Review Article

- ² Cell death and its different modes: history
 ³ of understanding and current trends
- 4

1

5 **Abstract**

- 6 Discussions about what is life continue to struggle; there are pros and cons for whether a virus is
- 7 alive. However, an opposite thing cell death appears to be tantamount important and equally
- 8 not-easygoing to define. Nevertheless, our current knowledge about eukaryotic cell death has made
- 9 a long way and resulted in a fruitful outcome: starting from three types of cell death (type I, II and
- 10 III which are mainly applicable to eukaryotic cells of organisms from the biological kingdom
- animalia) in 1970s, Nomenclature Committee on Cell Death has named already twelve cell death
- 12 forms in 2018, including the above mentioned apoptosis, autophagy and necrosis among them. How
- 13 the scientific attitude towards cellular demise evolved and various aspects of different cell death
- 14 modes are reviewed in this article.

15 Keywords

- 16 nomenclature; regulated cell death; cornification; excitotoxicity; cysteine proteases; lysosome;
- 17 plasma membrane; cancer
- 18

19 Abbreviations

- 20 ACD accidental cell death
- 21 ADCD autophagy-dependent cell death
- 22 ATP adenosine triphosphate
- 23 DAMP damage-associated molecular pattern
- 24 MOMP mitochondrial outer membrane permeabilization
- 25 NCCD Nomenclature Committee on Cell Death
- 26 PCD programmed cell death
- 27 RCD regulated cell death
- 28 ROS reactive oxygen species
- 29

30 Introduction

31 Today, our knowledge about eukaryotic cell death has a profound history. Microscopy 32 of mammalian cell cultures, live tissues and stained sectioned specimens of various multicellular 33 organisms (nematode C. elegans, fruit fly D. melanogaster, mouse, human and other) revealed 34 many secrets of cellular life and death. Starting from three types of cell death (type I, II and III) in 35 1970's [1], cell death has been gaining interest at an increasing rate. Regulated cell death (RCD) or 36 the events that resemble it have been also observed in the organisms of plant and fungi kingdoms, 37 even in unicellular eukaryotes and prokaryotes [2][3][4]. However, many more cell death subtypes, 38 as defined by cellular morphology, cell function and biochemical markers, had been identified in 39 the past fifty years. Nomenclature Committee on Cell Death (NCCD) has named already twelve cell 40 death forms with the canonical types of apoptosis, autophagy and necrosis among them, in 2018. As molecular cell biology, biochemistry, biomedicine and biology sciences keep developing, this 41 research area continues expanding. It is interesting that according to such scientific studies even 42 Catholic Church – after almost 2000 years – updated their teaching about human life and its 43 conception, defining the death of a human zygote a single cell as death of a human person, in 44 45 <mark>1974.</mark> This review investigates the evolution of the scientific cell death concept and 46

approaches to investigate it. The cell is programmed to die by many diverse mechanisms and
 subroutines. At the same time, understanding the interplay between life- and death-promoting

49 signals, or more specifically – the mechanisms by which naturally-programmed cell death is

50 induced or suppressed, may grant us the knowledge how to extend our lives. On one hand,

51 hazardous environment causes chronic cell death that leads to organ malfunction; on the other hand,

52 cellular life can be artificially prolonged. Moreover, progress is needed in dealing with immortal or

53 cell death-resistant cells, e.g. in human cancers. As reviewed by Kaminskyy and Zhivotovsky [5],

54 cell death can be pharmacologically targeted for the treatment of immunodeficiency, diabetes,

atherosclerosis, ischemia, reperfusion injury, infection, inflammation, autoimmune and neurological disorders, acute kidney injury and transplantation. However, the success is largely dependent on our

57 understanding of what we know about a cell and what we still don't.

58 As cancer is expected to surpass cardiovascular disease as the leading cause of death 59 in many high-income populations and become the disease No.1 [6], as well as the age-related

60 diseases become usual in the aging society, concern in cell death regulation continues to grow.

