


Review

Natural Products as Inducers of Non-Canonical Cell Death: A Weapon against Cancer

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Simple Summary: Anticancer therapeutic approaches based solely on apoptosis induction are often unsuccessful due to the activation of resistance mechanisms. The identification and characterization of compounds capable of triggering non-apoptotic, also called non-canonical cell death pathways, could represent an important strategy that may integrate or offer alternative approaches to the current anticancer therapies. In this review, we critically discuss the promotion of ferroptosis, necroptosis, and pyroptosis by natural compounds as a new anticancer strategy.

Abstract: Apoptosis has been considered the main mechanism induced by cancer chemotherapeutic drugs for a long time. This paradigm is currently evolving and changing, as increasing evidence pointed out that antitumor agents could trigger various non-canonical or non-apoptotic cell death types. A considerable number of antitumor drugs derive from natural sources, both in their naturally occurring form or as synthetic derivatives. Therefore, it is not surprising that several natural compounds have been explored for their ability to induce non-canonical cell death. The aim of this review is to highlight the potential antitumor effects of natural products as ferroptosis, necroptosis, or pyroptosis inducers. Natural products have proven to be promising non-canonical cell death inducers, capable of overcoming cancer cells resistance to apoptosis. However, as discussed in this review, they often lack a full characterization of their antitumor activity together with an in-depth investigation of their toxicological profile.

Keywords: natural products; cancer; non-canonical cell death; ferroptosis; necroptosis; pyroptosis; in vitro studies; in vivo studies



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1. Introduction

Historically, cell death has been classified into two main categories: accidental [i.e., non-programmed cell death (PCD)] and PCD. Apoptosis and autophagy are both forms of PCD, while necrosis, instead, has been for a long time considered as a non-physiological process that occurs as a result of infection or injury [1]. However, in recent years accumulating evidence increasingly pointed out that various non-apoptotic forms of PCD, also called non-canonical, can be triggered independently of apoptosis or when the apoptotic process appears to be altered or inhibited [1–3]. Non-canonical cell deaths differ from the apoptotic process not only in morphological, but also in biochemical terms, and include various PCD pathways such as ferroptosis, necroptosis, and pyroptosis, which, on the contrary, can share the lytic nature with necrosis [1,4,5].

Nature is a never-ending source of preventive and curative agents, used since ancient times in traditional medicines to prevent and cure many human diseases [6]. Nature still continues to represent an inexhaustible source of pharmacologically active compounds, especially in the anticancer therapy field. Indeed, of the 185 new anticancer drugs discovered between 1981 and 2019, about 65% are natural or natural-based compounds [7]. Most of the discovered natural anticancer drugs originate from plants. There are about

250,000 plant species used for medicinal purposes, which played a crucial role for the treatment of different human diseases, according to the World Health Organization (WHO) [8]. Medicinal plants contain numerous compounds, known as primary and secondary metabolites [8]. By isolating bioactive compounds as drugs, developing bioactive compounds as semi-synthetic lead compounds, or using the whole or part of the plant, medicinal plants have been, and are still being used, as therapeutic antitumor agents [8]. The most effective drugs currently used in the oncological field are, among others, the vinca alkaloids vincristine and vinblastine, etoposide, paclitaxel, topotecan, and irinotecan, which all originate from terrestrial plants [9]. Interestingly, although until a few years ago apoptosis was the anticancer mechanism of action described for these compounds, it has been shown that some of them also induce non-canonical cell deaths [10,11]. Many other different natural compounds were thus explored and identified as promoters of non-canonical cell death.

The aim of this review is to highlight the antitumor effects of natural products as ferroptosis, necroptosis and pyroptosis inducers, and to critically analyze the limitations and challenges associated with the development of non-canonical cell death-based anticancer strategy. Although the activation of other kinds of non-apoptotic PCD, such as autophagy, anoikis, paraptosis, partanathos, netosis, or entosis could represent new promising mechanisms for the prevention or treatment of cancer, those pathways are not characterized yet. Moreover, the ability of natural compounds to trigger them is not substantial. For this reason, we focused our attention only on necroptosis, ferroptosis, and pyroptosis, for which an extensive set of information allows a comprehensive analysis. In particular, the most characterized compounds will be analyzed in detail, while the others will be included in the tables. Most of the natural products inducing non-canonical cell death have been studied *in vitro*. Only for some of them there are *in vivo* studies. Tables reporting *in vitro* studies are in the main text, while tables reporting *in vivo* studies as well as the effects of natural inducers of non-canonical cell death used in association are included in the Supplementary Materials.

2. Ferroptosis

Ferroptosis, firstly discovered by Dixon et al. in 2012 [12], is a non-canonical cell death characterized by an iron-dependent accumulation of lipid reactive oxygen species (ROS), which leads to cell demise [13]. Ferroptosis differs from any other form of regulated cell death. Morphologically, it does not involve any typical apoptotic feature; it is not characterized by cytoplasmatic swelling or disruption of cell membrane, as in necrotic cell death; the formation of typical autophagic vacuoles is not observed [12]. Ferroptotic cells, instead, are morphologically characterized by a distinct shrinkage of mitochondria with enhanced membrane density and decrease/depletion of mitochondrial cristae [12].

Ferroptosis is caused by compounds able to antagonize glutathione peroxidase 4 (GPX4) in a direct way or through the inhibition of X_c^- system. X_c^- system is an amino acid antiporter responsible for intracellular transport of extracellular cystine by exchanging intracellular glutamate [14] (Figure 1). Once inside the cells, cystine is reduced to cysteine, an essential substrate for glutathione (GSH) synthesis [15]. Hence, the inhibition of X_c^- system alters GSH biosynthesis, reducing the antioxidant activity of glutathione and selenium-dependent GPXs [16–18]. Among GPXs, GPX4 is the only one able to reduce hydrogen peroxides or organic hydroperoxides into water or corresponding alcohols by converting GSH into oxidized glutathione (GSSG) [19,20] (Figure 1). Then, the inhibition of GPX4, through direct or indirect mechanisms, leads to lipid ROS accumulation and activates the ferroptotic cell death cascade [12,21,22] (Figure 1).

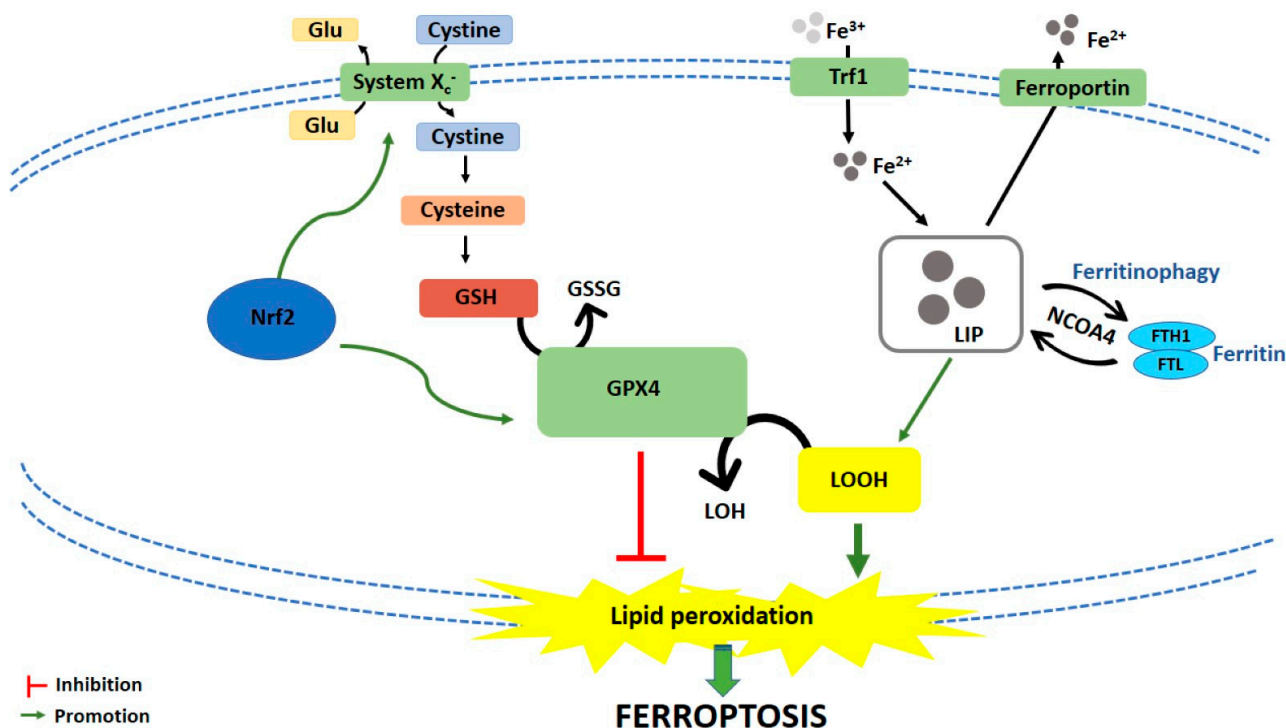


Figure 1. Schematic representation of ferroptotic cell death pathway. Glu: Glutamate; GSH: Glutathione; GSSG: Oxidized glutathione; GPX4: Glutathione peroxidase 4; LOH: Lipid alcohols; LOOH: Lipid hydroperoxides; Nrf2: Nuclear factor (erythroid-derived 2)-like 2; Trf1: Transferrin receptor 1; LIP: Labile iron pool; FTH1: Ferritin heavy chain 1; FTL: Ferritin light chain; NCOA4: Nuclear receptor coactivator.

Iron-dependent accumulation of lipid ROS can occur through non-enzymatic and/or enzymatic lipid peroxidation. Non-enzymatic lipid peroxidation, also called lipid autoxidation, consists in a free radical-driven chain reaction where ROS initiate the oxidation of polyunsaturated fatty acids (PUFAs). Within an autocatalytic process, autoxidation can be propagated leading to membrane destruction, and subsequent ferroptotic cell death [23]. Enzymatic lipid peroxidation is mostly driven by lipoxygenases (LOXs). LOXs, through their dioxygenase activity, catalyze oxygen insertion into PUFAs membrane, generating different lipid hydroperoxides (LOOH), which can start the autocatalytic process of lipid autoxidation mentioned above [22].

If the link between lipid metabolism and ferroptosis induction is well known, how lipid peroxidation leads to ferroptotic cell death is not clear yet. Two mechanisms have been hypothesized. The first hypothesis is that lipid hydroperoxides, produced by PUFAs peroxidation, generate reactive toxic products, i.e., 4-hydroxy-2-nonenal (4-HNE) or malondialdehyde (MDA), which consequently inactivate different survival proteins, leading to ferroptosis [24]. The second hypothesis is that extensive phospholipids peroxidation leads to structural and functional modifications of cellular membrane [23].

Natural Compounds as Ferroptosis Inducers

Several natural compounds, alone or in combination, have been found to induce ferroptosis in different *in vitro* (Table 1 and Table S1) and *in vivo* (Table S2) cancer models.

