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Emerging Roles of Cathepsin E in Host Defense Mechanisms

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Abstract

Cathepsin E is an intracellular aspartic proteinase of the pepsin superfamily, which is predominantly expressed in certain cell types, including the immune system cells and the rapidly regenerating gastric mucosal and epidermal keratinocytes. The intracellular localization of this protein varies with different cell types; i.e., the presence in endosomal organelles, plasma membranes, the endoplasmic reticulum, Golgi complex and the cytosol. The enzyme is also secreted by activated immune system cells and cancer cells. Its strategic expression and localization suggests the association of this enzyme with specific biological functions of the individual cell types. Recent genetic and pharmacological studies have particularly suggested that cathepsin E plays an important role in host defense against cancer cells and invading microorganisms. This review focuses emerging roles of cathepsin E in immune system cells and skin keratinocytes, and in host defense against cancer cells.

Key words: Cathepsin E, Aspartic proteinase, Cancer, Epidermal differentiation, Peptide-mimetic inhibitors and activators

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References

1. Introduction

Cathepsin E is an intracellular aspartic proteinase of the pepsin superfamily, which is predominantly expressed in certain cell types, including the immune system cells (1-10) and rapidly regenerating gastric mucosal cells (10-14) and epidermal keratinocytes (15-17). Unlike other analogous aspartic proteases, cathepsin E has several notable properties, besides its restricted expression. Differing from the definite localization of other related aspartic proteases, the intracellular localization of cathepsin E varies with different cell types. In antigen presenting cells, such as macrophages, microglia and dendritic cells (2-8), and gastric cells (10-14), the enzyme mainly localized in the endosomal compartments as a mature form. The association of cathepsin E with plasma membrane is observed in erythrocytes (18, 19), intracellular canaliculi of gastric parietal cells (14), renal proximal tubule cells (14), bile canaliculi of hepatic cells (14), intestinal and tracheobronchial epithelial cells (15, 20) and osteoclasts (21). Cathepsin E is also found in the endoplasmic reticulum and Golgi complex (3, 14) and the cytosol (14, 22) of various cell types. Besides its intracellular localization, cathepsin E is also secreted by certain cell types such as activated macrophages (23). Moreover, it has been demonstrated that the expression of cathepsin E in mice varies with different strains (24). Specifically, both protein and message

levels of cathepsin E were profoundly decreased in hemopoietic cells from C57BL/6J mice, compared with 129S2/Sv and Balb/c mice, although the protein levels in gut were similar between C57BL/6J and the other strains. Based on analysis of the promoter region of cathepsin E, the tissue-specific deficiency of cathepsin E in C57BL/6J mice is likely due to the SNP within the PU.1 transcription binding consensus sequence. Taken together, the strategic expression and localization of cathepsin E suggests its important implications for tissue-specific biological functions, including antigen processing (1, 4, 25), neuronal degeneration (26-31) and the generation of various secretory proteins (32-34). The studies from the 1980s have suggested that, overall, cathepsin E contributes to the maintenance of homeostasis by participating in host defense mechanisms. However, because physiologic substrates of cathepsin E have not yet well-defined *in vivo*, precise physiologic functions of this protein remains speculative.

Recent genetic studies using mice lacking or over-expressing cathepsin E have subsequently confirmed and extended these early observations (7, 8, 10, 35-38). As these studies were directed towards identifying the mechanism(s) of the cathepsin E function, the findings obtained might be worthy of remark. In this review, we will focus mainly upon several important points of cathepsin E in considering its physiological functions and possible mechanisms. Besides, compared with cathepsin E, the relevant

analogous cathepsin D studies will also be discussed in terms of biological functions.

2. Cathepsin E in antigen presenting cells

2.1 Roles of cysteine cathepsins and aspartic proteinases in MHC class II-mediated antigen presentation

There is increasing evidence that two classes of intracellular lysosomal proteases, cysteine and aspartic proteases, are involved proteolytic processes required for MHC class II-mediated antigen presentation. Functional studies using specific inhibitors or mice lacking individual cathepsins strongly suggest that the two cysteine cathepsins, cathepsins L and S, are responsible for the terminal degradation of Ii to generate class II-associated Ii peptide (CLIP) during maturation of MHC class II molecules in the thymus and the peripheral lymphoid organs, respectively (39-45). The cysteine protease cathepsin F is also implicated in CLIP generation in peripheral macrophages (46). In addition to the cysteine cathepsins, the two endolysosomal aspartic proteinases, cathepsin D and cathepsin E, were shown to be required for the initial stages of Ii processing, using a series of potent inhibitors (47). Several early studies demonstrated that cathepsin D generated *in vitro* antigenic peptides from ovalbumin (OVA) and hen egg lysozyme that could be presented to T cells (48-50). However, shortly afterward,