61 Paradoxically, when discussions about what is life continue, e.g. whether a virus is alive, an

62 opposite thing – cell death – appeared to be equally important and not easy-going to define. A group

63 of scientists who later established the committee called Nomenclature Committee on Cell Death

64 (NCCD) put many efforts in distinguishing between live and dead at cellular level. Nevertheless, it

became clear that a living cell is preloaded with explosives, i.e. suicidal molecules that are coded in

our genome, and the abundance of those deadly molecules is amazing. Many different signal

transducing proteins, proteases and channel components are present in the cytoplasm and in the

68 plasma membrane of every single cell, counterbalanced by prosurvival molecular mechanisms [7].

69 It is really surprising why we are still alive.

70

71 The 20th century

72 In 1951, a scientist Glucksmann collected and documented over 70 scattered reports 73 which had been published previously about cell deaths *in vivo* and *in vitro* [8]. This date may be 74 considered as a starting point from which eukaryotic cell death science started evolving. Yet, there is data that cell death evidence may go back even into 19th century (the year 1842), as presented in 75 one of the multiple chronologies of cell death [9]. As noted in the published analysis from the ISI-76 77 Science citation index [10] and nicely reviewed by Lockshin [11], the history of apoptosis, or a 78 programmed cell death (PCD) to which this term had been applied for decades, made this field of 79 research world-famous and fashionable. The number of publications has been growing enormously. 80 Cell viability assays for *in vitro* evaluation of cytotoxicity were developing, but cellular 81 morphology was the main criterion to describe the type of cell death while trying to fit into a 82 container of three cell death types: apoptosis (regulated cell suicide; the hallmark – cell shrinkage, 83 condensed and fragmented nucleus), autophagy (self cannibalism; the hallmark – double-membrane 84 vesicles in the cytoplasm) and necrosis (passive cell swelling; the hallmark – swelling mitochondria 85 and increased cell size). Later, molecular patterns of a certain cell death type began to emerge. For 86 example, 'DNA-ladder' as a result of inter-nucleosomal DNA degradation, emergence of 87 phosphatidylserine on the cell surface, and also activation of cysteine proteases caspases, were 88 considered as obligate markers of apoptotic cell death. Some other immunohistochemical markers 89 included cleaved cytokeratin-18, cleaved caspase-3, cleaved lamin A, phosphorylated histone 90 H2AX, cleaved poly(ADP ribose) polymerase, and translocation of apoptosis-inducing factor AIF 91 [12]. However, massive research of apoptosis led to inconsistence in the terminology, until a group 92 of specialists decided to establish a committee which would become an authority. Thereafter, 93 Nomenclature Committee on Cell Death published their first recommendations in 2005 [13], 94 followed by publications in 2009 [14], 2012 [15], 2015 [16] and 2018 [4]. 95

96 Year 2005

97 Briefly, in the article of 2005, all the known at that time cell death forms have been 98 described, namely apoptosis, autophagic cell death, necrosis/oncosis, mitotic catastrophe, 99 cornification, excitotoxicity, anoikis and Wallerian degeneration. Probably for the first time, a 100 difference between 'dying' and 'dead' cells has been emphasized. According to suggested 101 terminology, cell death was not as a process but rather a consequence *post factum*. Even in 2005 it 102 was clear that there were atypical cell death forms that possessed the attributes of both apoptosis 103 (active cell death) and necrosis (passive cell death). Moreover, it was apparent that there might be 104 switching between different modes of cell death execution and that the definition of 'point-of-no-105 return' was extremely varied among different cells, thus the Committee chose to substantiate that 106 the cell was 'dead' when the following criteria were met: i) its plasma membrane disintegrated, ii) 107 the nucleus completely fragmented, iii) membrane-bound cell particles formed and engulfed by 108 neighbour cells. Another important thing, the causes of cell death were imperatively appointed to be 109 named in every case in biomedical research, especially the methods of active investigation, making 110 a difference between death induction and death morphology. For example, 'caspase-3-positive 111 cells' were to be more precise than 'apoptotic cells', and 'etoposide-induced cell death' would not 112 involve any disputes whether it is apoptotic, autophagic or necrotic cell death. Similarly, e.g.

