

1 **Title Page**

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3 **TAK1 signaling is a potential therapeutic target for pathological angiogenesis**

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5 Linxin Zhu^{1,2,6}, Suraj Lama^{1,6}, Leilei Tu², Gregory J. Dusting^{3,4}, Jiang-Hui Wang^{3,7}, Guei-Sheung
6 Liu^{1,4,5,7*}

7

8 ¹Menzies Institute for Medical Research, University of Tasmania, Hobart, Tasmania, Australia

9 ²Department of Ophthalmology, The First Affiliated Hospital of Jinan University,
10 Guangzhou, Guangdong, China

11 ³Centre for Eye Research Australia, Royal Victorian Eye and Ear Hospital, East Melbourne, Victoria,
12 Australia

13 ⁴Ophthalmology, Department of Surgery, University of Melbourne, East Melbourne, Victoria,
14 Australia

15 ⁵Aier Eye Institute, Changsha, Hunan, China

16 ⁶LZ and SL contributed equally to this work as first author.

17 ⁷JHW and GSL contributed equally to this work.

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19 *Correspondence and requests for materials should be addressed to:

20 Dr Guei-Sheung Liu (rickliu0817@gmail.com). Menzies Institute for Medical Research, University of
21 Tasmania. Address: 17 Liverpool Street, Hobart, Tasmania 7000, Australia.

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24 Oxidative stress

25

26 **Abstract**

27 Angiogenesis plays a critical role in both physiological responses and disease pathogenesis. Excessive
28 angiogenesis can promote neoplastic diseases and retinopathies, while inadequate angiogenesis can
29 lead to aberrant perfusion and impaired wound healing. Transforming growth factor β activated kinase
30 1 (TAK1), a member of the mitogen-activated protein kinase kinase kinase (MAPKKK) family, is a
31 key modulator involved in a range of cellular functions including the immune responses, cell survival
32 and death. TAK1 is activated in response to various stimuli such as proinflammatory cytokines,
33 hypoxia, and oxidative stress. Emerging evidence has recently suggested that TAK1 is intimately
34 involved in angiogenesis and mediates pathogenic processes related to angiogenesis. Several detailed
35 mechanisms by which TAK1 regulates pathological angiogenesis have been clarified, and potential
36 therapeutics targeting TAK1 have emerged. In this review, we summarize recent studies of TAK1 in
37 angiogenesis and discuss the crosstalk between TAK1 and signaling pathways involved in pathological
38 angiogenesis. We also discuss the approaches for selectively targeting TAK1 and highlight the
39 rationales of therapeutic strategies based on TAK1 inhibition for the treatment of pathological
40 angiogenesis.

41

42 1. Introduction

43 Angiogenesis is the process by which new capillaries grow from preexisting blood vessels. It is
44 fundamental in embryonic vascular development and reproduction, as well as wound healing and
45 repair in adults. During embryonic development, angiogenesis is the basis for the maturation of the
46 circulatory system. Angiogenesis starts with the proliferation of endothelial cells, followed by
47 endothelial tube formation, a process enriched by smooth muscle cells, and later facilitates the
48 formation of a specific vascular system [1]. Upon injury, severed vessels are elongated and
49 anastomosed with each other, and the vessels then become tortuous with endothelial cell proliferation
50 and pericyte coverage, eventually normalizing through vessel regression over a few months [2].
51 Angiogenesis is a highly regulated process that is activated under physiological stresses and inactivated
52 when those stresses are relieved [3].

53 **Angiogenesis is also central to several pathological conditions**, such as solid tumors and
54 neovascular eye diseases. Under pathological conditions such as tumor growth, host blood vessels are
55 stimulated to grow into the vicinity of the tumor to maintain cell growth, and tumor vascularization is
56 characterized by dilated, tortuous and disorganized blood vessels [4,5]. Tumors constantly promote
57 the growth of new blood vessels to ensure an adequate supply of nutrients for expansion, and these
58 new vessels also provide potential routes for tumor metastasis [6]. In addition, pathological
59 angiogenesis, a process responsive to inadequate perfusion or ischemia, occurs in some eye diseases,
60 particularly in the retina. Such ocular neovascularization can result in severe impairment of vision. For
61 instance, retinal neovascularization occurs in patients with advanced diabetic retinopathy, often
62 leading to fundus hemorrhage and severe vision impairment due to invasion and leakage of fluid from
63 abnormal blood vessels into the retina and vitreous.

64 Transforming growth factor β (TGF- β) activated kinase 1 (TAK1) is a key regulator of immune
65 and proinflammatory signaling pathways [7]. TAK1 activates nuclear factor-kappa B (NF- κ B) and
66 mitogen-activated protein kinase (MAPK) pathways in response to a diverse range of stimuli,
67 including inflammation, hypoxia and oxidative stress, the major causes of angiogenesis [8]. Activation
68 of the NF- κ B and MAPK pathways regulated by TAK1 promotes the expression of various
69 inflammatory response proteins, including those encoding cytokines and chemokines, and participates
70 in inflammasome regulation, all of which in turn facilitate angiogenic processes [9]. Naito *et al.* found
71 that, in addition to its role in mediating inflammatory signals, activated TAK1 can prevent endothelial
72 apoptosis and maintain vascular integrity under inflammatory conditions [10]. In fact, TAK1
73 deficiency leads to embryonic lethality due to vascular destruction, which implies its crucial role in
74 maintaining vascular integrity during embryogenesis [11]. Therefore, a better understanding of the
75 mechanism that underlies TAK1-mediated signaling in angiogenesis is of great significance for

76 developing therapeutic strategies for the management of pathological angiogenesis.

77

78 **2. TAK1 and its activity**

79 TAK1 was discovered in 1995 as a member of the mitogen-activated protein kinase kinase kinase
80 (MAPKKK) family [12]. It is a critical signal transduction mediator that can be activated by cell
81 membrane receptor interacting protein kinases or second messengers in cells after a variety of
82 stimulations, including proinflammatory cytokines or antigens such as tumor necrosis factor α (TNF α),
83 IL-1, or lipopolysaccharides (LPS). Normally, TAK1 binds to adaptor proteins such as TAK-binding
84 protein 1 (TAB1) and its homologs TAB2 and TAB3 to form heterotrimeric complexes consisting of
85 either TAK1-TAB1-TAB2 or TAK1-TAB1-TAB3 [8]. TAB1 binds to the N-terminal kinase domain
86 of TAK1, whereas the homologs TAB2 and TAB3 bind to the C-terminal region (**Figure 1**). Through
87 different signaling pathways, both TAB1 and TAB2 activate the TAK1 protein. TAB1 is essential for
88 osmotic stress-induced TAK1 activation, whereas TAB2 or TAB3 is required for TNF- or IL-1-
89 induced TAK1 activation (**Figure 2**) [13].

90 Although TAB1 constitutively binds to TAK1, it possesses no phosphatase or other enzymatic
91 activity. Pathak *et al.* recently reported that glycosylation with N-acetylglucosamine (O-
92 GlcNAcylation) of a single residue (Ser395) on TAB1 can modulate the activation of TAK1 in
93 response to IL-1 stimulation or osmotic stress [14]. O-GlcNAcylation of TAB1 substantially increases
94 the autophosphorylation of TAK1, phosphorylation of inhibitory kappa B kinase (IKK) and
95 translocation of NF- κ B, which results in increased production of cytokines. Moreover, an E3 ubiquitin
96 ligase X-linked inhibitor of apoptosis protein (XIAP) has also been found to directly interact with
97 TAB1 and to further activate TAK1 as a downstream biological factor in TGF- β receptor (TGFBR)
98 and bone morphogenetic protein (BMP) receptor (BMPR) activation through formation of the XIAP-
99 TAK1-TAB1 complex. Activated TAK1 then upregulates the expression of NF- κ B and transcription
100 factor activator protein-1 (AP-1) by activating the NF- κ B and MAPK (JNK and p38) pathways [15]
101 (**Figure 2A**). However, the detail mechanism by which TAK1 is activated by TAB1 remains unclear.