studies with splenocytes and macrophages from cathepsin D-deficient (*CatD*^{-/-}) mice have revealed that cathepsin D is dispensable for degradation of Ii and processing of a number of exogenous and endogenous antigens (40, 51). By contrast, the experiments using macrophages from cathepsin E-deficient (*CatE*^{-/-}) mice have concluded that this proteinase is indispensable for the generation of an antigenic epitope from intact OVA to present to cognate T cells (7, 8). These results are well consistent with those from the previous experiments with microglia from *CatD*^{-/-} mice (4) and with the murine antigen-presenting B cell lymphoma, A20, treated with the cathepsin E-specific *Ascaris* inhibitor (1).

2.2 Cathepsin E in macrophages

Recently, cathepsin E deficiency has been shown to lead to a novel form of lysosome storage disorder in macrophages, manifesting the accumulation of major lysosomal membrane sialoglycoproteins, LAMP-1, LAMP-2 and LIMP-2, and the elevation of lysosomal pH (7). These striking features were also observed with wild-type macrophages by treatment with pepstatin A or cathepsin E-specific *Ascaris* inhibitor. These lysosomal membrane proteins represent more than 50% of the total membrane proteins of endolysosomes (52, 53), and their glycosylation constitutes about 60% (LAMP-1 and LAMP-2) and 20% (LIMP-2) of the total mass of the respective

molecules and the most part is present on the luminal side of endosomes and lysosomes. It is thus believed that these membrane proteins play an important role in the protection of the membrane from degradation by lysosomal hydrolases. Because there was no difference in the vacuolar-type H⁺-ATPase activity between wild-type and *CatE*^{-/-} macrophages (7), the elevated lysosomal pH was likely due to the accumulation of these membrane proteins. In this connection it is interesting to note that some types of lysosomal storage disorders including neuronal ceroid lipofuscinosis are associated with the accumulation of lysosomal membrane proteins and/or the elevation of lysosomal pH (54-57). Given that pH is essential for the maintenance of the nature and function of endolysosomal organelles including the normal processing and targeting events of lysosomal proteins, it is most likely that the elevated lysosomal pH interferes with the maturation and fusion events of the organelles involved. Therefore, cathepsin E deficiency appears to result in the impairment of the structural and functional integrity of macrophages. Indeed, cathepsin E deficiency has shown to lead to a significantly increased secretion of soluble lysosomal hydrolases, including cathepsins B, D, S, L, α -mannosidase, β -glucuronidase and β -hexosaminidase (7, 8), and a marked reduction in degradation of phagocytosed OVA (8) and decreased chemotactic responses to MCP-1 and fMLP in macrophages (8, 38). Furthermore, *CatE*^{-/-} macrophages showed a

significant decreased in the cell surface levels of TLR2 and TLR4, which recognize specific components of Gram-positive and –negative bacteria, respectively, despite no significant difference in the total cellular expression levels of these receptors between the wild-type and *CatE*^{-/-} macrophages (36). Additionally, *CatE*^{-/-} macrophages showed a significant decrease in responses to TLR3 ligand (Poly I:C) compared with the wild-type cells (36). Given the preferential localization of TLR3 receptor in endosomal compartments, the decreased responsiveness of *CatE*^{-/-} macrophages to this ligand implies the impairment of early interactions between phagosomes and endosomes. These results thus suggest that cathepsin E deficiency results in the decreased bactericidal activity toward a variety of invading microbial pathogens in macrophages. The cell surface levels of the chemotactic receptors CCR-2 and FPRs, which are receptors for MCP-1 and N-formyl peptides, respectively, and the adhesion receptors CD18 (integrin β 2) and CD29 (integrin β 1) were also significantly decreased in *CatE*^{-/-} macrophages compared with the wild-type cells (38). Taken together, these findings strongly suggest that cathepsin E deficiency induces profound trafficking defects in cell surface receptors in macrophages, most probably due to the elevation of lysosomal pH. It is thus concluded that cathepsin E in macrophages plays an essential role in immune defense against invading microbial pathogens, chemotaxis, and cell adhesion through

the maintenance of lysosomal pH and normal trafficking and fusion events. A schematic representation of the effects of cathepsin E deficiency on the nature and functions of macrophages is shown in Fig. 1.