113 'TUNEL (terminal deoxynucleotidyl transferase-mediated dUTP nick end labelling)-positive cells'

- do not necessarily are dying, though it is presumed that they are; TUNEL assay simply detects
- 115 DNA strand breaks, while in certain stem cells such DNA damage is slowly but successfully
- repaired [17]. Finally, cells with autophagic phenotype were suggested to be renamed as cells 'with
- double-membrane vesicles' or cells with 'vesicular redistribution of LC3', while autophagic cell
- 118 death was questioned to exist at all [13].
- 119 Moreover, in 2005, NCCD questioned the usage of common pan-caspase inhibitor N-
- 120 Benzyloxycarbonyl-Val-Ala-Asp fluoromethyl ketone (Z-VAD.fmk; with aspartyl residue either
- 121 methylated or not). There were data that this inhibitor was non-selective towards caspases but also
- 122 irreversibly inhibited cytoplasmic cysteine proteases calpains as well as lysosomal cysteine
- 123 proteases cathepsins. In this regard, prevention of cell death by Z-VAD.fmk was suggested not to be
- 124 called as 'inhibition of caspase-dependent apoptosis', as the above mentioned other proteases
- 125 participate in various cell death events, including those of autophagy, necrosis and necroptosis, as
- 126 later reviewed in [18] (Table 1).
- 127
 - Furthermore, in 2005, the Committee made a step towards combining several cell
- death modes (anoikis with apoptosis, oncosis with necrosis) and suggested refraining from the
- 129 introduction of new terms like *aponecrosis* or *necroapoptosis*.
- 130

Protein	Functions	Cell death modality
Caspase-1	Interleukin IL-1 β and IL-18 conversion; Inflammation [4]	Pyroptosis
Caspase-2	Sensing DNA damage [19]	Apoptosis/ mitotic catastrophe
Caspase-3	Cleavage of multiple proteins, including activation of caspase- 8/10	Apoptosis [4]
Caspase-8	Activation of caspase-3; cleavage of Bid [16]	Extrinsic apoptosis (death receptors); Autophagic FADDosome [20]
Caspase-9	Activation of caspases-3/6/7	Intrinsic apoptosis; Dependence receptor-induced extrinsic apoptosis [15]
Caspase-10	FLIPosome formation; FADDosome formation; caspase-8 activation	Necroptosis; Apoptosis [21]
Caspase-12*	Effector of ER stress [22]; Antiinflamatory	Intrinsic apoptosis; Paraptosis
Caspase-14	Formation of epidermis [23]	Cornification
Cathepsins	Proteosysis in lysosomes	LDCD [4]; ADCD
Calpains	Proteolysis in cytoplasm **	Necrosis; Ferroptosis; Apoptosis

131

- 132 Table 1: Functions of various cysteine proteases in cell death. * Functional in rodents, but in majority
- 133 of human population inactive due to a mutation [24]. ** Ca²⁺-dependent activation under Ca-overload
- 134 conditions [25].
- 135

136 Year 2009

Later, in 2009, NCCD issued recommendations entitled 'Classification of cell death:
recommendations of the Nomenclature Committee on Cell Death 2009'. In this paper, several quite
new atypical cell death forms were described on the basis of the published research. However, the
main modalities of cell death were selected to be apoptosis, autophagy, cornification and necrosis.
Probably because of this, the historical numeration (cell death type I, II or III) was proposed to be
abandoned.

As in previous paper, NCCD continued to merge atypical death modalities with the
main ones. As a consequence, mitotic catastrophe, anoikis and exitotoxicity have lost their
autonomy, while paraptosis, pyroptosis, pyronecrosis and entosis were left as an open question.
Moreover, Wallerian degeneration was retracted from the cell death list due to the unfulfillment of
criteria required for the definition of 'dead cell'. Specifically, peripheral neurons during Wallerian
degeneration usually regenerate [14].

149 Importantly, NCCD found that morphological criteria were not sufficient to identify 150 cell death type or modality; hence they suggested looking for biochemical and molecular markers 151 specific to a certain demise of a cell. For example, implication of caspases, non-caspase proteases 152 and Rip family proteins were proposed to be definitely important for this purpose in the future. And 153 yes, they did.