102 In contrast to TAB1, TAB2 and its analogous protein TAB3 have been extensively studied in
103 TAK1-mediated signaling pathways in angiogenesis. When IL-1 and LPS bind to their receptors,
104 interleukin-1 receptor kinase 1 (IRAK1) and IRAK4 recruit TNF receptor (TNFR)-associated factor-
105 6 (TRAF6) and its associated enzymes ubiquitin conjugating enzyme 13 (Ubc13) and ubiquitin E2
106 variant 1a (Uev1a). In a similar manner, when TNF- α binds to TNFR, receptor interacting protein
107 kinase (RIPK1) recruits TRAF2/5 with its associated enzymes Ubc13 and Uev1b. TRAF2/5 complexes
108 generate lysine 63 (K63)-linked polyubiquitin chains on either TAB2 or TAB3, thus activating TAK1

109 [16-18]. K63-linked polyubiquitin activates TAK1 by inducing conformational changes that lead to
110 the autophosphorylation of Thr187, Thr178, Thr184, and Ser192 residues [19,20]. Activated TAK1
111 then phosphorylates IKK, MKK4/7 and MKK3/6 to activate NF- κ B, JNK and p38 MAPK, respectively
112 (**Figure 2B**). Collectively, these involved signaling pathways result in inflammation and immune
113 responses, apoptosis and angiogenesis [21].

114 TAK1-TAB2 maintains vascular homeostasis under TNF- α stimulation by preventing endothelial
115 apoptosis [22]. Morioka *et al.* reported that cell migration and tube formation were significantly
116 affected in TAK1- and TAB2-deficient endothelial cells but not in TAB1-deficient endothelial cells,
117 suggesting that TAB2 instead of TAB1 plays an important role in angiogenesis [11]. Furthermore,
118 TAB2 deficiency in mouse embryos led to the abnormal growth of capillary blood vessels due to
119 reduced TAK1 activity, revealing that TAB2 is crucial for maintaining normal vascular homeostasis
120 [11]. Nonetheless, the activation of TAK1 is arguably regulated by both TAB1 and TAB2/3, and their
121 respective contributions are complex and dependent upon the tissue type and cellular context [23].
122

123 **3. Molecular mechanisms of TAK1 involved in angiogenic activities**

124 Inflammation is a physiological response to harmful stimuli such as pathogens, damaged cells and
125 toxic compounds with the overall aim of removing the source of injury and repairing damaged tissue
126 to restore tissue architecture and maintain tissue homeostasis [24]. When inflammation lasts for an
127 extended period of time, endothelial cells proliferate and migrate to form new capillaries to restore
128 nutrient supply, therefore facilitating the immune response [25]. Inadequate supply of vasculature and
129 the resultant reduction in oxygen level leads to angiogenesis to fulfill the oxygen needs of tissue [26].
130 Apart from tissue hypoxia and inflammation, oxidative stress plays a significant role in angiogenesis.
131 Oxidative stress is the excessive production of reactive oxygen species (ROS) and reactive nitrogen
132 species (RNS) in the tissue under harmful stimuli. However, short exposure to ROS or low levels of
133 ROS can also promote physiological angiogenesis and maintain healthy blood vessel homeostasis [27].
134 There is substantial evidence that inflammation, hypoxia and oxidative stress are three important
135 inducers of angiogenesis, and each has a complicated molecular mechanism for promoting and
136 inhibiting angiogenic activities [6,28]. Given that TAK1 is an important mediator in many pathways
137 involved in angiogenesis, its role and function in mediating inflammation, hypoxia and oxidative stress
138 in angiogenesis are discussed below.

139

140 **3.1 TAK1 activates the inflammatory response**

141 There is increasing evidence that inflammation plays a central role in various pathophysiological

142 processes, such as angiogenesis. Inflammation has been shown to be involved in angiogenesis via
143 several physiological processes, such as embryonic development and tissue repair [29], as well as
144 angiogenic diseases, such as a variety of tumors and neovascular eye diseases. TAK1 has been
145 identified as a key mediator in inflammation and defense immune signaling pathways [30]. TAK1 is
146 activated by several inflammatory signaling pathways, such as the IL-1 β , TNF- α , Toll-like receptor
147 (TLR), T-cell receptor (TCR) and B-cell receptor (BCR) signaling pathways, after TRAF6 and the
148 ubiquitin-binding enzyme complex (Ubc13 and Uev1a) catalyzes the polyubiquitination of the Lys63
149 residue on TAB2 or TAB3 [31]. Activated TAK1 phosphorylates NF- κ B-inducing kinase (NIK) and
150 IKK or MAP kinase kinases (MKKs), which leads to the activation of NF- κ B and AP-1 [32], ultimately
151 resulting in the expression of inflammatory cytokines (e.g., IL-1 and IL-6), chemokines (e.g., CXCL1
152 and IL-8) or adhesion molecules (e.g., intercellular adhesion molecule-1 (ICAM-1) and vascular cell
153 adhesion molecule-1 (VCAM-1)) that participate in tissue inflammatory and angiogenic responses
154 (**Figure 3**). As such, these inflammatory proteins induce diverse physiological and pathological effects,
155 such as tissue repair and tumor progression [33-37]. Therefore, TAK1, which is involved in
156 inflammatory signaling pathways, has been found to play a vital role in the development of multiple
157 physiopathological conditions, especially in angiogenic processes.

158 A number of studies have attempted to determine the role of TAK1-induced inflammatory
159 signaling in angiogenic diseases. Singh *et al.* found that *arginine transferase 1 (ATE1)* gene knockout
160 in mouse embryos can cause contractile dysfunction, cardiovascular dysplasia and impaired
161 angiogenesis due to blockage of the TAK1-dependent JNK1/2 signaling pathway [38]. Moreover,
162 blocking TAK1 inhibited NF- κ B by downregulating the phosphorylation of IKK α/β and NF- κ B p65,
163 resulting in the reduced expression of proinflammatory genes, such as IL-6, monocyte chemoattractant
164 protein-1 (MCP-1) and ICAM-1, in vascular smooth muscle cells, ultimately leading to attenuation of
165 neointimal formation in wire-injured femoral arteries [39].

166 TNF- α can induce endothelial cell death during inflammation via either caspase-dependent
167 apoptosis or RIP1 kinase-dependent necrosis [40]. Naito *et al.* found severe bleeding in the lung and
168 hind limb muscles in endothelium-specific TAK1 knockout mice, an animal model of acute lung and
169 muscle inflammation, and this effect was not observed in wild-type mice. Immunostaining of knockout
170 mouse tissues revealed high levels of TNF- α in CD11b⁺ and F4/80⁺ hematopoietic cells and vascular
171 deformation or massive loss of blood vessels, indicating that TAK1 is essential for endothelial cell
172 survival through inhibition of inflammatory apoptosis induced by TNF- α during acute inflammation
173 [10]. In addition, inhibiting TAK1 alleviated joint inflammation and pannus caused by abnormal
174 neovascularization in a collagen-induced mouse model of rheumatoid arthritis [41], suggesting that

175 TAK1 plays a crucial role in promoting inflammation and angiogenesis in rheumatoid arthritis. Chang
176 *et al.* further demonstrated that TAK1 phosphorylation is enhanced upon adenosine monophosphate-
177 activated protein kinase (AMPK) activation *in vivo* and *in vitro*, leading to a proinflammatory
178 phenotype in endothelial cells that facilitates angiogenesis via a downstream p38 MAPK signaling
179 cascade [42]. Moreover, overexpression of TAK1 and TAB1 also enhances the phosphorylation of
180 AMPK in cervical cancer cells [43], suggesting that TAK1 and AMPK are more likely to act together
181 rather than alone to regulate these processes under different circumstances.