2.3 Cathepsin E in dendritic cells

Dendritic cells (DCs) are heterogenous, professional antigen presenting cells that play a central role in the initiation and control of immune responses and probably in the maintenance of tolerance (58, 59). Myeloid precursor cells differentiate into immature DCs, which efficiently engulf a variety of particulate antigens and then transport them into MHC class II endolysosomal compartments for degradation. Subsequently, the immature DCs migrate to the regional lymph nodes where they phenotypically mature and express a number of cell surface molecules for presentation to cognate T cells. It is also known that immature DCs efficiently process and present a variety of particulate antigens, thereby serving as sentinels to immunologic threats. In human myeloid DCs, cathepsin E is found in a perinuclear compartment, which is likely to be associated with the ER, and also a peripheral compartment just beneath the cell membrane (25). Chain and his colleagues have previously shown that cathepsin E has an important role in the MHC class II antigen processing pathway within both human and mouse myeloid DCs using a novel, targeted derivative of the aspartic proteinase inhibitor pepstatin (25).

Unexpectedly, differing from both peritoneal and myeloid macrophages, the nature and functions of both myeloid immature and mature DCs, including intracellular levels of soluble lysosomal hydrolases and lysosomal membrane sialoglycoproteins, lysosomal pH, the cell surface expression of TLRs, chemotactic and adhesion receptors, were not significantly changed by cathepsin E deficiency (8). In addition, there were no significant differences in the destructive potential for phagocytosed OVA between wild-type and *CatE*^{-/-} DCs. Intriguingly, however, there was a marked difference in the capacity for presenting OVA to cognate T cells between wild-type and *CatE*^{-/-} DCs. Whereas cathepsin E deficiency induced a marked decrease in the ability of macrophages to present intact OVA, as well as and its antigenic peptide, to cognate T cells, *CatE*^{-/-} DCs inversely showed a significant increase in the ability of OVA presentation.

Previously, Watts and his colleagues reported that the presentation of two different myoglobin T cell epitopes in DCs was enhanced rather than hindered by the lack of cathepsin D and the residual processing activity in the subcellular fraction of DCs deficient in cathepsin D was completely inhibited by pepstatin, and thereby suggested that aspartic protease(s) besides cathepsin D could be involved in myoglobin antigen presentation in DCs and/or that the reduced activity by cathepsin D deficiency would

produce optimal conditions for its processing and presentation (60). In this regard, it has been reported that the ability of DCs from not only wild-type but also *CatD*^{-/-} mice to present intact OVA, but not an OVA-derived peptide, to cognate T cells is completely blocked by mannosylated BSA-conjugated pepstatin (25). On the basis of these findings, it is concluded that the reduced aspartic protease activity resulting from cathepsin E deficiency in DCs may be compensated by the related aspartic protease(s) or may confer to the optimum conditions for OVA antigen presentation. Given that cathepsin E deficiency did not significantly affect the ability of DCs, like macrophages, to present not only OVA but also its antigenic peptide to cognate T cells, however, it seems likely that cathepsin E is unlikely to be directly involved in antigen processing in these cells and rather plays a crucial role in controlling the endosomal/lysosomal microenvironment and the protein sorting into these compartments. Additional notable features for *CatE*^{-/-} DCs are particularly noteworthy in connection with the enhanced OVA and its antigenic peptide. Namely, the phagocytic activity of both immature and mature DCs, but not myeloid and peritoneal macrophages, toward fluorescent latex particles was significantly increased by cathepsin E deficiency (8). Given that the internalization of particulate antigens by DCs is important for their processing and presentation, the enhanced phagocytic activity of *CatE*^{-/-} DCs is more likely to

contribute to the stimulation of their OVA peptide presentation. In contrast to either type of macrophages, DCs have also revealed a significant increase in the cell surface expression of the costimulatory molecules CD86, CD80 and CD40, which can amplify the response of T cells, by cathepsin E deficiency (8). It is established that T cells require costimulatory signals for optimal activation (61-63). Given that, of the multiple costimulatory signals, the CD80/CD86-CD28 and CD40-CD154 interactions play a key role in the process of T cell priming by DCs (62), the increased expression of CD80, CD86 and CD40 on *CatE*^{-/-} DCs is thus likely to contribute to the enhanced T cell activation. Although the precise mechanism for the increased phagocytic activity and the expression of costimulatory molecules in DCs by cathepsin E deficiency remains to be answered, these observations have provided new insight into the functional diversity of cathepsin E in immune responses of different types of antigen presenting cells. A schematic representation of the effects of cathepsin E deficiency on the nature and functions of DCs is shown in Fig. 2.