154

155 **Year 2012**

In 2012, the third recommendation entitled 'Molecular definitions of cell death 156 157 subroutines: recommendations of the Nomenclature Committee on Cell Death 2012' was published. 158 NCCD kept their promise and discussed the pros and cons of both morphological and biochemical 159 aspects of cell death. As declared in 2009, NCCD continued their mission to ensure uniformity in 160 nomenclature and the use of accepted terminology and critical evaluation of new cell death modalities. Of note, the situation in laboratories had changed dramatically from 1970's to 2012, and 161 162 although transmitted light microscopes continued to be an obligate instrument in cell biology for the 163 morphological evaluation of cell cultures, a bundle of molecular tools became available for such 164 research. Moreover, well-defined molecular mechanism of classic apoptosis encouraged to look into 165 the mechanisms of other cell death types. Albeit almost all atypical cell death forms were 166 phenotypically intermediate between apoptotic and necrotic, they probably could have been quite 167 well resolved and discriminated at the molecular level. Finally, novel biochemical tests were 168 acquired for more convenient and quantitative patient diagnostics, thus historical cell death 169 classification was reconsidered on the new basis.

In publication of 2012, many previously known molecular facts were accompanied
with newly discovered cell signalling events and regulatory mechanisms which helped to better
describe apoptosis, necrosis, autophagic cell death, anoikis, entosis, parthanatos, pyroptosis, netosis
and cornification.

However, the Committee realized that cell viability methods were the weak part of the chain as still there was substantially no molecular indicator which would guarantee the exact answer about cell demise. It seemed that certain cell death markers played pleiotropic roles in physiological conditions as well as they were implicated in execution of different cell death types. For example, 178 caspase activation and phosphatidylserine exposure were not the unique features of apoptosis, not

- 179 mentioning the intracellular level of ATP or ROS, and activity of reducing enzymes. In parallel,
- 180 there were many quite different traditional cell viability assays: accumulation of specific dyes,
- 181 release of intracellular proteins, glucose uptake, cell detachment, clonogenic, metabolism-based
- 182 assays, TUNEL, BrdU or EdU incorporation, mitochondria membrane potential, calcium efflux into
- 183 cytoplasm, Calcein-AM, total protein staining and similar [26]. Thereafter, it was absolutely
- 184 necessary to recommend using more than one method for cell death quantification.
- 185 Nevertheless, very specific markers of cell death type or subtype began to emerge. In 186 early 2000, ligand deprivation-induced dependence receptor signalling was discovered, and in 2012 187 NCCD added this type of cell death induction to the extrinsic apoptosis but as molecularly separate 188 modality with involvement of caspase-9 instead of caspase-8. Similarly, intrinsic apoptosis was 189 divided into caspase-dependent and caspase-independent. This cell death process was mediated by 190 MOMP and hence always associated with generalized and irreversible mitochondria membrane 191 potential dissipation, release of mitochondrial proteins into the cytosol or other sub-cellular 192 compartments and inhibition of respiratory chain. Importantly, there was already enough proof that 193 necrosis is a regulated process, thus terminology 'regulated necrosis' was introduced into the 194 nomenclature. Similarly to earlier clarifications or certain terms associated with cell death, in the 195 recommendations of 2012 NCCD named mitotic catastrophe as an 'onco-suppressive mechanism', 196 not as cell death, as aberrant mitosis was proved to induce cell senescence in some cases [15].