182

183 **3.2 TAK1 signaling in hypoxia**

184 Hypoxia is known as a reduction in oxygen supply that cannot meet cellular requirements. It is one of
185 the key mechanisms involved in both physiological and pathological angiogenesis. Among several
186 regulatory genes in hypoxia, hypoxia-inducible factor 1 (HIF-1) plays an important role in facilitating
187 the response of cells to changes in systemic oxygen levels. HIF-1 is a heterodimeric transcription factor
188 that consists of a constitutively expressed β -subunit (HIF-1 β) and an oxygen-regulated α -subunit
189 (HIF-1 α) [44]. HIF-1 α contains an oxygen-dependent degradation (ODD) domain that is hydroxylated
190 by prolyl hydroxylase 2 (PHD2) under normoxic conditions to degrade HIF-1 through the ubiquitin-
191 proteasome pathway [45]. However, hypoxia can strongly induce HIF-1 accumulation by preventing
192 HIF-1 α ubiquitination, which activates anaerobic metabolism and inflammation-related signaling
193 pathways, including the MAPK [46,47], NF- κ B [48] and AMPK [49] [50] pathways, in cells.
194 Interestingly, TAK1 is closely related to these pathways [23], indicating that TAK1 may participate in
195 hypoxia-induced angiogenesis (**Figure 4**). Indeed, studies related to cancer progression and
196 cardiomyocyte hypertrophy have shown that hypoxia can activate TAK1 via a mechanism that is
197 dependent upon the activation of calcium calmodulin kinase (CaMK2) signaling and is mediated
198 through the Ubc13-XIAP complex, resulting in the activation of NF- κ B and the promotion of an
199 inflammatory state in cells [51-53]. Such processes are mediated by NF- κ B and MAPK signaling, both
200 of which are downstream of TAK1 activation [54]. Unlike other signaling pathways, the role of TAK1
201 as a genuine upstream kinase of AMPK is still highly debated. In several studies, the potential role of
202 TAK1 as an upstream mediator of AMPK activation was verified using various knockdown strategies
203 [55-57]. Nagata *et al.* found that inhibition of AMPK signaling can inhibit endothelial cell migration
204 and tube formation under hypoxic conditions and suppress the growth of blood vessels in mice
205 subcutaneously implanted with Matrigel [58]. Although a number of studies have shown that TAK1 is
206 closely related to hypoxia-induced angiogenesis, there is no clear evidence that TAK1 is causally
207 involved in angiogenesis under hypoxic conditions.

208

209 **3.3 TAK1 signaling in oxidative stress**

210 Angiogenesis can be affected by oxidative stress in different ways. When the degree of oxidation
211 exceeds the oxide clearance rate, the oxidation system and antioxidant system become unbalanced,
212 resulting in pathophysiological changes in tissue [28]. TAK1 also participates in redox regulation
213 through various cellular signaling pathways [59], which may be related to pathological angiogenesis
214 (**Figure 5**). Zippel *et al.* reported that TAK1 knockdown by siRNA results in a significant change in
215 the proteins that are involved in redox regulation in IL-1 β -treated endothelial cells [60]. Kajino-
216 Sakamoto *et al.* showed that ablation of TAK1 leads to the accumulation of ROS in the intestinal
217 epithelium by reducing the expression of nuclear factor-erythroid 2 (NF-E2)-related factor 2 (NRF2),
218 a key antioxidant transcription factor, and related antioxidant-responsive molecules [61]. ROS
219 accumulation results in epithelial cell death, causing intestinal hemorrhage. NRF2 is known to promote
220 angiogenesis by regulating NADPH oxidase 2 (Nox2) in several physical and pathological conditions,
221 such as corneal neovascularization, ischemia-induced retinopathy, and tissue repair [62-65].
222 Reasonably, TAK1 is able to protect epithelial or endothelial cells from ROS-induced death by
223 regulating NRF2 and NOX-related signals, promoting blood vessel formation. Indeed, Menden *et al.*
224 reported that silencing Nox2 can suppress LPS-induced ICAM-1 expression through inhibition of
225 TAK1 phosphorylation (Thr184/187) in human pulmonary microvascular endothelial cells, which
226 limits macrophage-endothelial cell interactions and lung microvascular remodeling [66].

227 Superoxide dismutase (SOD), another endogenous antioxidant, also plays an important role in the
228 oxidative stress response and is involved in TAK1-related angiogenesis. Zippel *et al.* found that TAK1
229 is an AMPK mediator that regulates angiogenesis by modulating SOD2 and redox signaling in
230 endothelial cells [57]. Specifically, the dysregulated endothelial germination processes of ring and tube
231 formation are normalized in the presence of polyethylene glycol-SOD under the condition of
232 endothelial cell-specific TAK1 knockout in the aortic ring model. Similar rescue of angiogenesis was
233 also observed in polyethylene glycol-SOD-treated aortic rings from AMPK α 1 knockout mice [60].
234 Since AMPK can be activated under oxidative stress, can facilitate angiogenesis [67,68], and closely
235 interacts with TAK1, it can be implied that TAK1 plays a role in oxidative stress-induced angiogenesis.
236 However, there is still a lack of evidence that redox signaling directly activates TAK1, and the crosstalk
237 between TAK1 and oxidative stress signals in angiogenesis remains unclear.

238

239 **4. Translational potentials in diseases associated with pathological angiogenesis**

240 Angiogenesis is an important event in a variety of physiological settings, and it is also central to the
241 pathogenesis of several pathological conditions. Activated TAK1 participates in crucial signaling

242 pathways of inflammation, hypoxia and oxidative stress, which could lead to pathological angiogenesis
243 under these conditions. We therefore discuss below the crosstalk between TAK1 and the signaling
244 pathways involved in pathological angiogenesis processes, such as tumor angiogenesis and retinal
245 neovascularization.

246

247 **4.1 Tumor angiogenesis**

248 Tumor growth and metastasis depend upon angiogenesis, which is usually stimulated by chemical
249 signals from the tumor cells themselves [69]. Tumor cells may become necrotic or apoptotic without
250 vascular support [70]. Therefore, tumors need to be supported by the rapid development of a new
251 vascular network in order to progress [6]. TAK1 acts as a key mediator of angiogenic signaling in
252 tumor environments. TAK1 regulates MAPK signaling through P38 MAPK and JNK activation, which
253 promotes the expression of VEGF, plasminogen activator inhibitor-1 (PAI-1) and MMPs, which are
254 involved in vascular remodeling, angiogenesis and extracellular matrix degradation in tumors such as
255 glioma [71,72]. In addition to angiogenesis, TAK1 plays a significant role in preventing TNF- α -
256 induced endothelial cell death. Knocking out or inhibiting TAK1 can induce the apoptosis of
257 endothelial cells and destroy tumor vasculature, resulting in tumor regression [10]. Safina *et al.* showed
258 that deletion of TAK1 can reduce the activity of NF- κ B and the expression of MMP-9, thereby
259 suppressing TGF- β -mediated tumor angiogenesis and metastasis [73]. Furthermore, studies also
260 revealed that the inhibition of TAK1 with natural or artificial compounds such as cyclopeptide RA-V
261 and triterpene celastrol suppressed angiogenesis and tumorigenesis.

262 In addition to endogenous angiogenic genes, hypoxia-related genes in the tumor
263 microenvironment play a critical role in activating TAK1 and ultimately promoting tumor
264 angiogenesis [74]. HIF-1 α , a master regulator of the hypoxia response, can induce NF- κ B activation
265 in a TAK1-dependent manner [53]. Activation of this inflammatory pathway can in turn promote the
266 expression of HIF-1 α itself, forming a positive feedback loop. Such crosstalk between hypoxia and
267 inflammation, which is centrally regulated by TAK1, further enhances tumor cell proliferation and
268 angiogenesis [51]. Although there is still a lack of evidence that TAK1 directly leads to HIF-1
269 accumulation, it is reasonable to postulate that NF- κ B might be a potential node between TAK1 and
270 HIF-1.

271

272 **4.2 Retinal neovascularization**

273 Retinal neovascularization refers to abnormal vascular growth with increased permeability of blood
274 vessels in the retina resulting in severe retinal hemorrhage and even blindness. Numerous studies have

275 shown that VEGF signaling certainly plays a key role in retinal neovascularization [75,27,76,77].
276 Hence, anti-VEGF drugs have been extensively studied and have been demonstrated to be effective in
277 suppressing retinal neovascularization, thus ameliorating vision impairment. However, recent clinical
278 trials showed that anti-VEGF therapy is not effective for all patients and that patients who benefit from
279 treatment exhibit a high recurrence rate [78-80]. Therefore, it is important to look for other therapeutic
280 target genes for retinal neovascularization.