3. Cathepsin E and cancer

Recent evidence has demonstrated that the lysosomal proteolytic system, including autophagy, plays an important role in the control of cell death (64). Under physiological

conditions, autophagy especially is implicated in cell survival through the degradation of intra- and extracellular proteins and the removal of old/damaged cellular organelles within the tight compartment of the autolysosome. Autophagy also allows tumor cells to survive under certain stress conditions, including metabolic stress (65) and ER stress resulting from accumulating misfold proteins (66, 67). By contrast, it has also been demonstrated that autophagy induces cancer cell death, and thus defective autophagy is associated with cancer progression (68). Another notable characteristic of cancer cells is lysosomal alterations in connection with cancer cell death. The integrity of the lysosomal membrane in these cells is disrupted in response to various stresses, thereby resulting in the release of lysosomal hydrolases into the cytosol, where not only apoptosis but also apoptosis-like and necrosis-like cell death is induced. Indeed, recent studies have provided evidence that cathepsins released by increased lysosomal membrane permeabilization participate in the execution of cell death that is induced by classic apoptotic stimuli (64).

A variety of intra- and extracellular proteases, including aspartic proteinases and cysteine cathepsins, are highly up-regulated in certain types of cancers (69-84). In addition, there is a change in the localization of the endolysosomal proteases to extracellular spaces. The substrates and functions of cathepsin E might thus change

along with its localization. The proteolytic activity of extracellular aspartic and cysteine cathepsins has long been associated with many types and stages of cancer (73-77, 81-87). Cathepsin E is also known to be up-regulated and secreted in several forms of cancer and thus suggests their clinical utility as a potential biomarker for these cancers (69, 71-80, 88). However, the clinical significance of the increased cathepsin E expression in carcinogenesis has been controversial. For example, increased expression of cathepsin E in premalignant cervical epithelium (71), lung carcinoma (73), pancreatic ductal adenocarcinoma (69, 88) and colorectal sessile serrated adenomas (80) was found to be a marker for bad prognosis, whereas that in lung carcinoma (73), bladder cancer (74), hepatocellular carcinoma (76) is associated with survival as a marker for good prognosis. Additionally, it has been shown that while cathepsin E is normally expressed and localized in chronic the inflammation and ulcer lesions of human stomach, this protein disappeared in the incomplete type of intestinal metaplasia, dysplasia, and well differentiated adenocarcinoma and poorly differentiated adenocarcinoma in this tissue (89). On the other hand, the up-regulation and increased secretion of cathepsin D was observed with breast cancer and prostate cancer, and is associated with a poor prognosis (82-84). In breast cancer, cathepsin D is likely to act as a mitogen, because its promoter region is preferentially up-regulated by estrogen (90). Intriguingly, however, the

proteolytic activity of cathepsin D was dispensable for the progression of breast cancer, because a mutated form devoid of its proteolytic activity also stimulated cancer growth (91). This is likely due to the mitogenic and proliferative activity of the propeptide of cathepsin D (91, 92). In this connection, M6P/IGF-II receptor and low-density lipoprotein receptor-related protein-1 (LRP1) has been identified as a CD binding receptor (93).

In contrast to cathepsin D and cysteine cathepsins, cathepsin E was recently found to have an antitumorigenic activity through the induction of growth arrest and apoptosis in various human prostate carcinoma cell lines without affecting normal cells (37). To determine how and to what extent cathepsin E exerts its antitumorigenic activity, this protein was manipulated in both *in vitro* and *in vivo* experiments using human cancer cell lines, nude mice bearing human cancer cells, and *CatE*^{-/-} or cathepsin E-overexpressing transgenic mice (*CatE*^{Tg}) bearing syngeneic mouse melanoma cells. These experiments have provided evidence that cathepsin E is a responsible enzyme for specific cleavage of tumor necrosis factor-related apoptosis ligand (TRAIL) at the surface of cancer cells and the consequent generation of a soluble trimeric form of this protein and thereby induces the growth arrest and apoptosis in cancer cells without harming normal cells. Unlike other TNF family members, TRAIL can induce apoptosis

in most transformed cells and some virally infected cells without affecting normal cells (94, 95). Moreover, administration of soluble recombinant TRAIL into mice bearing human tumor xenografts induces significant tumor regression without systemic toxicity (96, 97). Based on the efficacy and safety studies, potential clinical application of recombinant soluble TRAIL in cancer therapy is being explored. In addition, it has been suggested that the TRAIL may be used as an innate effector molecule involved in the elimination of spontaneously arising tumor cells. Although TRAIL has attracted intense interest in cancer therapy, however, an increasing number of cancer cells still remain resistant to TRAIL-mediated apoptosis. An additional problem with *in vivo* use of TRAIL is that a high concentration of this molecule is required to obtain definite therapeutic efficacy, probably owing to the short half-life of soluble TRAIL in plasma. Therefore, there is a need to search for new regimens to enhance sensitization of cancer cells to TRAIL-induced apoptosis. In this regard, cathepsin E appears to have an advantage over TRAIL in inducing apoptosis in cancer cells because this molecule is directly generated within or in the vicinity of tumors. In addition, given that several tumor effector cells including activated T cells, B cells, natural killer cells, DCs and monocytes are known to produce TRAIL, cathepsin E may generate TRAIL from these immune cells. Moreover, cancer cells are known to be eliminated by tumor-infiltrated