197 Year 2015

- As it was predicted, scientific perception about cell death has been evolving very rapidly in the past decade. The publication entitled 'Essential versus accessory aspects of cell death: recommendations of the NCCD 2015' did not disappoint in that sense. Just for to mention, NCCD publication of 2009 had 'only' 30 affiliations, followed by 46 affiliations in 2012, and listing 125 affiliations in 2015. Supposedly, there had to be major improvements in the nomenclature. And yes, it was.
- 204 Firstly, the article started with a confusing story about a giant minivirus which could 205 be infected by other viruses. Such phenomenon has sparked the debates how to describe the differences between live and inert entities, that a term 'life' is much more difficult to describe than 206 ⁴death' and the debates about what is a living organism continues. What came second into the sight 207 208 reading this recommendation, was the introduction of terms 'regulated cell death' and 'accidental 209 cell death' (ACD), illustrated by a figure where ACD was a small object compared to RCD that 210 contained the programmed cell death (PCD) in it. Further, the evidence that morphology of a dying 211 cell was dynamic and dependent on genetic or pharmacological interventions was presented. In 212 addition, the authors have summarized that usually there was no efficient cytoprotection beyond the 213 hypothetic *point-of-no-return* in cell commitment. Subsequently, additional process of adaptation 214 was introduced to precede cell death initiation, during which ATP and ROS levels oscillated in an 215 anti-parallel manner as a consequence of RCD promoting and suppressing signalling. Hereafter, 216 NCCD recommended to use the term '*initiation*' to indicate the RCD-causing events that were 217 reversible due to still ongoing adaptive responses [16]. 218 Another question exacerbated by NCCD in this publication was the role of damage-
- 219 associated molecular patterns (DAMPs) in cell death induction. Briefly, certain molecules were

220 identified to provoke specific reaction of the organism during which homing phagocytes were

221 attracted to the DAMPs-releasing site and, more importantly, inflammation as well as DAMP-

222 induced PCD was initiated through the activation of their receptors and signalling. Usually those

223 molecules (now called alarmins) reside inside a cell; however, during infection or extreme non-

224 physiological conditions they escape into extracellular medium as the plasma membrane of a cell

225 ruptures. In the case of ACD, much higher levels of alarmins are released when compared to RCD.

226 As summarized in Table 2, quite specific plasma membrane channels are intentionally formed (or

227 activated in e.g. autosis) during regulated cell death for the controlled release of DAMPs.

228

Protein	Activated by	Cell death modality	Notes
MLKL	RIP3 (phosphorylation)	Necroptosis	MLKL octamer [27]
DFNA5	Caspase-3 (proteolysis)	Secondary necrosis/ Apoptosis	
Gasdermin D	Caspase-1/5 (proteolysis)	Pyroptosis	
PANX1	Caspase-3/7 (proteolysis)	Apoptosis	
Connexins/ pannexins	N/A [28]	Apoptosis; Pyroptosis; Necrosis	
NMDA channel	Glutamate/aspartate (opening)	Excitotoxicity	Excitotoxicity is considered as a form of ferroptosis in neural cells [4]
Na+/K+ ATPase	N/A [29]	Autosis/ Autophagic cell death	This ATPase is responsible for a large part of ATP consumption (>60% of cellular ATP in neurons) [29]
Lipid peroxidation *	Fenton reaction	Ferroptosis	* Non-specific leakage
Perforin **	Physiological pH and Ca ²⁺	Apoptosis (when in concert with granzyme protease)	** Perforin and granzyme molecules are synthesized and secreted in granules by cytotoxic lymphocytes [30]

229

230 Table 2: Channels in plasma membrane, responsible for cell death execution.

231

232 The article ends with a stunning conclusion (quote): 'A growing body of data indicates 233 indeed that the bona fide executioners of RCD, that is, the processes that directly drive cells across 234 the boundary between life and death are less characterized, less inhibitable and perhaps more 235 homogeneous than previously thought'. Excitingly, a new term 'anastasy' was introduced to

236 describe cellular function to recover from the late-stage death execution [31]. Wow!

237 In addition, based on 174 completely sequenced eukaryotic genomes, already in 2013 238

other authors postulated that ancestral eukaryotic cell (the progenitor of all eukaryotes) did not have

239 the simplified version of cell death signalling pathways, but instead it was equally complex as that

240 of the mammals today [32].

241 Year 2018

It was interesting for us, that in the publication of 2015 many forms of cell death were
omitted and not discussed, perhaps reflecting the title of the article: 'essential vs. accessory'.
Nevertheless, in their publication of 2009, cornification was one of the main forms of cell death,
and quite distinct from others. Though it might be a bit confusing, the most recent recommendation
of NCCD clarified the thing.

247 The article 'Molecular mechanisms of cell death: recommendations of the

Nomenclature Committee on Cell Death 2018' was quite exceptional. The fact that it was accepted
for publication in two days after submission definitely means a lot, together with 244 affiliations of
the authors [4].

