomal degradation route, extracellular proteins internalized via macropinocytosis can also be processed by the ubiquitin-proteasome system (UPS).^{www} The UPS is the primary system for degrading specific, short-lived intracellular

proteins, but this new evidence suggests it also plays a role in processing externally derived nutrients. This "macropinocytosis-UPS axis" represents a novel nutrient acquisition route for starved cancer cells.^{www}

The activation of these scavenging pathways reveals the remarkable resourcefulness of cancer cells. They have evolved a dual-pronged strategy to combat starvation: they look inward via autophagy to recycle their own assets, and they look outward via macropinocytosis to plunder their surroundings. This metabolic plasticity implies that therapeutic strategies based on simple nutrient deprivation may be insufficient. If one nutrient source is blocked, adaptable cancer cells can often switch to another. This highlights a potential therapeutic opportunity: the adaptations themselves create new vulnerabilities. For instance, the increased reliance on the UPS during amino acid starvation makes these cells more sensitive to proteasome inhibitors.^{www} An effective therapeutic approach may therefore require a multi-pronged attack that simultaneously blocks both internal recycling and external scavenging pathways, pushing the cancer cell into a state of metabolic collapse from which it cannot recover.

Part VII: Therapeutic Context and Future Directions

The study of malnutrition in 2D cancer cell models, while reductionist, provides critical insights that inform translational and therapeutic strategies. By elucidating the metabolic vulnerabilities and adaptive responses of cancer cells to nutrient stress, this research opens new avenues for enhancing the efficacy of existing treatments and designing novel therapeutic approaches. However, the translation of these findings requires a clear-eyed perspective on the limitations of the model system and a focus on more physiologically relevant contexts.

Malnutrition as a Modulator of Therapy Sensitivity

A key finding from *in vitro* studies is that inducing a state of malnutrition can profoundly alter a cancer cell's sensitivity to conventional therapies like chemotherapy and radiotherapy. This modulation can be synergistic, creating an opportunity for combination treatments. A striking example was observed in breast cancer cell lines, where reducing the glucose concentration in the culture medium enhanced the cytotoxic effects of the chemotherapeutic drugs paclitaxel and doxorubicin by up to 1000-fold.^{www} This suggests that dietary interventions, such as carbohydrate-restricted diets that lower blood glucose, could potentially allow for lower, less toxic doses of chemotherapy while achieving the same therapeutic effect.^{www}

The mechanism underlying this synergy often involves the exacerbation of oxidative stress. Many chemotherapeutic agents and radiotherapy work in part by generating high levels of damaging reactive oxygen species (ROS) in cancer cells. Nutrient starvation, particularly glucose deprivation, also increases mitochondrial ROS production and depletes the cell's antioxidant defenses.^{www} When combined, these two insults can push the intracellular ROS levels past a toxic threshold, leading to overwhelming oxidative damage and cell death.^{www} Because the tumor microenvironment is often already nutrient-deprived, cancer cells are frequently more dependent on their antioxidant systems (such as those involving glutathione and thioredoxin) than normal cells. This creates a therapeutic window, making them preferentially vulnerable to drugs that inhibit these redox systems, especially under nutrient-poor conditions.^{www}

Critical Perspective: The Limitations of the 2D Monolayer Model

Despite the valuable mechanistic insights gained from 2D cell culture, it is crucial to acknowledge the model's significant limitations, which can impact the clinical translatability of the findings.^{www}

- Uniform Nutrient Access and Artificial Environment:** The most significant flaw of the 2D model is the artificial environment it creates. Cells are grown as a monolayer on a flat plastic

surface, a configuration that alters their morphology, polarity, gene expression, and cell-cell interactions.^{www} Critically, every cell in the dish has uniform and essentially unlimited access to nutrients and oxygen in the overlying medium. This is in stark contrast to the *in vivo* tumor microenvironment, which is characterized by a disorganized and insufficient vasculature. This poor blood supply creates steep gradients of nutrients and oxygen, resulting in a heterogeneous landscape where cells near blood vessels may be well-nourished, while those further away exist in a state of chronic hypoxia and nutrient starvation.^{www}

- **Discrepancies with 3D Models:** Three-dimensional (3D) culture models, such as spheroids and organoids, more accurately recapitulate the structural and environmental complexities of *in vivo* tumors, including the formation of nutrient and oxygen gradients.^{www} Consequently, cancer cells grown in 3D models exhibit vastly different behaviors and metabolic profiles compared to their 2D counterparts. Comprehensive metabolomic analyses have shown that cells in 3D culture have significantly higher levels of free amino acids and TCA cycle intermediates and display a metabolic state that more closely resembles that of an actual tumor.^{www} They also show increased resistance to chemotherapy and radiotherapy, likely due to these nutrient gradients and the presence of quiescent cell populations in the spheroid core, a feature entirely absent in 2D culture.^{www} These differences underscore the necessity of validating findings from 2D models in more physiologically relevant 3D or *in vivo* systems before drawing therapeutic conclusions.