effector cells, particularly activated macrophages, through several kinds of mechanisms, e.g., killing by phagocytosis, antigen processing and presentation to T4 lymphocytes, and enhanced secretion of various cytokines that play a crucial role in non-specific host defense. Given the strong association of cathepsin E with the activation and functions of macrophages (7, 23) and the positive correlation of IFN stimulation with the enhanced expression of TRAIL and increased killing activity against cancer cells (98), this enzyme is more likely to exert antitumorigenic activity via not only TRAIL-dependent apoptosis but also tumor-infiltrated, activated macrophage-mediated cytotoxicity. In the meantime, accumulating evidence also shows that, in contrast to their beneficial antitumorigenic activity, many deleterious functions of tumor-infiltrated macrophages have been recognized, such as enhancement of cancer migration and invasion, facilitation of extracellular matrix breakdown and remodeling, promotion of cancer cell motility, and stimulation of angiogenesis (99, 100). These competing functions seem to arise from the pleiotropic nature of the macrophages that participate in immune responses in a polarized manner: classic M1 macrophages produce interleukin (IL) 12 to promote tumoricidal responses, whereas M2 macrophages produce IL10 to help tumor progression (101). In addition, cathepsin E appears to contribute to the inhibition of tumor growth and metastasis through the inhibition of tumor-induced angiogenesis, in

which the enzyme mediates a specific release of endostatin, a potent endogenous angiogenesis inhibitor, from human collagen XVIII (102). More recently, it has also been demonstrated that cathepsin E has a synergistic cytotoxic activity on cancer cells in combination with the anti-cancer agent, even though either of the agents by itself was unable to efficiently induce cell death in these cells, suggesting its therapeutic potential for clinical use (103). A common hurdle that almost all of the anticancer drugs have had not over is their severe side effects. Therefore, the observations that cathepsin E prevents tumor growth and metastasis *in vivo* through multiple mechanisms, including induction of TRIL-induced apoptosis, angiogenesis inhibition, enhanced immune responses and synergistic effects with anticancer drugs may provide a promising strategy for cathepsin E-based cancer therapy. A schematic representation of the multiple mechanisms for the antitumorigenic activity of cathepsin E is shown in Fig. 3.

4. Cathepsin E in skin

The epidermis is a stratified and keratinized epithelium mainly composed of keratinocytes. Epidermal differentiation results in formation of several distinct cell layers characterized by their ultrastructure, mitotic state and expression of specific epidermal differentiation markers. Recent evidence has shown that dermatological

disorders ranging from minor cosmetic problems to life-threatening conditions are commonly due to abnormal differentiation of keratinocytes. Therefore, elucidation of the intracellular molecules involved in the cellular differentiation processes and the regulation of epidermal homeostasis is of special importance for understanding and therapy of these disorders. In human and rat epidermis, cathepsin E is expressed and localized mainly in keratinocytes and in close vicinity to the inner root sheath of hair follicles (104). While cathepsin D is localized mainly on desmosomes of human stratum corneum, cathepsin E is present within the squames (17), suggesting that these two enzymes have different functions in dermal differentiation processes. Cathepsin E deficiency in mice induced abnormal keratinocyte differentiation in the epidermis and hair follicle characterized by the significant expansion of corium and the reduction of subcutaneous tissue and hair follicles (104). In a model of skin papillomas formed in three different genotypes of syngeneic mice, *CatE*^{-/-}, *CatE*^{+/+} and *CatE*^{Tg}, cathepsin E deficiency induced the significantly reduced expression and altered localization of the keratinocyte differentiation-induced proteins keratin 1 and loricrin. Using primary cultures of keratinocytes from each genotype of mice, cathepsin E deficiency resulted in the delayed differentiation accompanying the reduced expression or the ectopic localization of these differentiation markers, whereas over-expression of this protein

enhanced the rate of keratinocyte terminal differentiation. These findings suggest that cathepsin E in keratinocytes functionally links to the expression of the epidermal differentiation markers, thereby regulating the formation and homeostasis of the epidermis. On the other hand, cathepsin D-deficient mice (*CatD*^{-/-}) showed reduced transglutaminase activity 1 activity and reduced protein levels of the cornified envelope proteins involucrin and loricrin (105). Amount and distribution of cornified envelope proteins involucrin, loricrin, filaggrin, and of the keratins K1 and K5 were significantly altered in *CatD*^{-/-} mice. Therefore, both cathepsin E and cathepsin D appear to regulate differentially and cooperatively the formation and homeostasis of the epidermis.