Briefly, major cell death subroutines were summarized there: intrinsic apoptosis, extrinsic apoptosis, mitochondrial permeability transition (MPT)-driven necrosis, necroptosis, ferroptosis, pyroptosis, parthanatos, entotic cell death, netotic cell death, lysosome-dependent cell death, autophagy-dependent cell death, immunogenic cell death. Importantly, the diagram presented in the article suggests that every of the mentioned cell death modalities interplays with a neighbour

256 one and the transitions are possible in the sequence as listed here, connecting immunogenic cell

257 death with intrinsic apoptosis to close the circle of death (see Figure 1 in [4]). Beside, the full set of

cell death-related terminology was described in an explaining manner in one sentence, along with

259 detailed revision of published data. It is a true dictionary of NCCD terminology which was

260 anticipated for so long. Every newly systematized cell death form was extensively covered in the

261 recommendation – over a thousand of references have been used in this paper. Definitely, the

recommendation of 2018 should be referred as the most reliable and complete document

- 263 generalizing the cell death science. Here, in Table 3, current cell death modalities are described.
- 264

Cell death modality	Brief description	References
Autophagy-dependent	A form of RCD that mechanistically depends on the pro-survival	<mark>[33][34]</mark>
cell death	autophagic machinery (or components thereof). Autosis is a specific	
	instance of ADCD that critically relies on the plasma membrane	
	Na+/K+-ATPase.	
A		
Entotic cell death	A type of RCD that originates from actomyosin-dependent cell-in-	[35]
	cell internalization (entosis) by non-phagocytic cells and is	
	executed by lysosomes.	
Extrinsic apoptosis	Specific variant of RCD initiated by perturbations of the	[36]
	extracellular microenvironment detected by plasma membrane	
	death or dependence receptors, propagated by CASP8 and executed	
	mainly by CASP3.	
Ferroptosis	A form of RCD initiated by oxidative perturbations inside a cell,	[37]
	susceptable to inhibition by iron chelators and lipophilic	
	antioxidants, and under constitutive control by glutathione	
	peroxidase GPX4.	
Immunogenic cell	A form of RCD that is sufficient to activate an adaptive immune	<mark>[38]</mark>
death	response to viral infection in immunocompetent hosts. It is	

	mediated by DAMP release.	
Intrinsic apoptosis	Type of RCD initiated by perturbations of the extracellular or intracellular microenvironment, demarcated by mitochondrial outer membrane permeabilization (with implication of BH3 domain proteins), and precipitated by executioner caspases, mainly CASP3. Plasma membrane integrity in vivo is retained through the process. A specific variant of intrinsic apoptosis elicited by the loss of integrin-dependent attachment to the extracellular matrix is known as anoikis.	[39][40]
Lysosome-dependent cell death	A type of RCD demarcated by primary lysosome membrane permeabilization and precipitated by cathepsins, with optional involvement of mitochondrial outer membrane permeabilization and caspases.	[41]
Mitochondrial permeability transition (MPT)-driven necrosis	RCD triggered by perturbations of the intracellular microenvironment (severe oxidative stress and Ca overload) and relying on peptidylprolyl isomerase F.	[42]
Necroptosis	A modality of RCD triggered by perturbations of extracellular or intracellular homeostasis that critically depends on MLKL, RIPK3, and (at least in some settings) on the kinase activity of RIPK1.	[43]
NETotic cell death	A ROS-dependent modality of RCD restricted to cells of hematopoietic derivation, intended for pathogen neutralization and associated with neutrophil extracellular traps (NET) extrusion.	[44]
Parthanatos	A modality of RCD initiated by PARP1 hyperactivation and precipitated by the consequent bioenergetic catastrophe coupled to AIF-dependent and MIF-dependent DNA degradation.	[45]
Pyroptosis	A type of RCD that critically depends on the formation of plasma membrane pores by members of the gasdermin protein family, often as a consequence of inflammatory caspase (CASP1) activation in response to pathogen invasion.	[46]

265Table 3. Cell death modes according to NCCD 2018 [4].