281 Studies have shown that hypoxia and ischemia in the retina contribute to the progression of retinal
282 neovascularization through HIF-1 α - and NF- κ B-related signaling involving TAK1 signaling [81].
283 TAK1 was found to be activated under hypoxic conditions, which stimulates the expression of
284 proinflammatory and proangiogenic cytokines, including ICAM-1, IL-8 and TNF- α , through NF- κ B
285 [52,53,82]. Our recent study provided the first piece of evidence that TAK1 inhibition can significantly
286 attenuate retinal neovascularization in a rat model of ischemia-induced retinopathy [83]. The data
287 further suggest that selective inhibition of TAK1 by 5Z-7-oxozeaenol ameliorates the inflammatory
288 response, which contributes to the promotion of aberrant retinal angiogenesis [83]. Furthermore,
289 hypoxia and ischemia in the retina are accompanied by the production of ROS, including H₂O₂, and
290 the induction of inducible nitric oxide 2 (NOS2). Hypoxia and ischemia promote retinal angiogenesis
291 by upregulating the antioxidant transcription factor NRF2 and SOD and enhance the expression of
292 epidermal growth factor (EGF), IL-8, platelet-derived growth factor (PDGF) and adhesion molecules
293 under oxidative stress [84,65,85]. Interestingly, TAK1 has been found to be involved in compensatory
294 cellular antioxidant responses, including NRF2- and SOD-related signaling pathways [60,61]. TAK1
295 therefore appears to be crucial in pathological angiogenesis, suggesting that TAK1 could be a potential
296 therapeutic target for retinal neovascularization.

297

298 **5. Approaches for therapeutic targeting of TAK1 signaling**

299 **5.1 Inhibition of TAK1 activity with small molecule drugs**

300 The role of TAK1 in multiple cellular pathways suggests that it might be a potential target for small
301 molecule interventions against diseases, including cancer and inflammation- and angiogenesis-related
302 diseases (**Table 1**).

303

304 **5.1.1 (5Z)-7-oxozeaenol**

305 (5Z)-7-Oxozeaenol, a kind of macrolide compound, is the 7-Oxo derivative of zeaenol (the 5Z
306 stereoisomer) [86]. It is a natural product of fungal origin that functions as a TAK1-specific inhibitor
307 through covalent interactions with TAK1 [87]. The therapeutic effects of (5Z)-7-oxozeaenol have been

308 observed in a number of studies. For example, (5Z)-7-oxozeaenol was found to inhibit TAK1 activity
309 and downregulate downstream signaling pathways, including p38 MAPK, IKK and JNK, and reduce
310 chemokine receptor 7 (CCR7) expression, ultimately suppressing the lymphatic invasion and lung
311 metastasis of breast cancer [88,89]. In addition, other studies have shown that treatment with (5Z)-7-
312 oxozeaenol effectively inhibits TAK1 and NF- κ B activation and induces caspase-3 and -7 in colon and
313 cervical cancer, resulting in enhanced apoptosis of cancer cells [90,91]. In neurological diseases, such
314 as cerebral ischemia and subarachnoid hemorrhage, studies have shown that inhibiting TAK1 can
315 downregulate p38 MAPK-JNK and NF- κ B-related inflammatory pathways, thereby reducing cerebral
316 inflammation and brain damage [92-94]. Similarly, treatment with (5Z)-7-oxozeaenol can also reduce
317 the production of inflammatory cytokines and the formation of abnormal blood vessels in the cavum
318 articulare by suppressing synovial fibroblast activation [140] and attenuating neointimal formation in
319 wire-injured femoral arteries of mice [50]. Although (5Z)-7-oxozeaenol is widely used to study the
320 biological functions of TAK1 in diseases, it also effectively inhibits a panel of at least 50 other kinases
321 and forms a covalent bond with reactive cysteines in the activation loop of its targets, producing several
322 undesired side effects. Such nonspecific binding creates off-target effects, which likely limits its
323 potential use in clinical settings [95,87].

324

325 **5.1.2 NG25**

326 Other small molecules that target TAK1 have also been investigated. Tan *et al.* found that NG25 is a
327 potent dual inhibitor that targets TAK1 and MAP4K2 kinases, with weak inhibition of 11 other kinases
328 [96]. Wang *et al.* also reported that targeting TAK1 with NG25 can partially block doxorubicin (Dox)-
329 induced p38 MAPK phosphorylation and I κ B α degradation and enhance Dox-induced cytotoxic
330 effects and apoptosis in breast cancer cells by targeting TAK1 [97]. Wang *et al.* further confirmed that
331 injection of NG25 prior to insult significantly inhibited TAK1/JNK activity and dramatically
332 attenuated acute hypoxic and ischemic cerebral injury and abnormal angiogenesis by regulating cell
333 survival and behavior in perinatal rats [98]. Therefore, NG25 may also be a potential candidate drug
334 that can be applied to target TAK1 by inhibiting TAK1-related inflammation and angiogenesis.

335

336 **5.1.3 Takinib**

337 A recently developed compound named takinib has proven to bind more specifically to TAK1 than
338 (5Z)-7-oxozeaenol. Totzke *et al.* found that takinib is more selective than other TAK1 inhibitors since
339 it targets germinal center kinase (GCK), an important kinase that participates in both the determination
340 of cell fate and the regulation of cell functions, with a 45-fold lower potency than TAK1 [95]. Takinib
341 is an aminobenzimidazole-based competitive inhibitor of TAK1 that was previously identified as a Src

342 kinase family inhibitor. However, the initial kinome profiling study showed that takinib only weakly
343 inhibited Src and Yes1 [99]. In contrast, takinib shows significant inhibitory activity against six other
344 kinases, including TAK1, IRAK4, IRAK1, GCK, CDC-like kinase 2 (CLK2), and misshapen like
345 kinase 1 (MINK1); of these targets, TAK1 is most potently inhibited by takinib [100]. Compared to
346 (5Z)-7-oxozeaenol, takinib does not inhibit any members of the MAP2K or MAP3K family and shows
347 no efficacy on TAK1-related MAP3K5/apoptosis signal-regulating kinase 1 (ASK1). Additionally,
348 p38 MAPK is completely insensitive to takinib [95]. Due to its higher specificity for TAK1 and its
349 capability to phosphorylate IKK, MAPK 8/9 and c-Jun upon TNF- α stimulation, takinib induces
350 apoptosis upon TNF α stimulation in cell models of breast cancer and rheumatoid arthritis [95].
351 Furthermore, takinib treatment was found to inhibit proinflammatory cytokines in a mouse model of
352 type II collagen-induced arthritis and in NRAS-mutated melanoma cells through TAK1 inhibition
353 [101], suggesting that it may be useful in progressive malignant diseases and inflammatory diseases.

354

355 **5.1.4 LYTAK1**

356 Other orally active TAK1 inhibitors, such as LYTAK1, have been described; LYTAK1 attenuates the
357 chemoresistance of pancreatic cancer by inhibiting TAK1 but has cytotoxic activity *in vitro* [102].
358 LYTAK1 was reported to significantly suppress LPS-induced TAK1-NF κ B and MAPK (ERK, JNK
359 and p38 MAPK) activation *in vitro* and *in vivo* [103]. Oral administration of LYTAK1 can significantly
360 inhibit the growth of colorectal cancer cell xenografts in nude mice [104]. Moreover, LYTAK1
361 attenuates proliferation and epithelial-mesenchymal transition in retinal pigment epithelial cells
362 through the TAK1-mediated Smad and ERK/AKT signaling pathways, which may further attenuate
363 retinal neovascularization [105,106].

364

365 **5.1.5 Other TAK1 inhibitors**

366 Some uncommon TAK1 inhibitors, including fisetin, gamma-tocotrienol and tanshinone IIA, are
367 currently being developed [107-109]. In addition, there are some new discoveries of plant extracts that
368 may be useful for inhibiting TAK1. Rubiaceae-type cyclopeptides, a type of plant cyclopeptide from
369 Rubia, can inhibit the NF- κ B signaling pathway by disrupting the TAK1-TAB2 interaction and
370 targeting TAK1, ultimately suppressing the inflammatory response and angiogenesis [110]. Other
371 molecules, such as sesamin, pinitol, gambogic acid and celastrol, can inhibit the NF- κ B signaling
372 pathway and related genes involved in apoptosis (cIAP-1/2, Bcl-2, Bcl-xL, XIAP, survivin, and
373 TRAF1), proliferation (cyclin D1, c-Myc, COX2), metastasis (ICAM-1 and MMP-9), and
374 angiogenesis (VEGF) by targeting TAK1, thus enhancing apoptosis and attenuating proliferation,
375 invasion and angiogenesis in cancer [111-114]. However, even though there are a number of studies

376 on the development of different kinds of TAK1 inhibitors and the characterization of their specific
377 mechanisms and functions, there is still a lack of evidence regarding their clinical effects. In this case,
378 more preclinical studies are needed to determine whether there is potential to develop TAK1 inhibitors
379 as potential antiangiogenic therapies for various diseases.