5. Conclusion remarks

A rapidly growing body of evidence demonstrates that cathepsin E is implicated in a variety of immune responses. A wide range of studies have characterized cathepsin E as an indispensable molecule for exogenous antigen processing and presentation. It is of special importance to note that cathepsin E differentially regulates the nature and functions of macrophages and DCs, especially with regards to the cellular levels of major lysosomal membrane sialoglycoproteins, lysosomal pH, and OVA processing and

presentation. In regard to cancer cells, cathepsin E also has some notable difference from other cathepsins. Unlike cathepsin D and cysteine cathepsins, cathepsin E has a potent antitumorigenic activity, which is displayed by multiple mechanisms, including induction of TRIL-induced apoptosis, angiogenesis inhibition, enhanced immune responses and synergistic effects with anticancer drugs. Most strikingly, cathepsin E has no detectable deleterious effect on normal cells. This selectivity may provide a promising strategy for cathepsin E-based cancer therapy. More recently, it has also been demonstrated that cathepsin E in keratinocytes functionally links to the expression of the epidermal differentiation markers, thereby suggesting that this protein may regulate the formation and homeostasis of the epidermis. The recent development in chemical activation of cathepsin E may prove a new therapeutic paradigm in the treatment of dermatological disorders ranging from minor cosmetic problems to life-threatening conditions. One of the most important questions yet to be answered is: what are the specific substrates of cathepsin E predominantly expressed in certain cell types? Knockout or knockdown and drug screens that conducted to identify molecules that interact with cathepsin E might prove effective in identifying its substrates. For further knowledge on, we would like to suggest referring to other previous reviews detailing basic aspects of cathepsin E, including enzymatic properties, regulation of gene

expression, biosynthesis, processing and intracellular trafficking, and role associated with neuronal degeneration, and the references cited therein (106-110).

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Figure legend

Fig. 1. A schematic representation for the conditions manifested in macrophages by cathepsin E deficiency.

Fig. 2. A schematic representation for the conditions manifested in dendritic cells by cathepsin E deficiency.

Fig. 3. A schematic representation of the multiple mechanisms for the antitumorigenic activity of cathepsin E.