266

For example, previously undiscerned mode called lysosome-dependent cell death 267 (LDCD) was described as a type of regulated cell death demarcated by primary lysosomal 268 269 membrane permeabilization and precipitated by cathepsins, with optional involvement of 270 mitochondrial outer membrane permeabilization and caspases. It is a bit confusing as lysosomes 271 were discovered in late 1950's, and already in 1960's cytolytic enzymes have been demonstrated to 272 play a role in programmed cell death [47]. As we know now, Autophagy is also dependent on 273 lysosomes, but additional and separate cell death modality - LDCD - which is implicated in 274 inflammation, tissue remodelling (e.g., mammary gland involution after lactation), aging, 275 neurodegeneration, cardiovascular disorders, intracellular pathogen response, as well as in 276 physiological elimination of a fraction of emerging male germ cells, was a surprise.

277 As mentioned above, since 2015, cornification was retracted from the list of cell death 278 modes. Instead of naming it a 'cell death' subtype, with an exceptional involvement of caspase-14 279 in the fate of keratinocytes, NCCD re-qualified this process as 'terminal differentiation' because 280 dead corneocytes were neither disposed off nor phagocytised, but became an integral part of an 281 organism and continued serving a function. Interestingly, the surface of plants is covered with dead 282 cells that grant the organism protection from harsh environment conditions including sun radiation 283 [2]. In NCCD nomenclature, cell senescence, mitotic catastrophe and cornification are sub-grouped 284 under a category of 'non-lethal processes'. Alternatively, neural cell death upon over-stimulation 285 with neurotoxic amino acids (glutamate and aspartate), previously known as oxitosis or 286 excitotoxicity, recently has been assigned to ferroptosis. Indeed, it is known that iron is 287 accumulated in the brain where it is under a risk to catalyze the Fenton reaction in the presence of 288 hydrogen peroxide [48]. The latter in turn accumulates when glutathione concentration drops as a 289 result of glutamate-dependent inhibition of the C_x^- system (cystine-glutamate antiporter) [4]. 290 However, NCCD has repeated many times, that the field is constantly evolving, and that the nomenclature may be reconsidered. E.g., recent publication draws a connection of 291 292 autophagy with entosis (cell cannibalism) through a shared molecular mechanism involving 293 TM9SF4, mTORC and AMPK proteins [33]. We can recall and repeatedly emphasize that 294 autophagy and entosis are defined as non-lethal processes, unless they culminate in cell death. 295 Hence the correct names for cell demise are 'entotic cell death' and 'autophagy-dependent cell 296 death' (ADCD) [4].

297

298 ROS, cancer and cell death

299 -Depending on concentration, there is a difference in what ROS do to a cell. It is known that hydrogen peroxide is a signalling molecule. It means that even in no-ROS conditions 300 cells purposely produce ROS to engage the required signalling which in turn results in certain 301 biological function. It is called physiological condition and homeostasis. However, sometimes ROS 302 303 production accidently increases and cells experience an oxidative stress. To manage the stress, cells possess intrinsic measures to restore the balance. In addition to canonical ROS scavenging enzymes 304 (superoxide dismutase, catalase, glutathione peroxidase) as well as many reducing enzymes, a 305 known tumour suppressor p53 has been demonstrated to exert antioxidant function through the 306 transcription of antioxidant genes. As a ROS sensor p53 may coordinate stem cell differentiation. 307 308 induction of cell senescence or cell death. However, when cells dismiss ROS control (e.g. cells with 309 mutated p53) they acquire condition in which genetic instability occurs, as DNA alkylation by free 310 radicals results in double strand breaks and mutations that frequently evoke cancer transformation. 311 It is well documented that cancer cells manage moderate ROS concentrations, suppress cell death mechanisms and even activate proliferation in harsh microenvironment. Molecular mechanisms, 312 313 involving cancer cell resistance to cell death induction by ROS (they include PTEN/Akt, MAPK, NF-kB and other signalling pathways) are known and possibly can be targeted in cancer therapy. 314 315 Though functional p53 in cancer cells may suggest a better outcome of the therapy, various p53-316 independent cell death forms are known (at least apoptosis, necroptosis, autophagic and

317 immunogenic cell death).