Table 1. Natural products as in vitro inducers of ferroptosis.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
<i>Actinia chinensis</i> (Planch), drug-containing rat serum	<i>Actinia chinensis</i> Planch	HGC-27	90, 180 and 360 mg/mL	48 h	↓ Cell proliferation		[25]
				24 and 48 h	↓ Cell migration		
			180 mg/mL		↑ ROS	↓ after Ferr-1 treatment	
			90, 180 and 360 mg/mL	48 h	↓ GPX4		
					↓ xCT		
Albiziabioside A	<i>Albizia inundata</i> Mart.	MCF-7	10 µM	24 h	↑ Cytotoxicity	↑ after Fe ²⁺ treatment	[26]
						↓ after Ferr-1 treatment	
						↓ after DFO treatment	
						↓ after vitamin E treatment	
			/		↑ ROS		
				24 h	↓ GSH/GSSG ratio		
				48 h	↓ GPX4 protein expression		
				/	↑ MDA		
					↑ Lipid peroxides		
Amentoflavone	<i>Selaginella</i> spp. and other plants	U251, U373	10 and 20 µM		↑ Fe ²⁺		[27]
					↓ FTH	↑ after ATG7 knockdown	
					↑ MDA	↓ after FTH overexpression	
						↓ after FTH overexpression	
					↑ Lipid ROS	↓ after BafA1 treatment	
						↓ after ATG7 knockdown	
				↓ GSH	↓ after FTH overexpression		
					↓ after BafA1 treatment		
					↓ after ATG7 knockdown		
						↓ after Ferr-1 treatment	
						↓ after DFO treatment	
					↑ Cell death ratio (%)	↓ after FTH overexpression	
						↓ after BafA1 treatment	
						↓ after ATG7 knockdown	
Ardisiacrispin B	<i>Ardisia kivuensis</i> Taton	CCRF-CEM	0.59, 0.93, 2.33, 4.66, 9.32, 18.64 and 37.28 µM	24 h	↑ Cytotoxicity	↓ after Ferr-1 treatment	[28]
			0.3, 0.6, 1.2 and 2.4 µM			↑ ROS	

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
Aridanin	<i>Tetrapleura tetraptera</i> (Schum. & Thonn) Taub.	CCRF-CEM	1, 2, 4, 8, 15, 30 and 61 μ M	24 h	↓ Cell viability	↓ after Ferr-1 treatment ↓ after DFO treatment	[29]
Artenimol (artemisinin semi-synthetic derivative)	<i>Artemisia annua</i> L.	CCRF-CEM	0.01, 0.1, 1, 10 and 100 μ M	/	↓ Cell viability	↓ after Ferr-1 treatment ↓ after DFO treatment	[30]
		DAUDI, CA-46	4 and 20 μ M	48 h	↓ Cell viability	↑ after DFO treatment ↑ after Ferr-1 treatment ↑ after Lip-1 treatment ↑ after down-regulation of CHAC1 expression	[31]
			5, 10 and 20 μ M	24 and 48 h	↑ ROS ↑ Lipid peroxidation	↓ after down-regulation of CHAC-1 expression	
			5, 10 and 20 μ M	24 h	↑ CHAC1, ↑ ATF4, ↑ CHOP protein expression		
		MT-2	50 μ M 0.4, 2 and 10 μ M 2 and 10 μ M	24 h	↑ ROS ↑ Cytotoxicity	↓ after DFO treatment ↓ after Ferr-1 treatment	[32]
Artesunate (artemisinin semi-synthetic derivative)	<i>Artemisia annua</i> L.	HUT-102	50 μ M 2 and 10 μ M 10 and 50 μ M	24 h	↑ ROS ↑ Cytotoxicity	↓ after NAC treatment ↓ after DFO treatment ↓ after Ferr-1 treatment	
		HN9	50 μ M 2.5 and 5 μ M	72 h	↓ Cell viability	↓ after HTF treatment ↑ after DFO treatment ↑ after Trolox treatment ↑ after Keap1 knockdown ↑ after Nrf2 knockdown	
			50 μ M	24 h	↑ ROS ↑ Lipid ROS	↓ after Ferr-1 treatment ↓ after Trolox treatment ↓ after Ferr-1 treatment ↓ after Trolox treatment	[33]
		HN9, HN9-cisR	10, 25 and 50 μ M	24 h	↑ Nrf2 protein expression ↓ xCT, ↓ RAD51, ↓ Keap1 protein expression		

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
		HN9-cisR, HN3-cisR, HN4-cisR	10, 25 and 50 μ M	24 h	\uparrow Nrf2, \uparrow HO-1, \uparrow NQO1 protein expression		
			50 μ M		\downarrow Keap1 protein expression		
					\uparrow Nrf2, \uparrow HO-1, \uparrow NQO1 mRNA levels		
					\downarrow GSH	\downarrow after trigonellin treatment \uparrow after Trolox treatment \uparrow after Nrf2 knockdown	
		HN3-cisR	25 and 50 μ M	24 h	\uparrow ROS	\downarrow after Trolox treatment \uparrow after Nrf2 knockdown	
					\uparrow Lipid ROS	\downarrow after trigonellin treatment	
					\downarrow Cell viability	\downarrow after Nrf2 knockdown \downarrow after HO-1 knockdown \uparrow after Trolox treatment	
					\downarrow Cell viability	\uparrow after Ferr-1 treatment \uparrow after GRP78 overexpression \downarrow after GRP78 knockdown	
		PaTU8988, AsPC-1	20 μ M	24 h	\uparrow MDA	\downarrow after DFO treatment \downarrow after Ferr-1 treatment \downarrow after GRP78 overexpression \uparrow after GRP78 knockdown	[34]
			10, 20 and 40 μ M		\uparrow Lipid peroxidation \uparrow GRP78 mRNA levels \uparrow GRP78 protein expression	\downarrow after Ferr-1 treatment	
		HEY1	25 and 50 μ M		\uparrow Cell death	\downarrow after Ferr-1 treatment \downarrow after DFO treatment \uparrow after HT treatment	[35]
		HEY2	100 μ M	48 h	\uparrow Cell death	\downarrow after Ferr-1 treatment	
		HEY2, SKOV3	50 and 100 μ M		\uparrow Cell death	\downarrow after DFO treatment \uparrow after HT treatment	
		HEY1, HEY2, SKOV-3	10, 25, 50 and 100 μ M	24 h	\uparrow ROS	\downarrow after GSH treatment	

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
		HEY1, HEY2, SKOV-3, OVCAR8, TOV-112D, TOV-21G	25, 50 and 100 μ M	48 h	\uparrow Cell death	\downarrow after GSH treatment	
		Panc-1	50 μ M	24 h	\uparrow ROS \downarrow Colony formation \uparrow HO-1 protein expression	\downarrow after Trolox treatment \uparrow after DFO treatment \uparrow after Trolox treatment \uparrow after Ferr-1 treatment \downarrow after HTF treatment	[36]
		Panc-1, COLO-357		48 h	\uparrow Cell death	\downarrow after Trolox treatment \downarrow after Ferr-1 treatment	
		BxPC-3, Panc-1		24 and 48 h	\uparrow Cell death	\downarrow after DFO treatment	
		BxPC-3, Panc-1, AsPC-1			\uparrow Cell death	\uparrow after HTF treatment	
			5, 50, 250 and 500 μ g/mL		\downarrow Cell viability \uparrow LDH release		
<i>Betula etnensis</i> Raf. methanolic extract	<i>Betula etnensis</i> Raf.	CaCo2	5, 50 and 250 μ g/mL	72 h	\uparrow ROS \uparrow LOOH \downarrow RSH		[37]
			5 and 50 μ g/mL 250 μ g/mL		\downarrow HO-1 levels \uparrow HO-1 levels		
D13 (albiziabioside A derivative)	<i>Albizia inundata</i> Mart.	HCT116	0.31, 1.25 and 5 μ M	/	\uparrow Cytotoxicity	\downarrow after Ferr-1 treatment \downarrow after DFO treatment \uparrow after Fe ²⁺ treatment \uparrow after Fe ³⁺ treatment	[38]
				48 h	\downarrow GPX4 protein expression		
				/	\uparrow MDA		

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference	
Dihydroartemisinin (artemisinin semi-synthetic derivative)	<i>Artemisia annua</i> L.	THP-1	5, 10 and 15 μ M	12 h	↓ Cell viability ↑ ROS			
		HL-60	5, 10 and 15 μ M	12 h	↓ Cell viability	↑ after Ferr-1 treatment		[39]
						↑ after DFO treatment		
						↑ after NAC treatment		
						↑ after BafA1 treatment		
						↑ after 3-MA treatment		
						↑ after ATG7 knockdown		
						↑ after FTH overexpression		
						↑ after ISCU overexpression		
						↓ after ATG7 knockdown		
↓ after FTH overexpression								
↑ Lipid ROS								
↓ GSH								
↑ ROS								
↓ after DFO treatment								
↓ after NAC treatment								
↓ after ISCU overexpression								
↑ IRP2 protein expression								
↓ FTH, ↓ GPX4 protein expression								
↑ after ISCU overexpression								
↑ after BafA1 treatment								
		10, 20, 40, 80 and 160 μ M			↑ ROS			
		G0101, G0107	20, 40, 80 and 160 μ M	24 h	↑ Lipid ROS		[40]	
	↑ MDA							
	↓ GSH							
	↑ GSSG							
	↑ Cell death							
	↓ after DFO treatment							
	↓ after Ferr-1 treatment							
	↓ after Lip-1 treatment							
		U251 U373	5, 10, 20 and 40 μ M 20, 40, 80 and 160 μ M	24 h	↓ GSH			

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
		U251 U373	2.5, 5, 10, 20 and 40 μ M 10, 20, 40, 80 and 160 μ M	24 and 48 h	\uparrow ROS	\downarrow after DFO treatment \uparrow after PERKi treatment \uparrow after ATF4 siRNA treatment \uparrow after HSPA5 siRNA treatment	
		U251 U373	2.5, 5, 10 and 20 μ M 10, 20, 40, 80 and 160 μ M	3, 6, 12, 24 and 48 h	\uparrow Lipid ROS	\uparrow after ATF4 siRNA treatment \uparrow after HSPA5 siRNA treatment	
		U251 U373	5, 10, 20 and 40 μ M 80 μ M	3, 6, 12, 24 and 48 h	\uparrow MDA	\uparrow after PERKi treatment \uparrow after ATF4 siRNA treatment \uparrow after HSPA5 siRNA treatment	
		U251 U373	10, 20 and 40 μ M 40, 80 and 160 μ M	48 h	\uparrow Cell death	\downarrow after DFO treatment \downarrow after Ferr-1 treatment \downarrow after Lip-1 treatment \uparrow after PERKi treatment \uparrow after ATF4 siRNA treatment \uparrow after HSA5 siRNA treatment	
Dihydroisotanshinone I	<i>Salvia miltiorrhiza</i> Bunge	MCF-7 MCF-7, MDA-MB231	5 and 10 μ M 10 μ M 5 and 10 μ M 10 μ M	24 h	\downarrow GPX4 activity \downarrow GPX4 protein expression \uparrow MDA \downarrow GSH/GSSG ratio		[41]
Epunctanone	<i>Garcinia epunctata</i> Stapf.	CCRF-CEM	1.04, 1.66, 4.14, 8.28, 16.56, 33.11 and 66.23 μ M 2.95, 5.91, 11.81 and 23.63 μ M	24 h	\uparrow Cytotoxicity \uparrow ROS	\downarrow after Ferr-1 treatment \downarrow after DFO treatment	[42]
Erianin	<i>Dendrobium chrysotoxum</i> Lindl	H460, H1299	50 and 100 nM	24 h	\uparrow Cell death	\downarrow after NAC treatment \downarrow after Ferr-1 treatment \downarrow after Lip-1 treatment \downarrow after GSH treatment	[43]