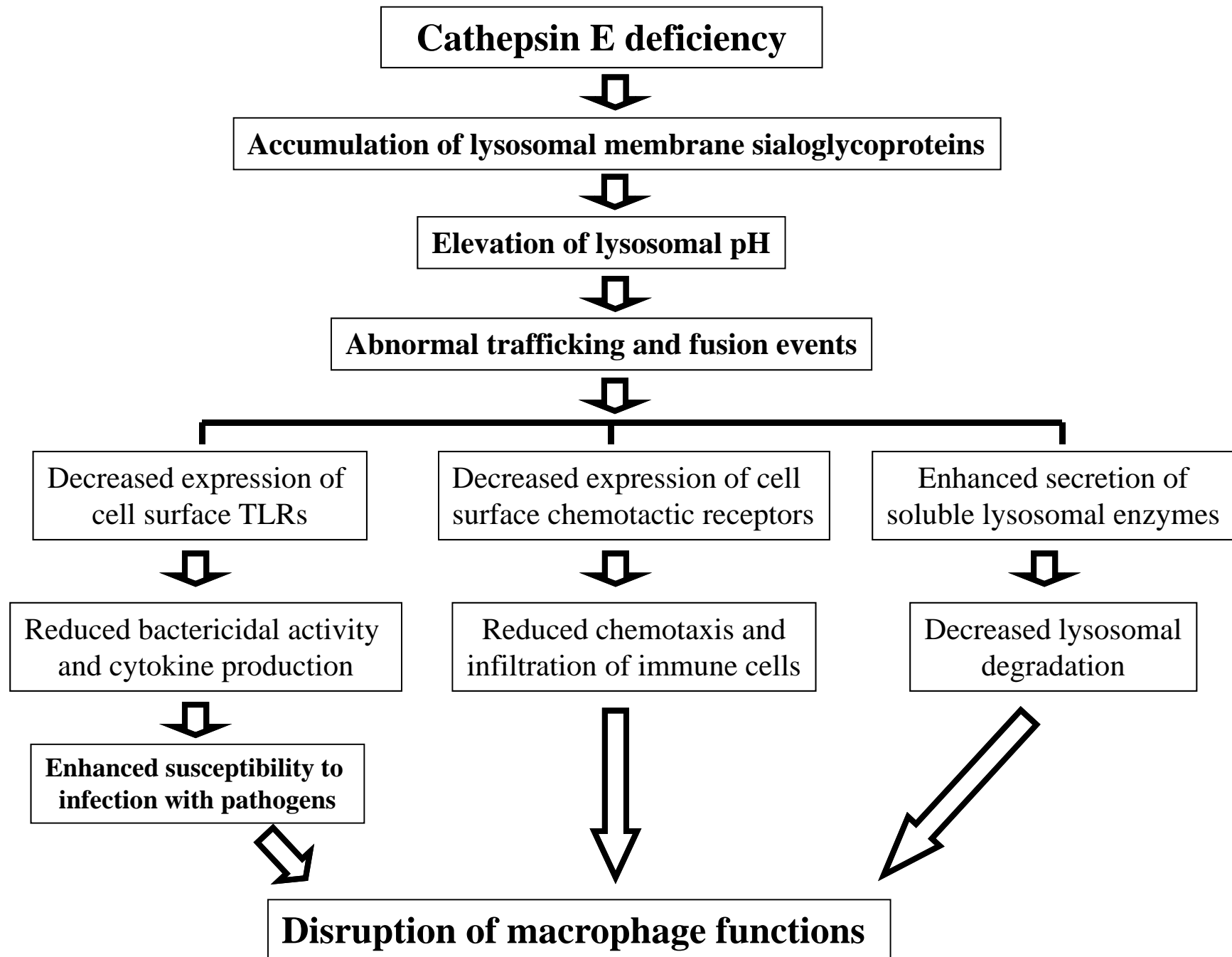


Fig. 1 Yamamoto et al.