380

381 **5.2 Genetic approaches for TAK1 gene targeting**

382 *Although the aforementioned TAK1 inhibitors can inhibit the activation of TAK1 at the protein level,*
383 *their off-target effects may need to be considered. Even though more selective TAK1 inhibitors have*
384 *been reported, most of them can also target a wide type of kinases other than TAK1 [95,86,96].*
385 *Therefore, the side effects induced by many TAK1 inhibitors remain largely unclear.* Thus,
386 pharmaceutical inhibitors of TAK1 may not be ideal candidates for specifically inhibiting TAK1. As
387 a result, emerging approaches such as microRNA (miRNA)-based targeting strategies and clustered
388 regularly interspaced short palindromic repeat (CRISPR)-based gene editing have been increasingly
389 applied in research.

390

391 **5.2.1 TAK1 regulation by miRNA**

392 miRNAs are small noncoding RNA molecules (22 to 25 nucleotides long) found in all eukaryotes and
393 some viruses. miRNA silence gene expression at the posttranscriptional level through base pairing
394 with complementary sequences at the 3' untranslated region (3'-UTR) of mRNA [115-117]. The role
395 of various miRNAs in TAK1 inhibition has been extensively studied. Jiang *et al.* revealed that when
396 overexpressed, miR-892b can attenuate NF- κ B signaling by directly targeting and suppressing TAK1
397 in breast cancer, resulting in significantly decreased tumor growth, metastatic capacity and
398 angiogenesis [118]. Likewise, miR-26b can also inhibit the expression of TAK1 and TAB3 by binding
399 to their 3'-UTRs, thus blocking the activation of NF- κ B signaling and sensitizing cells to apoptosis
400 [119].

401 *TAK1* silencing by miR-143 has been shown in pancreatic ductal adenocarcinoma cells and
402 hepatocytes. miR-143 can directly target TAK1 and inactivate MAPK/NF- κ B signaling, therefore
403 inhibiting cell proliferation, cell migration, inflammation and fibrosis, which are important cellular
404 activities related to angiogenesis [120]. TAK1 can also be targeted by miR-10a in endothelial cells;
405 miR-10a is expressed at lower levels in the atherosusceptible regions of the inner aortic arch and
406 aortorenal branches than in other regions. Interestingly, the *TAK1* gene contains a highly conserved
407 miR-10a binding site in the 3'-UTR by which miR-10a can negatively regulate TAK1 expression. Such
408 regulation by miR-10a directly mediates the expression of NF- κ B p65 and contributes to the regulation
409 of proinflammatory endothelial phenotypes in atherosusceptible regions *in vivo* [121]. It is worth

410 noting that a single miRNA can target multiple mRNAs, suggesting that miRNAs that regulate TAK1
411 may target other genes, causing off-target effects.

412

413 **5.2.2 CRISPR/Cas-mediated gene modification**

414 Clustered regularly interspaced short palindromic repeats (CRISPR) is a repetitive DNA sequence in
415 the genome of prokaryotic organisms that is derived from DNA fragments of bacteriophages that have
416 previously infected prokaryotes. It can detect and destroy DNA from similar bacteriophages during
417 subsequent infections, generating a unique immune response to protect against foreign invasion [122].
418 CRISPR-associated protein (Cas) is an enzyme that uses guide RNA to recognize and cleave target
419 strands of DNA that are complementary to the guide RNA [123]. As CRISPR/Cas-based gene editing
420 technology has become more established, it is being widely used to knock out genes completely and
421 permanently by targeting gene loci, thus achieving stable and persistent gene editing. These engineered
422 nucleases generate a double-strand DNA break at the targeted genome locus. The break activates repair
423 through error-prone nonhomologous end joining (NHEJ) or homology-directed repair (HDR). In the
424 absence of a template, NHEJ is activated, resulting in insertions and/or deletions that disrupt the target
425 loci. In the presence of a donor template with homology to the targeted locus, the HDR pathway is
426 initiated, allowing for precise mutations to be made [124].

427 Although CRISPR/Cas-based gene editing has not been used extensively as a therapeutic measure
428 for the treatment of pathological angiogenesis, it has been increasingly used in studies to understand
429 the role of TAK1 in various disease contexts. In a study of the role of TAK1 in pneumoconiosis,
430 CRISPR technology was used to generate TAK1 knockout mice via lentiviral vectors expressing
431 CRISPR/Cas9 components. Li *et al.* confirmed that TAK1 knockout in mice significantly reduced
432 fibrotic nodule formation in the lung tissues after silica exposure [125]. Morioka *et al.* also showed
433 that the endothelial-specific deletion of TAK1 by CRISPR/Cas9 editing caused increased cell death
434 and vessel regression at embryonic day 10.5 (E10.5), eventually leading to embryo death, which made
435 it difficult to breed endothelial-specific TAK1 knockout mice [11]. CRISPR/Cas-based gene editing
436 has been increasingly studied in the context of manipulating the expression of specific genes in
437 pathological angiogenesis. Huang *et al.* used AAV1-mediated CRISPR/Cas9 editing to target the
438 genomic VEGFR2 locus, resulting in abrogation of angiogenesis in a mouse model of oxygen-induced
439 retinopathy and laser-induced choroidal neovascularization [126]. Moreover, depletion of ONECUT
440 homeobox 2, a highly expressed gene in ovarian cancer tissues, by CRISPR/Cas9 editing remarkably
441 suppressed the expression of several proangiogenic growth factors, such as VEGFA, HGF, and HIF-
442 1 α , and the activation of Akt/ERK pathways, thus attenuating ovarian cancer progression [127]. With
443 the great advantages of CRISPR/Cas-based gene editing, research has rapidly moved to clinical study.

444 In fact, the latest clinical study using CRISPR/Cas9 editing to design immune cells with enhanced
445 abilities to seek and attack tumors has shown promise in treating some cancers without causing any
446 significant side effects [128]. It is worth noting that the long-term efficacy and safety of CRISPR/Cas-
447 based therapy remains unclear. Nevertheless, the rapid developments in modified CRISPR technology
448 have validated its efficacy and safety, providing a new path for the clinical study of gene editing to
449 treat pathological angiogenesis.

450

451 **5.3 Potential adverse effects on TAK1 inhibition**

452 Given the pleiotropic nature of TAK1 gene, we can observe diverse roles of TAK1 in multiple
453 physiological activities such as inflammation, immune responses, neural and vascular development.
454 However, this also brings additional risks of undesired side effects when targeted to inhibit its kinase
455 activity. So far, such undesired side effects of TAK1 inhibition either by gene knockout or
456 pharmaceutical inhibitors have not been clinically studied. Nevertheless, a number of studies have
457 suggested that such adverse effects have been observed in various *in vitro* and *in vivo* models. For
458 instance, a conditional TAK1 knockout in parenchymal cells of mice liver caused hepatocyte dysplasia
459 and liver carcinogenesis with spontaneous hepatocyte apoptosis and cholangiocytes fibrosis [129,130].
460 Moreover, a study showed that 5Z-7-oxozeaenol can attenuate inflammation and fibrosis in
461 experimental rats with silica-induced pneumoconiosis. However, cytotoxicity in primary lung
462 fibroblasts of healthy rats was detected, suggesting that 5Z-7-oxozeaenol may be toxic during the
463 treatment of pneumoconiosis [131]. Similar cytotoxic effects of 5Z-7-oxozeaenol were observed on
464 SK-N-AS and IMR-32 cells at a relatively high dose during the treatment of neuroblastoma [132]. In
465 retinal pigment epithelial cells, TAK1 inhibition led to accelerated cellular senescence, decreased cell
466 proliferation and increased senescence-associated β -galactosidase expression [133]. Selective TAK1
467 inhibitor such as Takinib has also demonstrated a significant amount of synoviocyte death at 48 hours
468 when used for the treatment of arthritis in type II collagen induced arthritis mice [134]. These findings
469 unarguably suggest that more work is needed on comprehending potential adverse effects of TAK1
470 inhibition. Regardless, TAK1 is still an immensely attractive molecular target for small molecule
471 interventions against diseases, including cancer and inflammation- and angiogenesis-related diseases.