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference		
Ferroptocide (pleuromutilin semi-synthetic derivative)	<i>Pleurotus passeckerianus</i> ; <i>Drosophila subtrata</i> ; <i>Clitopilus scyphoides</i> , and others spp.		50 and 100 nM	/	↑ ROS				
						↓ GSH			
						↑ MDA			
			12.5, 25, 50 and 100 nM			↑ HO-1, ↑ transferrin protein expression			
					5, 10 and 25 μM	24 h	↓ GPX4, ↓ CHAC2, ↓ SLC40A1, ↓ SLC7A11 protein expression		
							↑ Ca ²⁺ levels		
							↑ Calmodulin protein expression		
				ES-2	5, 10 and 25 μM	1 h	↑ ROS	↓ after DFO treatment	
			10 and 25 μM		↑ Mitochondrial ROS				
			10 μM		↑ Lipid ROS		↓ after DFO treatment		
					5, 10 and 25 μM	14 h	↑ Cell death	↓ after Ferr-1 treatment	
								↓ after DFO treatment	
								↓ after Trolox treatment	
								↓ after DFO treatment	
		HCT116	5, 10 and 25 μM	10, 24 and 48 h	↑ Cell death	↓ after Trolox treatment			
						↓ after NAC-1 treatment			
						↑ after TXN knockdown			
			5, 10 and 25 μM	1.5 and 72 h	↑ ROS	↓ after Ferr-1 treatment	[44]		
			10 μM	2 and 72 h	↑ Lipid ROS	↑ after TXN knockdown			
						↓ after DFO treatment			
		4T1	5, 10 and 25 μM	18 h	↑ Cell death	↓ after DFO treatment			
				10 μM	2 h	↑ Lipid ROS	↓ after Ferr-1 treatment		
						↓ after DFO treatment			
						↓ after Trolox treatment			
		HT-29	5, 10 and 25 μM	12 h	↑ Cell death	↓ after NAC treatment			
							↓ after Ferr-1 treatment		

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
Gallic Acid	Natural polyhydroxy phenolic compound, found in various foods	HeLa	50 µg/mL	12 h	↑ Lipid peroxidation	↓ after DFO treatment	[45]
		HeLa, H446, SHSY-5Y		36 h	↑ Cell death		
		A375, MDA-MB-231	10, 25, 50, 100 and 200 µg/mL	24 h	↓ Cell viability	[46]	
		MDA-MB-231	25 µg/mL		↑ ROS		
		A375	50 µg/mL		↓ GPX4 activity		
		MDA-MB-231	/		/		↑ MDA
A375, MDA-MB-231	/	/	/	/			
Physcion 8-O-β-glucopyranoside	<i>Rumex japonicus</i> Houutt.	MGC-803, MKN-45	10, 20, 30, 40 and 50 µM	24, 48, 72 and 96 h	↓ Cell viability	↑ after Ferr-1 treatment	[47]
						↑ after GPNA treatment	
			/	/	↓ Cell proliferation	↑ after 968 treatment	
						↓ after GLS2 knockdown	
			/	24 h	↓ Cell invasion	↑ after miR-103a-3p overexpression	
					↓ Cell migration	↑ after miR-103a-3p overexpression	
/	/	↑ Lipid ROS	↓ after GPNA treatment				
			↓ after 968 treatment				
/	/	↑ MDA	↓ after GLS2 knockdown				
			↓ after miR-103a-3p overexpression				
/	/	↑ Fe ²⁺	↓ after GPNA treatment				
			↓ after 968 treatment				
/	/	↑ Fe ²⁺	↓ after GLS2 knockdown				
			↓ after miR-103a-3p overexpression				

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
					↓ miR-103a-3p expression		
					↑ GLS2 protein levels	↓ after miR-103-3p transfection	
Piperlongumine	<i>Piper Longum</i> L.	Panc-1	4, 6, 8, 10, 12 and 14 µM	16 h	↓ Cell viability	↑ after NAC treatment ↑ after Ferr-1 treatment ↑ after Lip-1 treatment ↑ after DFO treatment	[48]
		MIAPaCa-2	10 µM	16 h	↓ Cell viability	↑ after CPX treatment ↑ after PD146176 treatment	
				4 h	↓ GSH		
Progenin III	<i>Raphia vinifera</i> P. Beauv	CCRF-CEM	2, 3, 7, 14 and 55 µM	24 h	↓ Cell viability	↑ after Ferr-1 treatment ↑ after DFO treatment	[49]
			1.59 and 3.18 µM		↑ ROS		
Ruscogenin	<i>Ruscus aculeatus</i> L. <i>Radix Ophiopogon japonicas</i> (Thunb.) Ker Gawl.	BxPC-3, SW1990	7 µM	/	↑ Cell death	↑ after FAC treatment ↓ after DFO treatment	[50]
			/	6 h	↑ Cell death	↓ after transferrin knockdown ↓ after ferroportin overexpression	
			3 and 7 µM	12 and 24 h	↑ Fe ²⁺	↓ after DFO treatment	
				1, 2, 4, 6 and 24 h	↑ ROS	↓ after DFO treatment	
			6 and 12 µM	24 h	↑ Transferrin ↓ Ferroportin		
Solasonine	<i>Solanum melongena</i> L.	HepG2	15 ng/mL	24 h	↑ Cell death	↓ after Ferr-1 treatment ↓ after DFO treatment	[51]
					↑ Lipid ROS	↓ after Ferr-1 treatment ↓ after DFO treatment	
					↓ GSS, ↓ GPX4 mRNA levels ↓ GSS, ↓ GPX4 protein expression		

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
Typhaneoside	<i>Pollen Typhae</i>	Kas-1, HL-60, NB4	40 μ M	24 h	↓ Cell viability	↑ after Ferr-1 treatment	[52]
						↑ after DFO treatment	
						↑ after 3-MA treatment	
						↑ after BafA1 treatment	
						↑ after Z-VAD-FMK treatment	
						↑ after rapamycin treatment	
↑ after ATG7 knockdown							
Typhaneoside	<i>Pollen Typhae</i>	Kas-1, HL-60, NB4	20, 30 and 40 μ M	24 h	↑ ROS	↓ after DFO treatment	[52]
						↓ after NAC treatment	
						↓ GSH	
						↑ Lipid ROS	
						↓ after ATG7 knockdown	
						↓ after BafA1 treatment	
Ungeremine	<i>Crinum zeylanicum</i> L.	CCRF-CEM	2.37, 3.76, 9.40, 18.79, 37.58, 75.17 and 150.33 μ M 1.22, 2.45, 4.89 and 9.78 μ M	24 h	↓ Cell proliferation	↑ after Ferr-1 treatment	[53]
						↑ after DFO treatment	
						↑ ROS	
						↑ ROS	
						↓ GPX4 expression	
						↓ GPX4 activity	
Whitaferin A	<i>Withania somnifera</i> (L.) Dunal	IMR-32	1 μ M	1, 2, 4, 8, 12 and 24 h	↑ Lipid peroxidation	↓ after DFO treatment	[54]
						↑ Fe ²⁺	
						↑ HO-1, ↑ Keap1, ↑ Nrf2 protein expression	
						↑ after hemin treatment	
						↑ Cell death	
						↓ after GPX4 overexpression	
Whitaferin A	<i>Withania somnifera</i> (L.) Dunal	IMR-32	1 μ M	6, 8, 12 and 16 h	↑ Cell death	↓ after ZnPP treatment	[54]
						↓ HO-1 knockdown	
						↑ after hemin treatment	

Table 1. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Ferroptosis Markers	Supplementary Effects	Reference
		IMR-32, SK-N-SH	1 and 10 μ M	6, 8, 12 and 16 h	\uparrow Cell death	\downarrow after Ferr-1 treatment \downarrow after CPX treatment \downarrow after α -tocopherol treatment \downarrow after UOI26 treatment \downarrow after Flt3 inhibitor treatment	
			1 μ M	/	Nrf2 pathway activation		
				/	\uparrow FTH1, \uparrow HO-1 gene expression		
				1, 2, 4, 8, 12 and 24 h	\uparrow FTH1, \uparrow HO-1 mRNA levels		
WA-NPs	<i>Withania somnifera</i> L. Dunal	IMR-32	1 and 10 μ M	8, 10, 12, 16, 20 and 24 h	\uparrow Cell death		[54]

Abbreviations: \uparrow : Increase; \downarrow : Decrease; 3-MA:3-methyladenine; 968: Compound 968, GLS2 inhibitor;; ATF4: Activating transcription factor 4; ATG7: Autophagy related 7; BafA1: Bafilomycin 1; CHAC1: Glutathione-specific Gamma-glutamylcyclotransferase 1; CHOP: CCAAT/enhancer-binding protein homologous protein; CPX: Ciclopirox, intracellular iron chelator; DFO: Deferoxamine; FAC: Ferric ammonium citrate; Fe²⁺: Ferrous ion; Fe³⁺: Ferric ion; Ferr-1: Ferrostatin-1; Flt3: Receptor tyrosine kinase fms-like tyrosine kinase 3; FTH: Ferritin heavy chain; FTH1: Ferritin heavy chain 1; GLS2: Glutaminase 2; GPNA: Glutamine transporter inhibitor; GPX4: Glutathione peroxidase IV; GSH: Glutathione; GSS: Glutathione synthetase; GSSG: Oxidized glutathione; HO-1: Heme oxygenase 1; HN3-cisR: Cisplatin-resistant HN3 cells; HN4-cisR: Cisplatin-resistant HN4 cells; HN9-cisR: Cisplatin-resistant HN9 cells; HSPA5: Heat shock protein family A (Hsp70) member 5; HTF: Holo-transferrin; IRP2: Iron regulator protein 2; ISCU: Iron-sulfur cluster assembly enzyme; Keap1: Kelch-like ECH-associated protein 1; Lip-1: Lipoxystatin-1; MDA: Malondialdehyde; NAC: N-acetylcysteine; NQO1: NAD(P)H quinone dehydrogenase 1; Nrf2: Nuclear factor erythroid 2-related factor 2; PD146176: Lipoxygenase inhibitor; PERKi: PERK inhibitor I (GSK2606414); ROS: Reactive oxygen species; RSH: Thiols; Spp.: Species; TXN: Thioredoxin; WA-NPs: Whitaferin A nanoparticles; xCT: Cystine/glutamate antiporter; ZnPP: Zinc protoporphyrin, HO-1 inhibitor; Z-VAD-FMK: Pan-caspase inhibitor.

Amentoflavone is a flavonoid mainly found in *Selaginella tamariscina* (P. Beauv.) Spring and in other species of *Selaginella*, as well as in many other plant species [55]. Amentoflavone exhibits anticancer effects in several tumor cells by inducing apoptosis, autophagy and ferroptosis, and by inhibiting cell-cycle progression [27,56–61]. In U251 and U373 glioma cell lines and in a glioma xenograft model, but not in normal human astrocytes, it triggered ferroptotic cell death by reducing GSH and ferritin heavy chain (FTH) intracellular levels, thus leading to the accumulation of lipid ROS and malondialdehyde (MDA), a PUFAs oxidation product, and subsequent cell death [27] (Table 1 and Table S2). Hence, amentoflavone induces ferroptosis through the rupture of iron homeostasis by reducing the intracellular levels of FTH, which is involved in the intracellular iron storage [27]. Interestingly, both in vitro and in vivo, amentoflavone induced the degradation of FTH by activating autophagy via AMPK (AMP-activated protein kinase)/mTOR (mammalian target of rapamycin)/P70S6K (phosphoprotein 70 ribosomal protein S6 kinase) signaling pathway, suggesting the induction of autophagy-dependent ferroptosis [27]. Autophagy is known as a potent ferroptosis enhancer. Ferritinophagy, in particular, degrades the iron storage protein ferritin and increases the release of free iron, leading to ferroptosis induction [62–64].

Two other natural compounds that trigger autophagy-dependent ferroptosis are dihydroartemisinin (DHA) and typhaneoside. DHA is a semi-synthetic derivative of artemisinin, a sesquiterpene lactone derived from *Artemisia annua* L. currently used as antimalarial agent, which promotes ferroptosis in glioma cells [40] and ferroptosis together with apoptosis in acute myeloid leukemia (AML) cancer cells [39] (Table 1). Typhaneoside, a flavonoid found in the extract of *Pollen Typhae*, triggered apoptotic and ferroptotic cell death in AML cancer cells [52] (Table 1). In particular, in AML cancer cells, as for amentoflavone, both DHA and typhaneoside induced autophagy-dependent ferroptosis [39,52] by raising the degradation of ferritin through ferritinophagy; moreover, autophagy inhibition mitigated ferroptosis induction by the two natural compounds [39,52] (Table 1). In another experimental setting, DHA did not trigger ferroptosis itself, but it sensitized resistant cancer cells to ferroptosis. In particular, in vitro [mouse embryonic fibroblasts (MEFs) and human osteosarcoma HT1080 cells] and in vivo (GPX4 iKO H292-xenografted female athymic nude-Foxn1^{nu}/Foxn1⁺ mice), DHA perturbed iron homeostasis leading to an increase in intracellular iron levels, which concurred to the restoration of RSL3's and erastin's ability to induce ferroptosis (Table 1 and Table S2) [65].