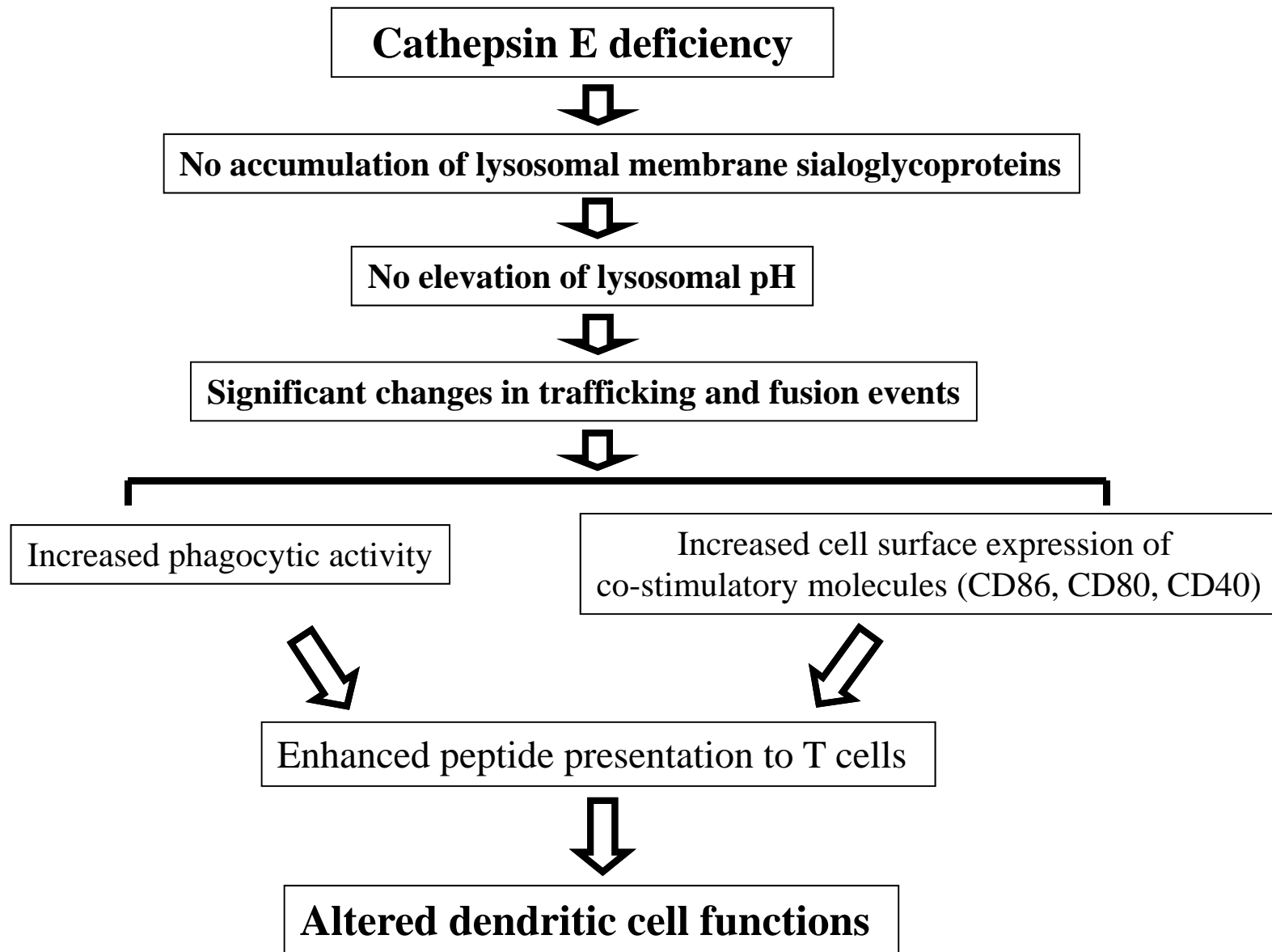


Fig. 2 Yamamoto et al.

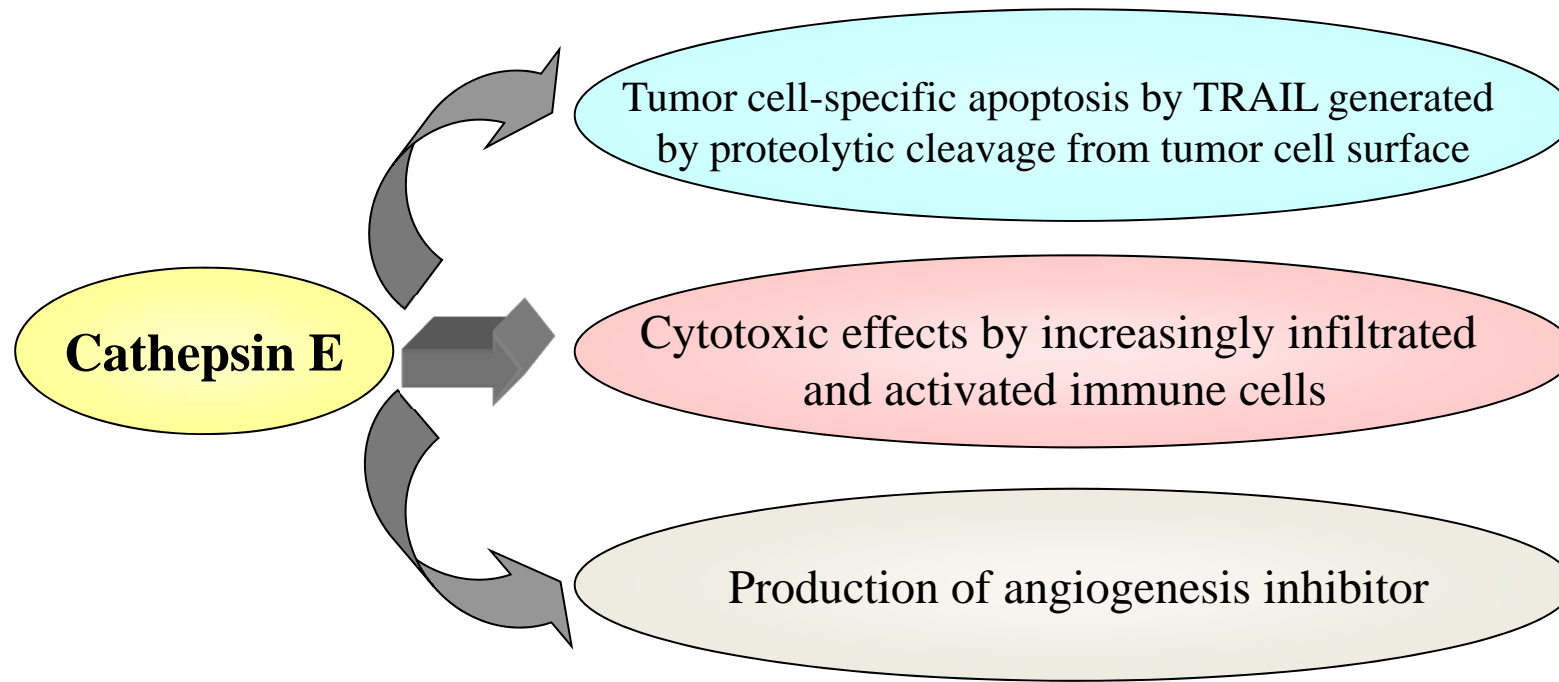


Fig. 3 Yamamoto et al.