318	One of the ten hallmarks of cancer, together with sustaining proliferating signalling,
319	evading growth suppressors, enabling replicative immortality, activating invasion, inducing
320	angiogenesis, avoiding immune destruction, deregulating cellular energetics, genome instability and
321	tumour-promoting inflammation, is resistance to cell death induction. At the same time it means
322	that cancer cells readily acquire resistance to chemotherapeutic drugs that normally induce cell
323	death, the same with resistance to ionizing radiation. However, as discussed in a recent review, no
324	cell can withstand the extreme overproduction of ROS. Such situation happens when cellular
325	mitochondria lose control and respiratory system enzymes only partially reduce incoming oxygen,
326	or in other cases when cytoplasmic enzymes and plasma membrane-bound enzymes such as
327	NADPH oxidase do the same. At the extreme edge of oxidative stress stands necrosis. Thus, there
328	are two options: either to prevent initial transforming adaptation of a cell, or to compromise the
329	antioxidative defence in already malignant cells. However, there are data that such manipulation is
330	not easy in vivo and in both cases may have adverse side effects

330 not easy in vivo and in both cases may have adverse side effect

331 **Perspectives**

It becomes clear that mandatory component of life is the biological barrier, i.e. the plasma membrane and the regulating molecules which support its integrity. Therefore, a eukaryotic cell may be called 'dead' when its plasma membrane loses integrity and continuously permits uncontrollable flux of ions as well as larger than usual molecules. However, it is still too far from the final answer how to control it in pathological conditions.

337 The field of cell death types, forms or modalities continues developing and may grant 338 us major surprises in the future. For example, a new role for a well-known apoptosis-inducing 339 protease caspase-8 has been discovered. It appears that caspase-8 is active in certain living cells, negatively regulates a lytic form of cell death necroptosis, participates in the cleavage of 340 341 inflammatory interleukin-1 β to its mature bioactive form, and regulates cytokine transcription [49]. 342 Furthermore, in 2018, some authors have introduced a new name – oxeiptosis – to describe a novel 343 cell death pathway which is independent of caspases, initiated by oxygen radicals and different 344 from those of ROS-induced apoptosis, necroptosis and ferroptosis. This discovery is important as it 345 identified a new ROS-sensing molecular switch – signalling molecule KEAP1 which leads to activation of AIFM1 (Apoptosis-Inducing Factor 1 Mitochondrial) and starts with oxidation of 346 347 cysteines in C-terminus of KEAP1 [50]. Alternatively, the associations between apoptosis, 348 autophagy and regulated necrosis have been discovered [51], compromising the pioneer three-type 349 classification of cell death described in [1], and perhaps similar findings in the future may have an 350 impact on upcoming NCCD recommendations. In addition, recent publication of Seehawer et al. may start a new page in our 351 352 knowledge about cancer, namely how neighbouring cells epigenetically react to different cell death 353 modalities in the vicinity. The authors discovered that certain drugs (HDTV and Epo) induced 354 different cell death types in mouse liver and also resulted in different expression of cytokine 355 mRNAs. Depending on that, different types of liver cancer – hepatocellular carcinoma or 356 intrahepatic cholangiocarcinoma – developed in mosaic mouse models [52]. The findings described in the paper bring additional complexity to cancer progression, at the same time they shed some 357 358 light on fundamental aspects of cell behaviour.

359 Generally, there should be ways to overcome cancer cell resistance to RCD induction 360 by initiating other cell death modes which probably are suppressed less than other within the malignant cell. Alternatively, neoplastic cells may be guided to terminally differentiate and thereby 361 362 stop growing as a tumour. However, we have to realize that there are more than 20.000 genes in the 363 human genome and only less than a half of them are recognized in performing a known biological function. Moreover, the genes are regulated epigenetically and the majority of genes produce 364 365 alternatively-processed proteins which in turn may have pleiotropic functions during different 366 developmental stages of a cell life. And death. 367 368

369

370 Declaration of conflicting interest

- The authors declare that there is no conflict of interest.
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