Artesunate is another semi-synthetic derivative of artemisinin. It induces ferroptosis in pancreatic [34,36], ovarian [35], head and neck cancer (HNC) [33], T-cell leukemia/lymphoma (ATLL) [32], and in Burkitt's lymphoma [31] through the modulation of different molecular targets (Table 1). One of these targets is the endoplasmic reticulum (ER). ER stress is a condition of oxidative stress and perturbations in the ER folding machinery provoked by the accumulation of unfolded/misfolded proteins. ER stress activates a signaling process, called unfolded protein response (UPR), in order to lessen ER stress and to restore ER homeostasis [66,67]. In DAUDI and CA-46 lymphoma cells, artesunate triggered ferroptosis and ER stress through the activation of ATF4 (activating transcription factor-4)-CHOP (C/EBP [CCAAT-enhancer-binding protein] homologous protein)-CHAC1 (glutathione-specific γ -glutamylcyclotransferase 1) pathway and PERK [protein kinase RNA (PKR)-like ER kinase] branch of UPR [31] (Table 1). As proposed by the authors [31], the upregulation of CHAC1 possessing a GSH degradation activity [68,69] probably contributes to artesunate-induced ferroptosis [31]. Besides, it is well known that ATF4 could be upregulated by the depletion of amino acids [70], such as that of intracellular cysteine caused by ferroptosis inducers through the system X_c^- inhibition. Hence, artesunate might induce ER stress in Burkitt's lymphoma cells by altering the system X_c^- , even if it has to be confirmed. ER stress is also involved in artesunate-induced ferroptosis in *KRas* mutant pancreatic cancer cells (PaTU8988 and AsPC-1) and in AsPC-1 xenografted BALB/c nude mice [34] (Table 1 and Table S2). Indeed, knockdown of glucose-regulated protein 78 (GRP78), which is considered the master regulator of the UPR signaling process [71], and the inhibition of the three

UPR transducers [PERK, IRE1 (inositol requiring protein-1) and ATF6 (activating transcription factor-6) [72], enhanced artesunate-induced ferroptosis in vitro and in vivo [34] (Table 1 and Table S2). Of note, artesunate triggered ferroptosis in a most efficient way in pancreatic cancer cells carrying mutationally-active *KRas* mutations (i.e., AsPC-1) rather than in pancreatic cancer cells expressing wild type *KRas* (i.e., COLO-357 and BxPC-3) [36]. This outcome is not odd since *KRas* mutation often leads to low antioxidant ferritin and transferrin levels and increased number of transferrin receptors and may sensitize pancreatic adenocarcinomas to ferroptosis [33,73]. Still, given that *KRas* mutant tumors are hardly druggable, these results are quite auspicious [33,74,75].

The role of nuclear factor (erythroid-derived 2)-like 2 (Nrf-2) in ferroptosis is still a matter of debate. Normally, Nrf2 is kept inactivated by Kelch-like ECH-associated protein 1 (Keap-1). Under increased oxidative stress conditions, Nrf2 dissociates from Keap1, translocates into the nucleus, and starts the transcription of the so-called antioxidant responsive element (ARE)-dependent genes [76–78]. Most of the Nrf2 target genes are involved in the maintenance of redox homeostasis [79,80], including the regulation of system X_c^- [81–83], and also in iron and heme homeostasis. They regulate heme-oxygenase 1 (HO-1), ferroportin, and light chain and heavy chain of ferritin (FTL/FTH1) [76,84,85]. In other words, Nrf2 activation could be considered a negative ferroptosis regulator since it endorses antioxidant elements and iron storage, and limits cellular ROS production [86]. Furthermore, since it has been shown that ferroptosis inducers capable of activating Nrf2 pathway promote cellular adaptation and survival and render cancer cells less sensitive to ferroptosis induction themselves [87–89], it could be thought that they cannot be considered good candidates for anticancer therapy. However, the activation of Nrf2 pathway could promote ferroptotic cell death. Shifting the focus from the antioxidant properties of Nrf2 effectors to their ability in increasing intracellular iron content, that evidence is not surprising. For instance, HO-1 is responsible for heme catabolism, which produces iron, monoxide, and biliverdin. Thus, it is plausible assuming that the Nrf2 antioxidant response cannot balance the strong iron production, which leads cells to ferroptosis [90]. Accordingly, Kwon et al. [90] demonstrated that hemin, the most prevalent heme metabolite originated by HO-1 catabolism, induced lipid peroxidation as a consequence of iron increase [90]. The opposite role of Nrf2 in ferroptosis seems to be cell-type specific [91], since the activation of Nrf2 pathway protected hepatocellular carcinoma cells against ferroptosis [87], while it promoted ferroptosis in neuroblastoma [54]. Taken together, those results support the hypothesis that Nrf2 could act as a double-edge sword. Even if further studies are needed to disentangle this knot, artesunate supports this hypothesis inducing different effects in different cell lines.

In HNC cells, but not in human oral keratinocytes and fibroblasts, artesunate decreased GSH intracellular levels and increased lipid ROS production and led to ferroptosis [33] (Table 1). However, in HNC cells and cisplatin-resistant HNC cells, artesunate activated the Nrf2 pathway [33] (Table 1), favoring the onset of ferroptosis resistance. As a matter of fact, Keap1 silencing decreased cancer cells' sensitivity towards artesunate-mediated ferroptosis in both resistant and non-resistant cells, while Nrf2 silencing restored the ability of inducing ferroptosis [33]. In Panc-1 pancreatic cancer cells, induction of ferroptosis by artesunate was accompanied by an increase of HO-1 protein expression [36] (Table 1), which authors associated with the ability of artesunate to increase ROS levels, that in turn activates Nrf2-mediated antioxidant response. Hence, it could be postulated that artesunate induces ferroptosis in pancreatic cancer cells through the HO-1-mediated enhancement of intracellular labile iron (LIP) (i.e., ionic Fe complexes that are redox active). Promotion of ferroptosis by artesunate has been reported also in vivo (Table S2). In Burkitt's lymphoma xenograft model, it suppressed tumor growth by inducing lipid peroxidation [31] (Table S2).

Withaferin A (WA) is a naturally occurring steroidal lactone derived from *Withania somnifera*, a medicinal plant used in Ayurvedic medicine [92]. In a variety of cancer cells, WA showed to exhibit anticancer activity through a plethora of mechanisms,

including proteasome and cell-cycle inhibition, modulation of oxidative stress, and induction of apoptosis [92]. In neuroblastoma cells, WA promoted ferroptosis through a dual mechanism: at high dose (10 μ M), WA directly binds and inactivates GPX4, thus inducing canonical ferroptosis; at lower dose (1 μ M), WA targets Keap1 and activates the Nrf2 pathway, leading to an excessive upregulation of HO-1 and a subsequent LIP increase [54] (Table 1). Through these two mechanisms, WA also promoted ferroptosis and eradicated neuroblastoma xenografts in BALB/c mice [54] (Table S2). Of note, WA outperformed the full-blown chemotherapeutic agent etoposide both in vitro and in vivo. In vitro, WA efficiently killed a panel of high-risk and etoposide-resistant neuroblastoma cells by inducing ferroptosis [54] (Table 1). In vivo, WA intratumoral administration showed the same efficacy of etoposide in suppressing tumor growth [54] (Table S2). Most importantly, in contrast to etoposide, WA treatment also repressed neuroblastoma relapse rates in four out of five mice [54] (Table S2). Hence, taking into account that WA-induced cell death was associated with CD45-positive immune cells infiltration in tumor tissue [54], we could speculate that WA could have activated the immune system, thus inducing an anticancer vaccine effect (Table S2). This result may itself be a further step in demonstrating that ferroptosis possesses an immunogenic nature, especially in light of the recent confirmation that ferroptosis could promote antitumor immunity [93]. The only sore point of the study, together with the small number of animals used in the experimentation, was the toxic effect of WA observed in vivo. Since upon WA-systemic injection severe weight loss-related adverse effects were detected and given the scarce water solubility of WA, authors formulated WA-encapsulated nanoparticles (WA-NPs) [54]. WA-NPs showed the same efficacy of non-encapsulated WA in vitro (Table 1) and in vivo (Table S2), constraining systemic side-effects induced by WA, thus allowing systemic application and an effective tumor targeting of WA [54].

3. Necroptosis

The term necroptosis was coined in 2005 when Degterev et al. discovered that necrostatin-1 was able to inhibit tumor necrosis factor (TNF)-induced necrosis by blocking receptor-interacting serine/threonine-protein kinase 1 (RIP1) activity [94]. Even if necroptosis is a finely cellular death mechanism, it shares the morphological features of necrosis, such as cellular rounding and swelling, cytoplasmic granulation, and plasma membrane rupture [95]. Moreover, although necroptosis is a caspase-independent cell death mechanism, it shares some initiating factors with the extrinsic apoptotic pathway [96].

The best characterized type of necroptosis is the TNF α /TNF receptor (TNFR) signaling pathway, considered as a prototype mechanism of necroptosis induction [97]. TNF α binds and activates TNFR1, which recruits TNF receptor-associated death domain (TRADD), cellular inhibitor of apoptosis 1 and 2 (cIAP1 and cIAP2), TNFR-associated factor 1 and 2 (TRAF1 and TRAF2) and RIP1 to create a membrane-signaling complex, called complex I [98,99] (Figure 2). In this complex, cIAP1/2 induces Lys63-linked polyubiquitination of RIP1, which consequently leads to the activation of canonical nuclear factor kappa-light-chain-enhancer of activated B cells (NF- κ B) pathway and, eventually, cell survival [100]. Conversely, inhibition of cIAPs activity by the second mitochondrial activator of caspase (Smac)/Diablo proteins or the Smac mimetic compounds promotes the deubiquitination of RIP1 by the deubiquitinating enzymes cylindromatosis (CYLD) and A20, which both hydrolyze Lys63-linked ubiquitin chains [100]. Subsequently, RIP1 dissociates from complex I to form either cytosolic complex IIa or complex IIb, depending on the proteins content: complex IIa is formed by TRADD, RIP1, Fas-associated death domain (FADD), and caspase-8; complex IIb is formed by RIP1, FADD, and caspase-8, but it does not contain TRADD. While in the complex IIa activation of caspase-8 is independent from RIP1 kinase activity, in complex IIb, where TRADD is not present, RIP1 kinase activity is required for caspase-8 activation and induction of RIP1-dependent apoptosis [100]. However, complex IIa and IIb are both capable of inducing apoptosis or necrosis depending on cell status. Indeed, when caspase-8 is inhibited, RIP1 interacts with and activates by autophospho-

rylation [101] RIP3, leading to the formation of a protein complex called necrosome [102] (Figure 2). RIP3, beside its activation through RIP1, could be directly activated also by other stimuli, as lipopolysaccharides (LPS), double-stranded (dsRNA), and DNA-dependent activator of interferon-regulatory factor [100]. The formation of necrosome induces the activation and phosphorylation of both RIP1 and RIP3, which subsequently phosphorylate mixed lineage kinase domain-like (MLKL) [103–105] (Figure 2). Then, phosphorylation of MLKL induces its oligomerization and translocation to plasma membrane, which is crucial for necroptosis execution [105–107] (Figure 2). To date, the effector mechanism by which necroptosis is executed is still controversial. Some studies report that oligomerized MLKL could interact with negatively charged phospholipids and create pore structures into the plasma membrane [108,109]. In contrast, others report that MLKL could induce a dysregulation of ionic fluxes in the plasma membrane [104,107].