472

473 **6. Conclusions and future perspectives**

474 TAK1 is an important mediator of multiple signaling pathways that is involved in a variety of
475 pathophysiological processes, including inflammation and the responses to hypoxia and oxidative
476 stress. Increasing evidence indicates that these TAK1-mediated processes clearly participate in
477 angiogenesis-related disorders, such as tumor angiogenesis and retinal neovascularization.
478 Pharmacological inhibitors and genetic approaches for targeting TAK1 have been widely studied in
479 various cancers, such as breast, colon and cervical cancers. Inhibition of TAK1 and its downstream
480 signaling are also effective strategies for inducing the apoptosis of cancer cells and enhancing the
481 chemotherapeutic efficacy of TAK1 inhibitors by regulating the inflammatory and angiogenic
482 processes in tumors. However, precisely how TAK1 is involved in regulating angiogenesis and related

483 diseases and the crosstalk between TAK1 and downstream signaling pathways under different
484 conditions remain to be clarified. Nevertheless, TAK1 is a potential therapeutic target that needs to be
485 further studied to provide an alternative to current treatment for pathological angiogenesis.

486

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492

493 **Competing Interests**

494 The authors have declared that no competing interest exists.

495

496 **Author contributions**

497 Conceptualization- L.Z., S.L., J-H.W., G-S.L. Writing (Original Draft)- L.Z., S.L., J-H.W., G-S.L.
498 Writing (Review & Editing)- L.T., G.J.D. Project Administration- J-H.W., G-S.L. Funding
499 Acquisition- L.T., G-S.L. Project Supervision- G-S.L.

500

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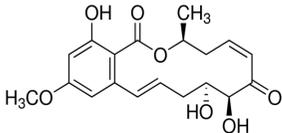
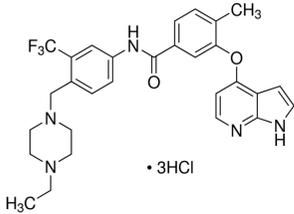
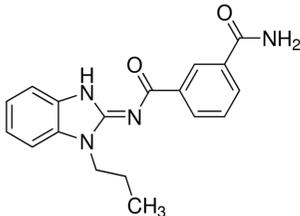
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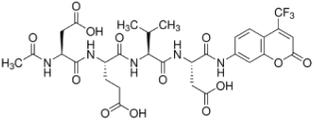
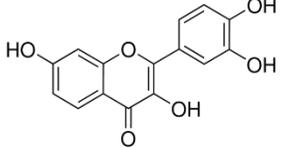
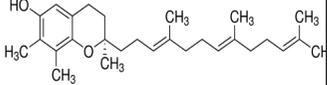
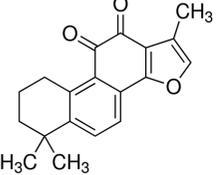
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970 **Table**
 971 **Table 1 Summary of pharmacological inhibition of TAK1**
 972

	Inhibitor	Structure	M. W.	Origin	Solubility	Comments	Pre-clinical research	References
Common chemical inhibitors	5Z-7-Oxozeaenol		362.37	Natural product of fungal/resorcylic acid lactones	DMSO: >10 mg/mL	<ul style="list-style-type: none"> Competitive inhibitor of ATP binding to TAK1 in irreversible manner. Inhibits the catalytic activity of TAK1. TAK-Inhibitory concentration (IC50) = 8.1nM Potently inhibits 50 other kinases. Commercially available for research purposes. 	Tumor suppression (triple negative breast cancer, melanoma), Rheumatoid arthritis	[135-139,86]
	NG25 Trihydrochloride		646.96	Synthetic compound	H2O: 5 mg/mL	<ul style="list-style-type: none"> Inhibits by binding to ATP binding pocket of TAK1 when TAK1 is in DFG motif "out" or inactive conformation. Also inhibits MAP4K2. 	Tumor suppression (breast cancer, colorectal cancer), cerebral injury	[140,141,110,96]
	Takinib		322.36	Amino-benzimidazole	DMSO: 2 mg/mL	<ul style="list-style-type: none"> Competitive inhibitor of TAK1. Binds to DFG "in" conformation of ATP binding site of TAK1 Prolongs the rate limiting step of TAK1 activation i.e., prolongs time for TAK1 	Tumor suppression (melanoma), arthritis	[142,95]

						<ul style="list-style-type: none"> autophosphorylation. TAK1 (IC₅₀=9.5nM) Also inhibits other 5 other kinases. 		
	LYTAK1		729.61	N/A	H ₂ O: 1 mg/mL	<ul style="list-style-type: none"> Only known orally active TAK1 inhibitor. Blocks TAK1 phosphorylation at Thr-184/187. Great cytotoxic activity 	Tumor suppression (pancreatic cancer, colorectal cancer), proliferative vitreoretinopathy	[143-146]
Uncommon chemical inhibitors	Fisetin		286.24	Natural flavonol	DMSO: ≥50 mg/mL	<ul style="list-style-type: none"> Under research Attenuates TAK1 and TAB1 interaction by Dose-dependent phosphorylation inhibition. 	Tumor suppression, Sepsis induced multiple organ dysfunction	[147,148]
	Gamma-tocotrienol		410.63	Lipid-soluble isomers of the essential micronutrient vitamin E	Neat	<ul style="list-style-type: none"> Under research 	Tumor suppression	[149]
	Tanshinone IIA		294.34	Root of <i>Salvia miltiorrhiza Bunge</i> (Chinese Traditional Medicine)	Methanol: 5 mg/mL	<ul style="list-style-type: none"> Reduce TAK1 phosphorylation Under research 	Lipopolysaccharide induced inflammatory modulation (Atherosclerosis)	[150]
Chinese Natural inhibitors	Rubiaceae-type cyclopeptides (RAs)	N/A	N/A	<i>Rubia</i> plant cyclopeptides	N/A	<ul style="list-style-type: none"> Binds to ATP binding pocket to interrupt TAK1-TAB2 interaction. 	Inflammatory modulation, tumor suppression,	[151]

							angiogenesis inhibition	
	Sesamin	N/A	N/A	Sesame Seed	N/A	• Under research	Tumor suppression, prevention of heart failure	[152]
	Pinitol	N/A	N/A	3-O-methyl-chiroinositol	N/A	• Under research	Inflammatory modulation, prevention of diabetic complication	[153]
	Gambogic acid	N/A	N/A	A Xanthone derived from the resin of the <i>Garcinia hanburyi</i>	N/A	• Under research	Tumor suppression	[154]
	Celastrol	N/A	N/A	A Quinone ethide triterpene from <i>Tripterygium wilfordii</i> (Thunder god vine plant)	N/A	• Under research	Tumor suppression, Gastric cancer	[155,156]