Exploiting Metabolic Vulnerabilities: The Path Forward

The ultimate goal of studying cancer cell metabolism is to identify and exploit unique dependencies that can be targeted for therapy.^{www} The

knowledge gained from *in vitro* malnutrition studies points toward several promising future strategies.

- **Targeting Specific Dependencies:** As research uncovers specific metabolic "addictions" of certain cancers, therapies can be designed to target them. For example, the discovery that many pancreatic cancers are highly dependent on the amino acid cysteine has led to pre-clinical strategies aimed at starving these tumors of cysteine through a combination of dietary restriction and pharmacological inhibition of cysteine uptake pathways.^{www}
- **Contextual Synthetic Lethality:** A particularly powerful and sophisticated approach is the concept of synthetic lethality. In its classic genetic definition, a synthetic lethal interaction occurs when the loss of either of two genes is compatible with life, but the simultaneous loss of both is lethal.^{www} This concept has been successfully applied in cancer therapy with PARP inhibitors, which selectively kill cancer cells with mutations in *BRCA* genes. This framework can be expanded to include the tumor microenvironment. In "contextual synthetic lethality," the harsh, nutrient-poor environment of the tumor itself serves as the first "hit".^{www} The cancer cells survive this first hit through metabolic adaptations. A targeted drug that inhibits this specific adaptive pathway can then serve as the second, synthetic lethal "hit," selectively killing cancer cells within the tumor while sparing healthy cells in nutrient-rich environments. This strategy leverages the tumor's own hostile environment against it, offering a highly specific and potentially less toxic approach to cancer treatment.

Conclusions

The study of malnutrition in 2D cultured cancer cells provides a foundational understanding of the profound metabolic and signaling adaptations that enable tumor survival under stress. By translating

the complex clinical syndrome of malnutrition into controlled *in vitro* protocols namely glucose deprivation, amino acid starvation, and serum starvation researchers can dissect the specific cellular responses to the scarcity of energy, biosynthetic precursors, and growth signals.

The cellular response to such nutrient stress is multifaceted and highly context-dependent. While acute or severe deprivation can effectively inhibit proliferation and induce apoptotic cell death, often through mechanisms like overwhelming oxidative stress, cancer cells have evolved robust survival strategies. These include entering a reversible state of dormancy, which may contribute to tumor relapse, and paradoxically, activating aggressive, migratory programs like the epithelial-to-mesenchymal transition under prolonged stress. These adaptive responses are orchestrated by a core network of nutrient-sensing signaling pathways, including the central mTOR/AMPK axis, the pro-survival PI3K/Akt pathway, and the HIF-1 α pathway, which can be activated by metabolic shifts to induce a "pseudo-hypoxic" state. To endure starvation, cancer cells employ a dual strategy of internal recycling through autophagy and external scavenging via macropinocytosis, highlighting their

remarkable metabolic plasticity.

These findings have significant therapeutic implications. Inducing nutrient stress can sensitize cancer cells to conventional chemotherapy, and the metabolic adaptations themselves represent novel therapeutic targets. However, the translation of these findings must be tempered by a critical awareness of the limitations of the 2D cell culture model. The uniform nutrient access in a culture dish fails to replicate the heterogeneous, gradient-rich microenvironment of an *in vivo* tumor, a reality better modeled by 3D culture systems.

Moving forward, the most promising therapeutic strategies will likely involve exploiting these metabolic vulnerabilities in a more sophisticated manner. The concept of contextual synthetic lethality, which combines the inherent nutrient stress of the tumor microenvironment with drugs that target the specific adaptive pathways required for survival in that environment, offers a powerful paradigm for developing highly selective and effective next-generation cancer therapies. Continued research that bridges the gap between reductionist *in vitro* models and the complex reality of the tumor *in vivo* will be essential to turn these metabolic insights into tangible clinical benefits.