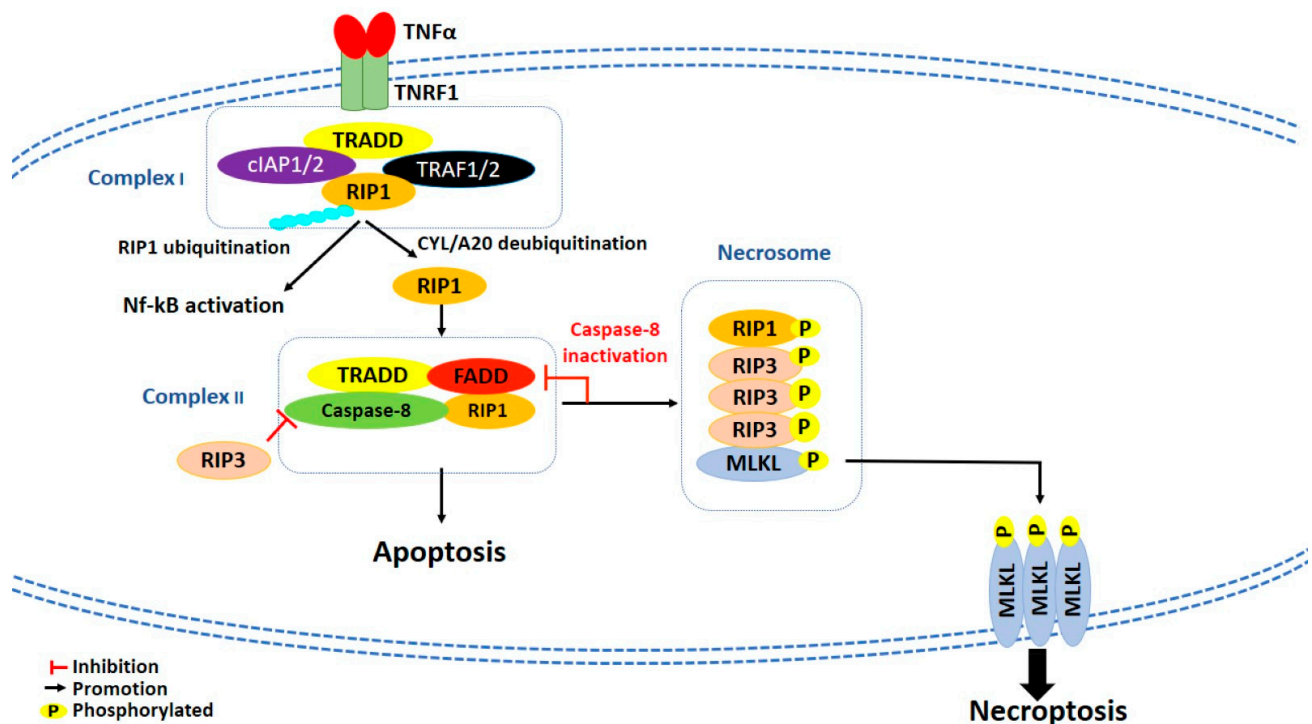


Figure 2. Schematic representation of necroptotic cell death pathway. cIAP1/2: Cellular inhibitors apoptosis proteins; CYL: Cylindromatosis; FADD: Fas-associated death domain; MLKL: Mixed lineage kinase domain-like; Nf-κB: Nuclear factor kappa-light-chain-enhancer of activated B cells; RIP1: Receptor-interacting protein 1; RIP3: Receptor-interacting protein 3; TNFα: Tumor necrosis factor alpha; TNFR1: Tumor necrosis factor receptor 1; TRADD: TNF Receptor-associated death domain; TRAF1/2: TNFR-associated factors 1/2.

Natural Compounds as Necroptosis Inducers

Several natural compounds promote necroptosis in cancer cells both in vitro (Table 2 and Table S3) and in vivo (Table S4).

Table 2. Natural compounds as in vitro inducers of necroptosis.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference	
2-methoxy-6-acetyl-7-methyljuglone	<i>Polygonum cuspidatum</i> Sieb. et Zucc.	A549	5 μ M	24 h	Intact nuclear envelope		[110]	
					Mitochondrial swelling			
					Loss of mitochondrial matrix			
			2.5, 5 and 7.5 μ M	16 h	Cytoplasm vacuolization			
					\uparrow LDH release			
			2.5, 5 and 7.5 μ M	16 h	No caspase-3/-7 activation			
			5 and 7.5 μ M	24 h	\downarrow Cell viability			\uparrow after Nec-1 treatment
								\uparrow after SP600125 treatment
								\uparrow after JNK knockdown
								\uparrow after NAC treatment
								\uparrow after GSH treatment
								\uparrow after CAT treatment
								\uparrow after DTT treatment
			7.5 μ M	1, 3, 6 and 16 h	\uparrow p-JNK protein expression			\uparrow after Hgb treatment
\uparrow after iNOS knockdown								
/	1, 2 and 4 h	\uparrow ROS		\downarrow after SP600125 treatment				
				\downarrow after CAT treatment				
7.5 μ M	1 h	\downarrow GSH/GSSG ratio		\downarrow after SB203580 treatment				
				\downarrow after NAC treatment				
7.5 μ M	1, 2 and 4 h	\uparrow H ₂ O ₂		\downarrow after GSH treatment				
				\uparrow after GSH treatment				
7.5 μ M	1, 2 and 4 h	\uparrow NO		\downarrow after SP600125 treatment				
				\uparrow after JNK knockdown				
7.5 μ M	1, 3, 6, 16 and 24 h	\uparrow HROS		\uparrow after JNK knockdown				
				\uparrow O ₂ ⁻				
7.5 μ M	1, 3, 6, 16 and 24 h	\uparrow iNOS protein expression						
5 and 7.5 μ M	6 h	\uparrow NOS activity		\downarrow after L-NMMA treatment				
2.5, 5 and 7.5 μ M	24 h	\downarrow p-I κ B α , \downarrow NF- κ B protein expression						
10 μ M	1, 2 and 4 h	\uparrow Lipid peroxidation						

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
		A549	7.5 μ M	8 h	Swollen mitochondria Damaged cell membrane		
		A549 H1299	7.5 μ M 2.5 μ M	1, 2, 4 and 8 h	No caspase-3/-8/-9 cleavage No PARP cleavage		
		A549 H1299	/	8 h 4 h	\uparrow p-RIP1, \uparrow p-RIP3, \uparrow p-MLKL protein expression RIP1-RIP3 interaction	\downarrow after Nec-1s treatment	
		A549 H1299	7.5 μ M 2.5 μ M	1 h	\uparrow ROS	\downarrow after Nec-1s treatment	
		A549 H1299	7.5 μ M 2.5 μ M	4 h 2 and 4 h	\uparrow Ca ²⁺	\downarrow after Nec-1s treatment \downarrow after SP600125 treatment \downarrow after BAPTA-AM treatment \downarrow after CAT treatment	
		A549 H1299	7.5 μ M 2.5 μ M	4 h	\uparrow JNK1/2, \uparrow p-JNK1/2 protein expression	\downarrow after Nec-1s treatment \downarrow after SP600125 treatment \downarrow after BAPTA-AM treatment \downarrow after CAT treatment	[111]
		A549 H1299	7.5 μ M 2.5 μ M	1 and 2 h	Lysosomal membrane permeabilization	\downarrow after Nec-1s treatment \downarrow after SP600125 treatment \downarrow after BAPTA-AM treatment \downarrow after CAT treatment \downarrow after Hgb treatment	
		A549	7.5 μ M	4 h	\uparrow Mitochondrial ROS	\downarrow after Nec-1s treatment \downarrow after SP600125 treatment \downarrow after BAPTA-AM treatment \downarrow after CAT treatment \downarrow after MnSOD overexpression	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
		H1299	2.5 μ M	4 h	\uparrow Mitochondrial ROS	\downarrow after Nec-1s treatment \downarrow after SP600125 treatment \downarrow after BAPTA-AM treatment \downarrow after CAT treatment \uparrow after Nec-1s treatment	
		A549 H1299	7.5 μ M 2.5 μ M	4 h	$\downarrow \Delta\Psi_m$	\uparrow after SP600125 treatment \uparrow after BAPTA-AM treatment \uparrow after CAT treatment \uparrow after Nec-1s treatment	
		H1299	2.5 μ M	6 h	\downarrow Cell viability	\uparrow after BAPTA-AM treatment \uparrow after K45A treatment \uparrow after DI60N treatment	
		A549	7.5 μ M	8 h	\downarrow Cell viability	\uparrow after Nec-1s treatment \uparrow after BAPTA-AM treatment \uparrow after K45A treatment \uparrow after DI60N treatment \uparrow after MnSOD overexpression	
		A549/Cis	10 μ M	72h	\downarrow Cell viability Extensive vacuolation Damaged and swollen mitochondria Intact cell nuclei	\uparrow after Nec-1s treatment	
			5, 7.5 and 10 μ M	8 h	\uparrow PI positive cells		
			/	8 h	\uparrow LDH release		
			5, 7.5 and 10 μ M	/	No caspase-3/-7 activation		
		U87, U251	/	1, 2 and 4 h	\uparrow O ₂ ⁻ generation	\downarrow after NAC treatment \downarrow after DIC treatment	[112]
			/	2, 4 and 8 h	\uparrow Cytosolic Ca ²⁺ accumulation	\downarrow after BAPTA-AM treatment \downarrow after NAC treatment	
			/	0.5, 1, 2, 4 and 8 h	\uparrow p-CaMKII protein expression		
			/	0.5, 1 and 2 h	\uparrow p-JNK1/2 protein expression	\downarrow after BAPTA-AM treatment \downarrow after NAC treatment	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
				8 h	↓ Cell viability	↑ after NAC treatment ↑ after GSH treatment ↑ after CAT treatment ↑ after DTT treatment ↑ after BAPTA-AM treatment ↑ after KN93 treatment ↑ after SP600125 treatment ↑ after DIC treatment ↑ after NQO1 knockdown	
				4 h	Intracellular bubbles		
				1 and 2 h	Mitochondrial fragmentation		
		U251	/	4 h	↓ $\Delta\Psi_m$	↑ after SP600125 treatment ↑ after BAPTA-AM treatment ↓ after DIC treatment ↓ after CAT treatment ↓ after SP600125 treatment ↓ after BAPTA-AM	
			1, 2.5 and 5 μM	48 h	No caspase-3 activation		
11-methoxytabersonine	<i>Tabernaemontana bovina</i> Lour.	A549, H157	2.5 μM	24 and 48 h	↑ LDH release	↑ after 3-MA treatment ↑ after CQ treatment	[113]
			2.5 μM	16 and 24 h	RIP1-RIP3 interaction	↑ after 3-MA treatment ↑ after Nec-1 treatment	
			2.5, 5, 7.5 and 10 μM	48 h	↓ Cell viability	↑ after 3-MA treatment ↑ after CQ treatment	
<i>Acridocarpus orientalis</i> dichloromethane fraction	<i>Acridocarpus orientalis</i> A. Juss	HeLa	250 $\mu\text{g}/\text{mL}$	/	No caspase-3/7-8-9 activation	↓ after Nec-1 treatment ↓ after Nec-1 + Z-VAD-FMK treatment	[114]
<i>Acridocarpus orientalis</i> n-butanol fraction	<i>Acridocarpus orientalis</i> A. Juss	HeLa	125 $\mu\text{g}/\text{mL}$	24 h	↑ Cell death	↓ after Nec-1 treatment ↓ after Nec-1 + Z-VAD-FMK treatment	[114]