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975 **Figures**

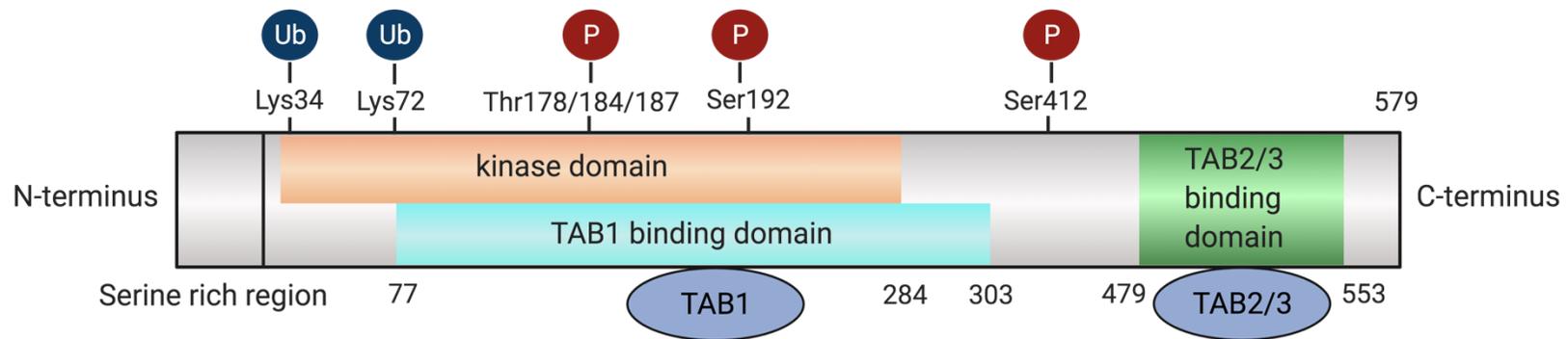
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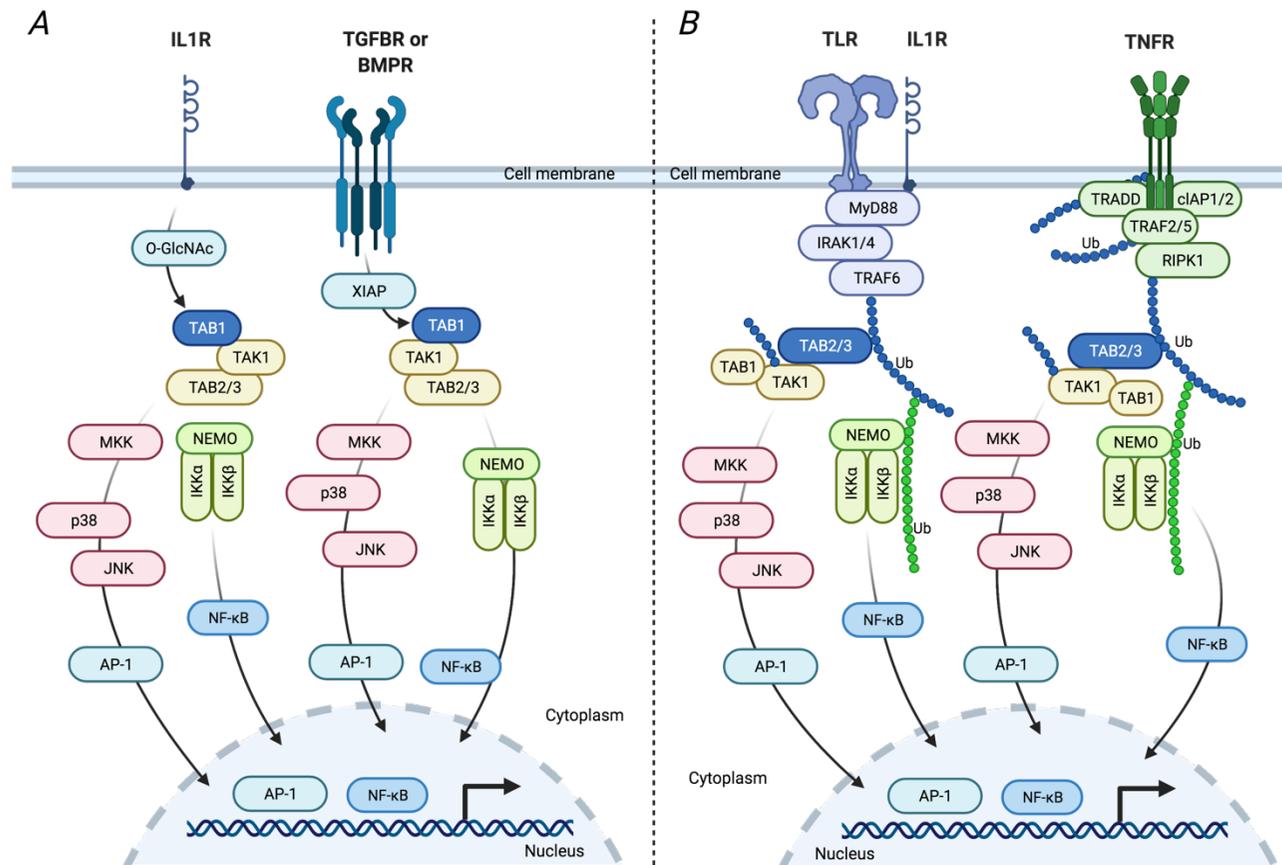


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982 **Figure 1 Schematic illustration of the domain structures of human TAK1 and TABs.** The kinase activity of TAK1 is mediated by binding
983 interactions with TAB1 and its homologs TAB2/3. TAB1 binds to the N-terminal kinase domain of TAK1, whereas the homologs TAB2 and
984 TAB3 bind to the C-terminal region, resulting in the activation of TAK1 catalytic activity.

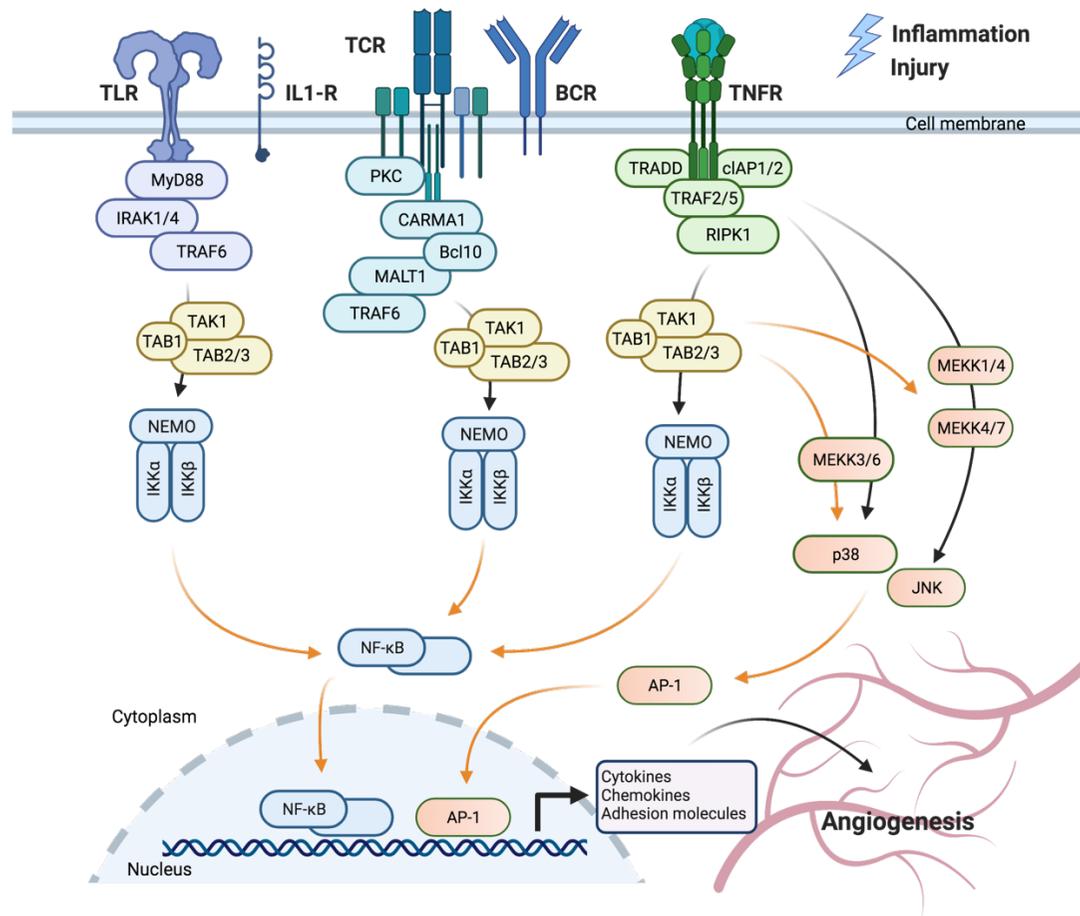
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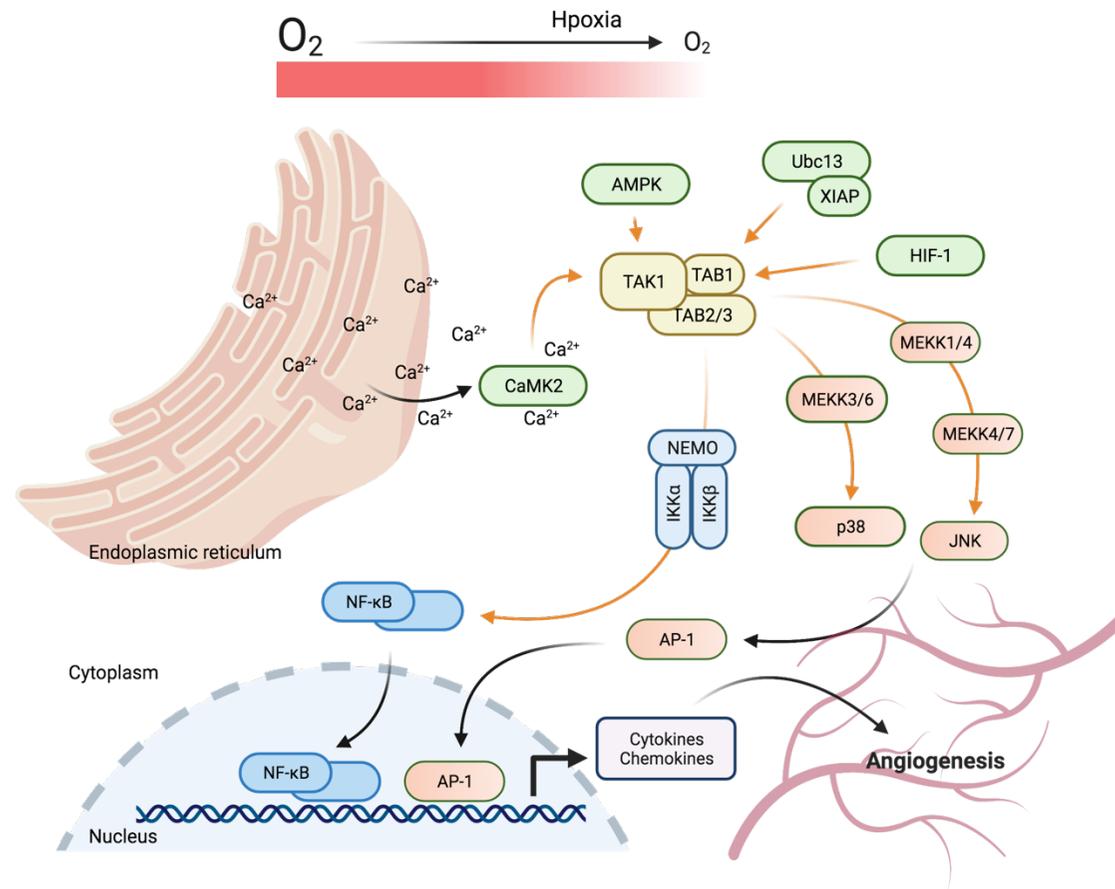
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988 **Figure 2 Interaction between TAK1 and TABs.** (A) Proinflammatory ligands bind to IL-1R, TGF- β receptor (TGFBR) and bone morphogenetic
 989 protein receptor (BMPR) to trigger interaction with TAK-binding protein 1 (TAB1) and further activate TAK1. Activated TAK1 phosphorylates
 990 IKK and MKK/p38 MAPK/JNK, which further activates NF- κ B and AP-1. (B) Proinflammatory ligands bind to IL-1R, Toll-like receptor (TLR)
 991 and TNF receptor (TNFR). All these interactions trigger the strong interaction of TAB2/3 with K63-linked polyubiquitin chains to activate TAK1,
 992 which subsequently phosphorylates IKK and MKK/p38 MAPK/JNK to activate NF- κ B and AP-1, ultimately regulating inflammation,
 993 proliferation and angiogenesis processes. **String of beads: polyubiquitination.** Created with BioRender.com.