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
Arctigenin	<i>Arctium lappa</i> L., <i>Saussurea heteromalla</i>	PC-3, PC-3AcT	20 μ M	24 and 48 h	\downarrow Cell viability	\uparrow after Nec-1 treatment \uparrow after ATP treatment	[115]
			20 and 40 μ M	48 h	\uparrow p-RIP3, \uparrow p-MLKL protein expression	\downarrow after Nec-1 treatment \downarrow after ATP treatment \downarrow after CCN1 knockdown	
			5, 10, 20 and 40 μ M		\uparrow CCN1 protein expression \downarrow p-Akt protein expression	\downarrow after NAC treatment \uparrow after NAC treatment	
		PC-3, PC-3AcT-cells derived spheroids	20 μ M	48 h	\downarrow Spheroid growth and viability \uparrow CCN1, \uparrow p-RIP3, \uparrow p-MLKL protein expression	\downarrow after NAC treatment	
		RPMI-2650	5 μ M	24, 48 and 72 h	\downarrow Cell viability	\uparrow after Nec-1 treatment \uparrow after ATP treatment	
				48 h	\uparrow Necrotic cells	\downarrow after NAC treatment	
					\uparrow ROS	\downarrow after NAC treatment	
					\downarrow $\Delta\Psi$ m	\uparrow after NAC treatment	
					\downarrow ATP levels	\downarrow after Nec-1 treatment	
		/	\uparrow RIP3, \uparrow p-RIP3 protein expression \uparrow MLKL, \uparrow p-MLKL protein expression \uparrow p-ATM protein expression \uparrow p-ATR protein expression \uparrow p-CHK1/2 protein expression				
Aridanin	<i>Tetrapleura tetraptera</i> (Schum. & Thonn) Taub.	CCRF-CEM	1, 2, 4, 8, 15, 30, and 61 μ M 3.18 and 6.36 μ M	24 h	\downarrow Cell viability \uparrow PI positive cells	\uparrow after Nec-1 treatment	[29]
Artesunate (artemisinin semi-synthetic derivative)	<i>Artemisia annua</i> L.	Human Primary schwannoma cells	200 μ M	24 h	\downarrow Cell viability	\uparrow after Nec-1 treatment \downarrow after CQ treatment (\uparrow after Nec-1 treatment)	[117]
			100 μ M	20 h	\uparrow p-MLKL protein expression		
		RT4	25 and 50 μ M	20 h	\downarrow Cell viability	\uparrow after Nec-1 treatment \uparrow after RIP1 knockdown	
			25 and 50 μ M 10, 25, 50 and 100 μ M		\uparrow p-MLKL protein expression \uparrow RIP1 protein expression		

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference	
Berberine	Huang Lian Chinese herb (<i>Coptis chinensis</i> Franch) and <i>Hydrastis Canadensis</i> L.	Hela, COLO-205	50 μ M	20 h	\uparrow p-MLKL protein expression			
		OVCAR3	100 μ M	24 h	Extensive vacuolation		[118]	
					Rupture of plasma membrane			
		OVCAR3, POCCLs			\uparrow RIP3, \uparrow MLKL protein expression			
		DB, RAMOS	6.25, 12.5, 25 and 50 μ M	/	\uparrow Growth inhibition			
		DB	30 μ M	48 h	Formation of RIP1/RIP3/MLKL complex			
		RAMOS	20 μ M					
					48 h	Swollen mitochondria		[119]
						Intact cell nuclei		
			DB	30 μ M	12 and 24 h	\downarrow PCYT1A mRNA levels		
			24 h	\uparrow Degradation of PCYT1A mRNA				
			/	\downarrow PCYT1A protein expression				
Celastrol	<i>Tripterygium wilfordii</i> Hook. f.	HGC-27, AGS	0.25, 0.5, 1 and 2 μ M	24 h	\downarrow Cell viability	\uparrow after RIP3 knockdown	[120]	
						\uparrow after Nec-1 treatment		
						\uparrow after Nec-1 + Z-VAD-FMK treatment		
						\uparrow after BGN overexpression		
						\downarrow after BGN knockdown		
				\uparrow after NSA treatment				
				\uparrow after Nec-1 treatment+ BGN overexpression				
		0.5 μ M			\uparrow PI positive cells	\downarrow after BGN overexpression		
					\uparrow RIP1, \uparrow RIP3 protein expression			
			0.25, 0.5, 1 and 2 μ M		\uparrow p-RIP1, \uparrow p-RIP3 protein expression	\downarrow after BGN overexpression		
					\downarrow after Nec-1 treatment			
					\downarrow BGN protein expression			

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
			0.5 μ M		Cell rounding and shrinkage \uparrow MLKL protein expression \uparrow p-MLKL protein expression \uparrow MLKL translocation to plasma membrane \downarrow TNF- α secretion \downarrow IL-8 secretion	\downarrow after BGN overexpression \downarrow after BGN overexpression \downarrow after BGN overexpression \uparrow after BGN overexpression \uparrow after BGN overexpression	
Columbianadin	<i>Angelica decursiva</i> Fr. Et Sav	HCT116	50 μ M	48 h	\uparrow RIP1, \uparrow RIP3 protein expression \downarrow Caspase-8 cleavage \uparrow ROS \downarrow CAT protein expression \downarrow SOD-1/2 protein expression	\downarrow after CAT treatment	[121]
Deoxydophyllotoxin	<i>Pulsatilla koreana</i> (Yabe ex Nakai) Nakai ex T. Mori	NCI-H460	30 nM	24 h	Rupture of plasma membrane Cytoplasmic vacuolation Mitochondria swelling Cytoskeletal degradation Dilation of endoplasmic reticulum elements \uparrow PI penetration \downarrow $\Delta\Psi$ m	\downarrow after Nec-1 treatment \downarrow after Nec-1 treatment \downarrow after Nec-1 treatment \downarrow after Nec-1 treatment \downarrow after Nec-1 treatment \downarrow after Nec-1 treatment \uparrow after Nec-1 treatment	[122]
Emodin	<i>Rheum palmatum</i> L.	U251	/	12 h	\uparrow LDH release	\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment	[123]
			10, 20 and 40 μ M	12 h	\uparrow RIP1 protein expression \uparrow RIP3 protein expression \uparrow TNF- α protein expression	\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment	
Gomisin J	<i>Schisandra chinensis</i> (Turcz.) Baill.	MCF-7, MDA-MB-231	30 μ g/mL	72 h	\downarrow Cell viability \uparrow Extracellular CypA protein expression		[124]

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference	
Jujuboside B	<i>Zizyphus jujube</i> Mill var. <i>spinosa</i> (Bunge) Hu ex H. F. Chow	U937	40, 80 and 120 μ M	24 h	\uparrow RIP1, \uparrow p-RIP1 protein expression	\downarrow after Nec-1 treatment	[125]	
					\uparrow RIP3, \uparrow p-RIP3 protein expression	\downarrow after Nec-1 treatment		
			80 μ M		\uparrow MLKL, \uparrow p-MLKL protein expression	\downarrow after Nec-1 treatment		
					\downarrow Cell viability	\downarrow after Nec-1 treatment		
					\downarrow Colony formation	\downarrow after Nec-1 treatment		
Matrine	<i>Sophora flavescens</i> Aiton	Mz-ChA-1, QBC939	1.5 mg/mL	48 h	Extensive organelle and cell swelling	\downarrow after Nec-1 treatment	[126]	
					Cytoplasmatic vacuolation	\downarrow after RIP3 knockdown		
					Loss of membrane integrity	\downarrow after NSA treatment		
					No alterations of nuclei morphology	\downarrow after NAC treatment		
			3, 6, 9 and 12 h	\uparrow RIP3 protein expression				
				2 h	\uparrow MLKL membrane translocation	\downarrow after Nec-1 treatment		
			0.25, 0.5, 1, 1.5 and 2 mg/mL	24 h	\uparrow ROS	\downarrow after Nec-1 treatment		
						\downarrow after NSA treatment		
Neolbacol	<i>Albatrellus confluens</i>	C666-1	40 μ M	24 h	Cell swelling	\uparrow after Nec-1 treatment	[127]	
					\downarrow Cell viability	\uparrow after Akt overexpression		
			20, 30 and 40 μ M		8 h	\uparrow after Nec-1 + 3-MA treatment		\downarrow after SP600125 treatment
						RIP1-RIP3 interaction		\downarrow after Nec-1 treatment
						\downarrow p-Akt protein expression		\uparrow after Akt overexpression
		\downarrow p-TSC2, \downarrow p-mTOR, \downarrow p-p70S6K1 protein expression						

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
		HK1	/	/	↓ TNF- α , ↓ EGF, ↓ IL-6 protein expression		
			40 μ M	/	↓ GLUT1/4 mRNA levels		
			20, 30 and 40 μ M	/	↓ HK2 mRNA levels	↑ after Akt overexpression	
					↓ HK2 protein expression	↑ after Akt overexpression	
					↓ GLUT1/4 protein expression		
			40 μ M	2, 4, 6, 8 and 10 h	↓ ATP levels	↑ after Akt overexpression	
					↓ Glucose concentration	↑ after Akt overexpression	
				/	↑ p-JNK protein expression	↓ after Nec-1 treatment	
						↑ after Nec-1 treatment	
					40 μ M	24 h	↓ Cell viability
					↓ after SP600125 treatment		
			20, 30 and 40 μ M	8 h	↓ p-Akt, ↓ p-TSC2, ↓ p-mTOR, ↓ p-p70S6K1 protein expression		
			40 μ M	/	↓ GLUT1/4, ↓ HK2 mRNA levels		
Ophiopogonin D'	<i>Ophiopogon japonicus</i> (Thunb.) Ker Gawl	LNCaP	2.5 and 5 μ M	24 h	↑ Necrotic cells	↓ after NSA treatment	
						↓ after Nec-1 treatment	
						↓ after Nec-1 + NSA treatment	
			5 μ M		↓ Cell viability	↑ after Nec-1 treatment	
						↑ after Nec-1 + NSA treatment	
			2.5 and 5 μ M		↑ RIP3 protein expression		
			↑ MLKL, ↑ p-MLKL protein expression				
			↑ RIP1 protein expression				
			↑ Caspase-8, ↑ cleaved caspase-8 protein expression				
		5 μ M	6 h	RIP3-MLKL interaction			
				↑ FasL protein expression			
				↑ Soluble FasL protein expression	↓ after Nec-1 treatment		
				↓ Fas protein expression			

[128]

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference		
Pristimerin	Various plant spp. of <i>Celastraceae</i> and <i>Hippocrateaceae</i> families	C6 U251	2.5 μ M 4.5 μ M	6 h	↑ FADD protein expression	↓ after Nec-1 treatment	[129]		
					↓ Bim protein expression				
					↓ AR, ↓ PSA protein expression				
					Loss of membrane integrity				
					Intact nuclear membrane				
					Swollen mitochondria				
					↓ Cell viability			↑ after AIF knockdown	
					↑ PI positive cells			↑ after SP600125 treatment	
					1.5 and 6 h			↓ $\Delta\Psi$ m	↓ after AIF knockdown
					1.5, 3 and 6 h			No caspase-3 activation	↓ after SP600125 treatment
1.5, 3, 6 and 12 h	↑ AIF nuclear translocation	↓ after JNK knockdown							
1.5 and 6 h	↑ JNK protein expression	↓ after SP600125 treatment							
1.5 and 6 h	↑ p-JNK protein expression	↓ after JNK knockdown							
Progenin III	<i>Raphia vinifera</i> P. Beauv	CCRF-CEM	2, 3, 7, 14 and 55 μ M 1.59 and 3.18 μ M	24 h	↓ Cell proliferation	↑ after Nec-1 treatment	[49]		
Quercetin	Natural flavonoid found in many different plant spp.	MCF-7	50 μ g/mL / /	48 h / /	↓ Cell viability	↑ after Nec-1 treatment	[130]		
					↓ Cell proliferation	↑ after Nec-1 treatment			
					↑ RIP1, ↑ RIP3 mRNA levels	↓ after Nec-1 treatment			
Resibufogenin	Asiatic toad (<i>Bufo gargarizans</i>)	SW480	5, 10, 15 and 20 μ M	24 and 48 h	↑ Necrotic cells	↑ after NAC treatment	[131]		
			5, 10 and 20 μ M	/	↑ RIP3 protein expression				
		10 μ M	/	↑ RIP3 mRNA levels					
		HCT116	5, 10 and 20 μ M	24 and 48 h	↓ Cell viability			↑ after RIP3 knockdown	
						↑ after NSA treatment			

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
			5, 10, 15 and 20 μ M		\uparrow Necrotic cells	\uparrow after NAC treatment \uparrow after RIP3 knockdown \uparrow after NSA treatment	
			20 μ M	/	Extensive vacuolation Organelle and cell swelling		
			10 and 20 μ M	24 h	\uparrow LDH release		
			5, 10 and 20 μ M		\uparrow ROS		
			5, 10 and 20 μ M		\uparrow RIP1 protein expression		
			10 μ M	/	\uparrow RIP3 protein expression \uparrow RIP3 mRNA levels	\downarrow after RIP3 knockdown	
			10 and 20 μ M		\uparrow MLKL, \uparrow p-MLKL protein expression	\downarrow after RIP3 knockdown	
			5 μ M	36 h	\downarrow Cell migration \downarrow Cell invasion		
		RIP3 ^{+/+} MEFs	5, 10 and 20 μ M	/	\uparrow PYGL, \uparrow GLUL, \uparrow GLUD1 protein expression		
			10 μ M		\uparrow PYGL, \uparrow GLUL, \uparrow GLUD1 activity		
			5, 10 and 20 μ M		\uparrow ZO-1, \uparrow E-cadherin, \uparrow fibronectin, \uparrow vimentin, \uparrow SNAIL protein expression		
		Mel-JuSo	0.7 μ g/mL		\downarrow Cell viability	\uparrow after Nec-1 treatment \downarrow after 3-MA treatment \downarrow after LY294002 treatment	
Sanguilutine	Plant spp. of <i>Papaveraceae</i> , <i>Fumariaceae</i> , <i>Ranunculaceae</i> and <i>Rutaceae</i> families	A375	0.5, 0.7 and 1 μ g/mL	48 h	\downarrow Cell viability	\uparrow after Nec-1 treatment \downarrow after 3-MA treatment \downarrow after LY294002 treatment \downarrow after BafA1 treatment	[132]
		A375-Bcl2	0.7 μ g/mL		\downarrow Cell viability	\uparrow after Nec-1 + 3-MA treatment \uparrow after Nec-1 treatment \downarrow after 3-MA treatment \downarrow after LY294002 treatment	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference	
Shikonin	<i>Lithospermum erythrorhizon</i> Siebold & Zucc., <i>Arnebia euchroma</i> (Royle) Johnst, or <i>Arnebia guttata</i> Bunge	F-47D	5 μ M	12 h 4 h	\uparrow Necrotic cells \uparrow ROS	\downarrow after Nec-1 treatment	[133]	
		AsPC-1	5 and 10 μ M 5 μ M	24 h	\uparrow Necrotic cells \uparrow RIP3 mRNA levels \uparrow RIP3 protein expression	\uparrow after Nec-1 + Z-VAD-FMK treatment \downarrow after RIP3 knockdown	[134]	
		CNE-2Z	/	24, 48 and 72 h	\downarrow Cell proliferation	\uparrow after RIP3 knockdown		
			6.4 μ M	24 h	\uparrow Cell death	\downarrow after Nec-1 treatment		
			6.4 and 12.8 μ M		\uparrow RIP1, \uparrow RIP3 protein expression	\downarrow after Nec-1 treatment		
			6.4 and 12.8 μ M	6 h	\uparrow ROS	\downarrow after NAC treatment	[135]	
			3.2, 6.4 and 12.8 μ M	/	\uparrow Mitochondrial ROS	\downarrow after Nec-1 treatment		
				3 and 6 h	\downarrow Cell viability	\uparrow after Nec-1 treatment \uparrow after NAC treatment		
		A549	3 and 6 μ M	3 h	\downarrow Cell viability \uparrow Necrotic cells	\downarrow after Nec-1 treatment \uparrow after Z-VAD-FMK treatment \uparrow after 3-MA treatment \uparrow after BafA1 treatment	[136]	
		RPMI-8226	KMS-12-PE, RPMI-8226, U266	10 and 20 μ M	7 h	\uparrow Cell death	\downarrow after Nec-1 treatment	
				10 μ M	2 h	Cell membrane swelling Translucent cytoplasm	\downarrow after Nec-1 treatment \uparrow after Z-VAD-FMK treatment \uparrow after 3-MA treatment \uparrow after BafA1 treatment	[137]
				20 μ M	/	No caspase-3/-8 cleavage No RIP1 cleavage	\uparrow after ATG5 siRNA treatment	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
		K7, K12, K7M3, U20S, 143B	3 μ M	8 h	↓ Cell viability	↑ after Nec-1 treatment	[138]
		K7	3 μ M		↑ PI positive cells	↓ after Nec-1 treatment	
		K7	1, 3 and 5 μ M		↑ RIP1, ↑ RIP3 protein expression		
		U20S	1, 3, 5 and 7.5 μ M		No PARP cleavage		
		K7 U20S	1, 3 and 5 μ M 1, 3, 5 and 7.5 μ M		No caspase-3/-6 cleavage		
				3 and 6 h	↑ LDH release	↓ after Nec-1 treatment	[139]
					↑ Necrotic cells	↓ after Nec-1 treatment	
		U937	10 μ M	6 h	No caspase-3/-8 cleavage	↑ after Nec-1 treatment	
					↑ TNF- α gene expression		
					↑ TNF- α mRNA levels ↑ TNF- α protein expression		
				1.5 and 3 h	↓ Cell viability	↑ after Nec-1 treatment ↑ after NAC treatment	[140]
					↑ Necrotic cells	↓ after Nec-1 treatment ↓ after NAC treatment	
					↑ ROS	↓ after Nec-1 treatment ↓ after NAC treatment	
		C6 U87	3 and 6 μ M 5 and 10 μ M	3 h	↑ RIP1 protein expression	↓ after Nec-1 treatment ↓ after NAC treatment	
					Electron-lucent cytoplasm		
					Loss of membrane integrity		
					Intact nuclear membrane Swollen organelles		

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
		U87 C6	5 and 10 μ M 3 and 6 μ M	3 h	\uparrow LDH release	\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment \downarrow after MnTBAP treatment	
	\uparrow ROS				\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment \downarrow after MnTBAP treatment		
	2 h			\uparrow Mitochondrial O_2^-	\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment \downarrow after MnTBAP treatment		
	/			\uparrow RIP1, \uparrow RIP3 protein expression	\downarrow after Nec-1 treatment		
		SHG-44 U251	2 and 4 μ M 5 and 10 μ M	3 h	\uparrow LDH release	\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment \downarrow after MnTBAP treatment \uparrow after rotenone treatment \downarrow after rotenone + Nec-1 treatment	[141]
	\uparrow Necrotic cells				\downarrow after Nec-1 treatment \downarrow after GSK-872 treatment \downarrow after MnTBAP treatment \uparrow after rotenone treatment \downarrow after rotenone + Nec-1 treatment		
				\uparrow ROS	\downarrow after Nec-1 after treatment \downarrow after GSK-872 treatment \downarrow after MnTBAP treatment \uparrow after rotenone treatment \downarrow after rotenone + Nec-1 treatment		

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
				2 h	↑ Mitochondrial O ₂ ⁻	↓ after Nec-1 treatment ↓ after GSK-872 treatment ↓ after MnTBAP treatment ↑ after rotenone treatment ↓ after rotenone + Nec-1 treatment	
				/	↑ RIP1 protein expression	↓ after Nec-1 treatment ↑ after rotenone treatment ↓ after MnTBAP treatment	
				/	↑ RIP3 protein expression	↓ after GSK-782 treatment ↑ after rotenone treatment ↓ after MnTBAP treatment	
				/	RIP1-RIP3 interaction	↑ after rotenone treatment ↓ after MnTBAP treatment	
		U87 C6	5 and 10 μM 3 and 6 μM	3 h	↓ Cell viability	↑ after Nec-1 treatment ↑ after NAC treatment	
				15, 30, 60 and 120 min	↑ RIP1 protein expression	↓ after Nec-1 treatment ↓ after RIP1 knockdown	
					↑ RIP3 protein expression	↓ after Nec-1 treatment ↓ after RIP3 knockdown	
				15, 30, 60 and 120 min	↑ γ-H2AX protein expression ↑ p-ATM protein expression		[142]
		U87 C6	10 μM 6 μM		↑ ROS	↓ after Nec-1 treatment ↓ after GSK-872 treatment ↓ after NAC treatment	
				1 h	↑ Mitochondrial O ₂ ⁻	↓ after Nec-1 treatment ↓ after GSK-872 treatment	
					↓ GSH	↑ after Nec-1 treatment ↑ after GSK-872 treatment	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference				
SHG-44 U251		SHG-44 U251	4 μ M 10 μ M	3 h	\uparrow Necrotic cells						
							\uparrow after Nec-1 treatment				
							\uparrow after GSK-782 treatment				
					\downarrow Cell viability		\uparrow after RIP1 knockdown				
							\uparrow after RIP3 knockdown				
							\uparrow after NAC treatment				
		SHG-44 U251	2 and 4 μ M 5 and 10 μ M	15, 30, 60 and 120 min	\uparrow RIP1 protein expression		\downarrow after Nec-1 treatment				
							\downarrow after RIP1 knockdown				
							\downarrow after NAC treatment				
					\uparrow RIP3 protein expression		\downarrow after GSK-782 treatment				
							\downarrow after RIP3 knockdown				
							\downarrow after NAC treatment				
SHG-44	4 μ M	2 h	RIP1-RIP3 interaction		\downarrow after Nec-1 treatment						
					\downarrow after NAC treatment						
SHG-44 U251		SHG-44 U251	4 μ M 10 μ M	15, 30, 60 and 120 min	\uparrow CypA protein expression						
						SHG-44 U251	4 μ M 10 μ M	2 h	No caspase-3/-8 cleavage \downarrow TNF- α release \uparrow TNF- α gene expression		
										SHG-44 U251	4 μ M 10 μ M
			\downarrow after GSK-782 treatment								
						\downarrow after NAC treatment					
		SHG-44 U251		SHG-44 U251	2 and 4 μ M 5 and 10 μ M	15, 30, 60 and 120 min	\uparrow γ -H2AX, \uparrow p-ATM protein expression		\uparrow after Nec-1 treatment		
	\uparrow after GSK-782 treatment										
	\uparrow after RIP1 knockdown										
	\uparrow after RIP3 knockdown										
				\downarrow after NAC treatment							