994

995 **Figure 3 Activation of TAK1 by injury and inflammation.** Engagement of agonist with TNF receptor (TNFR) during inflammation and injury.
 996 The ubiquitin complex containing TRADD and TRAF activates TAK1, which phosphorylates IKK and MAPKK. IKK phosphorylates NF- κ B.
 997 MAPKK phosphorylates JNK and p38 MAPK. Both IKK and MAPKK increase the expression of IL-6, MCP-1, ICAM-1, MMP-9, COX2 and
 998 several other chemokines. The binding of an agonist to TNFR during inflammation and injury also activates caspase 8, which leads to cellular
 999 apoptosis. Activation of TAK1 via the RIP1/RIP2 complex leads to cellular necroptosis. Created with BioRender.com.



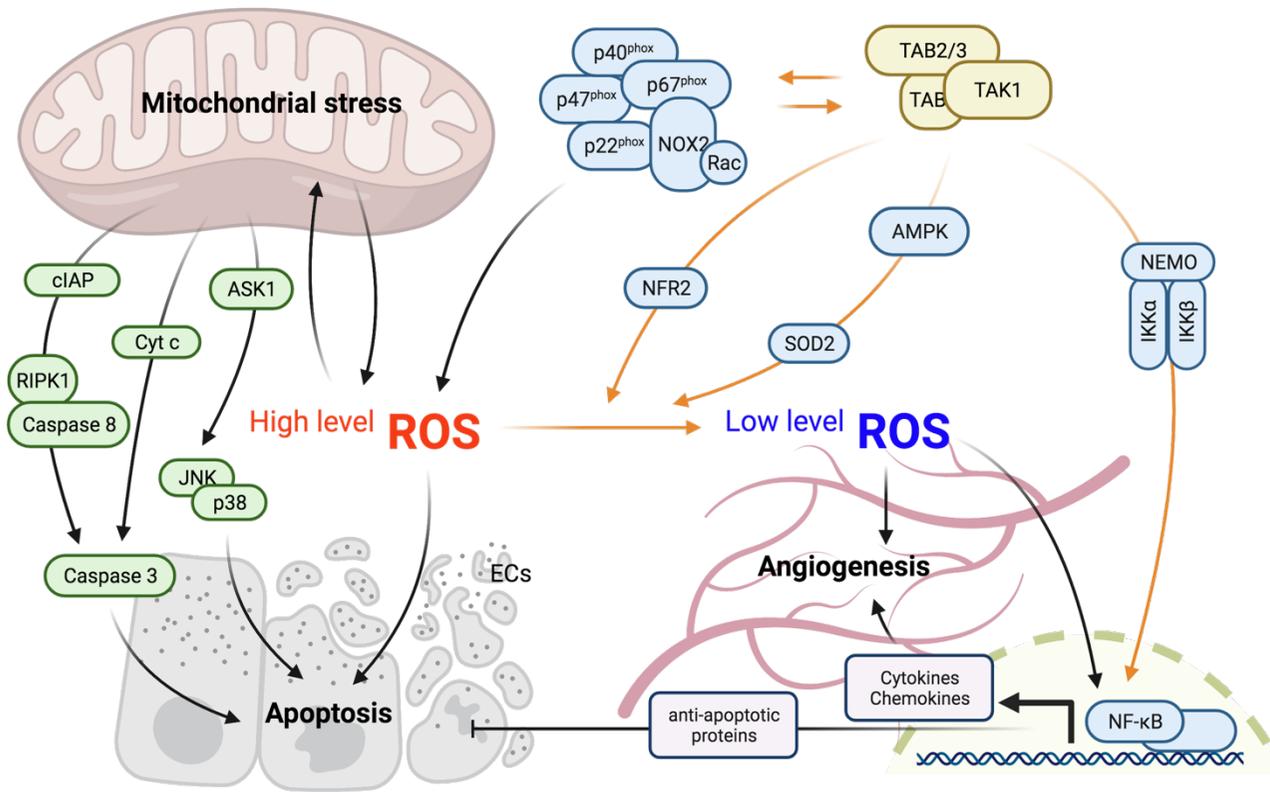
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1001 **Figure 4 Activation of TAK1 by hypoxia.** Hypoxia activates TAK1 via the stimulation of CaMK2, AMPK and Ubc13-XIAP. Activated TAK1
 1002 phosphorylates IKK and MAPKs, which further triggers the transcriptional activation of NF-κB and AP-1, leading to increased expression of
 1003 various cytokines that contribute to cellular survival and angiogenesis. Created with BioRender.com.

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1008 **Figure 5 TAK1 participates in redox balance.** Activation of TAK1 prevents ROS accumulation, protects against ROS-induced apoptosis and
 1009 enhances angiogenesis. TAK1 maintains ROS at levels that promote angiogenesis by activating Nox2 and upregulating endogenous antioxidants
 1010 (such as NRF2 and SOD2). When TAK1 is active and the ROS level is low, trigger NF-κB transcriptional activation is triggered, leading to
 1011 increased expression of angiogenic and antiapoptotic proteins, thereby promoting angiogenesis and inhibiting ROS-induced apoptosis. Created
 1012 with BioRender.com.

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