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
				15, 30, 60 and 120 min	↑ ROS	↓ after Nec-1 treatment ↓ after GSK-872 treatment ↓ after NAC treatment	
		SHG-44 U251	4 μM 10 μM	1 h	↑ Mitochondrial O ₂ ⁻ ↓ GSH	↓ after Nec-1 treatment ↓ after GSK-872 treatment ↑ after Nec-1 treatment ↑ after GSK-872 treatment	
		SHG-44 U251	2 and 4 μM 5 and 10 μM	3 h	↑ LDH release	↓ after NSA treatment ↓ after AIF knockdown	
				/	↑ Necrotic cells	↓ after NSA treatment ↓ after MLKL knockdown	
		SHG-44 U251 U87 C6	2 and 4 μM 5 and 10 μM 10 μM 6 μM	15, 30, 60 and 120 min	↑ MLKL, ↑ p-MLKL protein expression	↓ after NSA treatment ↓ after MLKL knockdown	
				2 h	↓ Mitochondrial AIF protein expression		[143]
		SHG-44 U251 U87 C6	4 μM 10 μM 10 μM 6 μM	2 h	↑ Cytoplasmic/nuclear AIF protein expression	↓ after AIF knockdown ↓ after NSA treatment ↓ after MLKL knockdown ↓ after MntBAP treatment	
		SHG-44 U251	4 μM 10 μM	2 h	↓ Δψ _m	↑ after NSA treatment ↑ after MntBAP treatment	
				/	↑ Mitochondrial O ₂ ⁻	↓ after NSA treatment ↓ after MntBAP treatment ↓ after MLKL knockdown	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
				/	↑ ROS	↓ after MnTBAP treatment ↓ after MLKL knockdown	
				15, 30, 60 and 120 min	↑ Mitochondrial MLKL, ↑ Mitochondrial p-MLKL protein expression		
		SHG-44	4 μM	2 h	Mitochondrial accumulation of MLKL		
					Ruptured plasma membrane		
					Increased cell volume		
					Swollen organelles		
				6 h	Loss of membrane integrity		
		5–8F	7.5 μM		↑ Necrotic cells	↓ after Nec-1 treatment ↓ after NAC treatment	[144]
					↑ Caspase-3/-8 activity	↑ after Nec-1 treatment	
				/	↑ ROS	↓ after NAC treatment	
				/	↑ RIP1, ↑ RIP3, ↑ MLKL protein expression	↓ after Nec-1 treatment ↓ after NAC treatment	
					↑ Necrotic cells	↓ after Nec-1 treatment	
					↑ ROS	↓ after NAC treatment	
		AGS	1, 2 and 4 μM	6 h	↓ Δψ _m	↑ after Nec-1 treatment ↑ after NAC treatment	[145]
			2 and 4 μM		↓ Cell viability	↑ after Nec-1 treatment	
					↓ Cytotoxicity	↓ after Nec-1 treatment	
		NIH3T3	0.5, 1 and 2.5 μM	3 h	↑ ROS	↓ after NAC treatment	[146]
			/		RIP1-RIP3 interaction	↓ after Nec-1 treatment	
				12 h	↑ Necrotic cells	↓ after Nec-1 treatment	
					↑ RIP1, ↑ RIP3 protein expression		
		MCF-7	5 μM	4 h	↑ ROS		[147]
				12 h	↓ Δψ _m	↓ after Nec-1 treatment	
				24 h	No caspase-3 activation		
					↑ Caspase-8 activity	↑ after Nec-1 treatment	

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference	
Tanshinol A	<i>Salvia miltiorrhiza</i> Bunge	MDA-MB-468	5 μ M	12 h	Extensive vacuolation Loss of membrane integrity		[148]	
				12 h	\uparrow Necrotic cells \uparrow RIP1, \uparrow RIP3 protein expression	\downarrow after Nec-1 treatment		
				4 h	\uparrow ROS			
				12 h	\downarrow $\Delta\psi_m$	\downarrow after Nec-1 treatment		
				24 h	\uparrow Caspase-3/-8 activity	\uparrow after Nec-1 treatment		
				12 h	Extensive vacuolation Loss of membrane integrity			
				8 h	No caspase-3/-7 activation			
		H1299	8 μ M	1, 2, 4 and 8 h	\uparrow p-MLKL protein expression \uparrow PI positive cells			[149]
				8 h	\downarrow Cell viability	\uparrow after MLKL knockdown \uparrow after NAC treatment \uparrow after CAT treatment		
				8 h	\uparrow MLKL membrane translocation	\downarrow after MLKL transfection		
				8 h	\uparrow ROS	\downarrow after NAC treatment \downarrow after CAT treatment		
				8 h	No caspase-3/-7 activation			
				8 h	No caspase-3/-7/-8/-9 cleavage			
				8 h	\uparrow PI positive cells			
A549	15 and 20 μ M	10, 15 and 20 μ M	8 h	\uparrow Necrotic cells				
		20 μ M	/					
		15 and 20 μ M	/					
		10, 15 and 20 μ M	1, 2, 4 and 8 h	\uparrow p-MLKL protein expression	\downarrow after MLKL knockdown \downarrow after NAC treatment \downarrow after CAT treatment			

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
			20 μ M	8 h	↑ MLKL membrane translocation ↓ Cell viability ↑ ROS	↓ after NAC treatment ↑ after MLKL knockdown ↑ after NAC treatment ↑ after CAT treatment ↓ after MLKL transfection ↓ after NAC treatment ↓ after CAT treatment	
Tanshinone IIA	<i>Salvia miltiorrhiza</i> Bunge	HepG2	5 and 10 μ g/mL	12 h	↑ Necrotic cells ↑ LDH release ↑ CypA protein expression ↑ HMGB1 protein expression ↑ FLIP _L , ↑ FLIP _S protein expression ↑ Cleaved caspase-3/-8 protein expression ↓ RIP1 protein expression ↑ Cleaved RIP1 protein expression Formation of RIP1/RIP3/FADD/FLIP _S complex ↓ MLKL monomer protein expression ↑ Cleaved MLKL protein expression	↓ after Nec-1 treatment ↑ after Z-VAD-FMK treatment ↓ after Nec-1 treatment ↑ after Z-VAD-FMK treatment ↓ after Nec-1 treatment ↑ after Z-VAD-FMK treatment ↓ after Nec-1 treatment ↓ after Z-VAD-FMK treatment ↑ after Nec-1 treatment ↑ after Z-VAD-FMK treatment ↓ after Nec-1 treatment ↓ after Z-VAD-FMK treatment	[150]

Table 2. Cont.

Compound	Compound Source	Cell Line(s)	Concentrations (Where Specified)	Time (Where Specified)	Necroptosis Markers	Supplementary Effects	Reference
Ungeremine	<i>Crinum zeylanicum</i> L.	CCRF-CEM	2.37, 3.76, 9.40, 18.79, 37.58, 75.17 and 150.33 μ M	24 h	↓ Cell proliferation	↑ after Nec-1 treatment	[53]
			1.22, 2.45, 4.89 and 9.78 μ M		↑ ROS		
			4.89 and 9.78 μ M		↑ RIP3 protein expression		
Youdujing extract	Traditional Chinese herbal formula Youdujing	Ect1/E6E7	1, 2 and 4 mg/mL	12 h	No caspase-3/-7 activation	↓ after RIP1 knockdown ↑ after RIP1 overexpression	[151]
			2 and 4 mg/mL	/	↑ RIP1 protein expression		
			4 mg/mL	3 h	RIP1-MLKL interaction		
					↓ Cell viability		

Abbreviations: ↑: Increase; ↓: Decrease; 3-MA: 3-methyladenine; A549/Cis: cisplatin resistant A549 cells; A375-Bcl2: Bcl-2 transfected A-375 cells; AIF: Apoptosis-inducing factor; Akt: Protein kinase B; AR: Androgen receptor; ATG5: Autophagy-related gene 5; ATP: Adenosine triphosphate; BafA1: Bafilomycin-A1; BAPTA-AM: Calcium chelator; BGN: Biglycan; Ca²⁺: Calcium; CaMKII: Calcium-calmodulin dependent protein kinase II dihydroethidium; CAT: Catalase; CCN1: Cell communication network factor 1; CQ: Chloroquine; CypA: Cyclophilin A; DI60N: Kinase dead RIP3; DIC: Dicoumarol; DSBs: Double strand-breaks; DTT: Dithiothreitol; EGF: Epidermal growth factor; FADD: FAS-associated death domain; FasL: FAS ligand; FLIP₁: Cellular FLICE (FADD-like IL-1 β -converting enzyme)-inhibitory protein isoform L; FLIP₃: Cellular FLICE (FADD-like IL-1 β -converting enzyme)-inhibitory protein isoform S; GLUD1: Glutamate dehydrogenase; GLUL: Glutamine synthetase; GLUT1/4: Glucose transporter 1/4; GSH: Glutathione; GSK-872: RIP3 inhibitor; GSSG: Glutathione disulfide; H₂O₂: Hydrogen peroxide; Hgb: Hemoglobin; HK2: Hexokinase 2; HROS: Highly Reactive oxygen species; IL-6: Interleukin-6; IL-8: Interleukin-8; iNOS: Inducible nitric oxide synthase; JNK1/2: c-Jun N-terminal kinase 1/2; K45A: Kinase dead RIP1; KN93: CaMKII inhibitor; L-NMMA: NG-monomethyl L- arginine, pan-NOS inhibitor; LDH: Lactate dehydrogenase; LY294002: Autophagy inhibitor; MLKL: Mixed lineage kinase domain like pseudokinase; MnSOD: Manganese superoxide dismutase; MnTBAP: Superoxide dismutase mimetic and peroxynitrite scavenger; NAC: N-acetyl-L-cysteine; Nec-1: Necrostatin-1; Nec-1s: Necrostatin-1s, 7-Cl-O-Nec-1; NF-kB: Nuclear factor kappa-light-chain-enhancer of activated B cells; NO: Nitric oxide; NQO1: NAD(P)H: quinone oxidoreductase 1; NSA: Necrosulfonamide; O₂⁻: Superoxide; p-Akt: Phospho-protein kinase B; p-ATM: Phospho-ataxia telangiectasia mutated kinase; p-ATR: Phospho-ataxia telangiectasia and Rad3-related kinase; p-CHK1/2: Phospho-checkpoint kinase 1/2; p-IkBa: Phospho-inhibitor of nuclear factor kappa B; p-MKLK: Phospho-mixed lineage kinase domain like pseudokinase; p-mTOR: Phospho-mammalian target of rapamycin; p-p70S6K1: Phospho-p70 ribosomal protein S6 kinase 1; p-RIP1: Phospho-receptor-interacting serine/threonine-protein kinase 1; p-RIP3: Phospho-receptor-interacting serine/threonine-protein kinase 3; p-TSC2: Phospho-tuberous sclerosis complex 2; PARP: Poly ADP (adenosine diphosphate)-ribose polymerase; PCYT1A: Phosphate cytidylyltransferase 1 alpha; PI: Propidium iodide; POCCLs: Patient-derived primary ovarian cancer cell lines; PSA: Prostate specific antigen; PYGL: Glycogen phosphorylase; RIP1: Receptor-interacting serine/threonine-protein kinase 1; RIP3: Receptor-interacting serine/threonine-protein kinase 3; ROS: Reactive oxygen species; SB203580: P38 inhibitor; SOD-1/2: Superoxide dismutase 1/2; Spp.: species; SP600125: JNK inhibitor; TNF- α : Tumor necrosis factor- α ; z-LLY-fmk: Calpain inhibitor; Z-VAD-FMK: pan-caspase inhibitor; ZO-1: Zonula occludens-1; γ -H2AX: Phospho-H2A histone family member X; $\Delta\Psi$ m: Mitochondrial membrane potential.

Among all, shikonin is definitely the most characterized necroptosis inducer of natural origin. Shikonin is a naphthoquinone isolated from the root of *Lithospermum erythrorhizon* Sieb. et Zucc, *Arnebia euchroma* (Royle) Johnst, or *Arnebia guttata* Bunge [152]. It promotes necroptosis in a wide range of cancer cells, including pancreatic [134], nasopharyngeal [135,144], gastric [145], lung [136], breast [133,147,148], osteosarcoma [138], lymphoma [139], multiple myeloma [137], and glioma [140–143] (Table 2). In AGS gastric cancer cells, shikonin induced necroptosis or apoptosis in a time-dependent manner: with equal concentrations (1, 2, and 4 μ M), the short-time treatment (6 h) led to necroptosis induction, while longer time treatment (24 h) led to apoptotic cell death [145]. In MCF-7 breast cancer cells, shikonin promoted necroptosis when the apoptotic machinery was inhibited [147] (Table 2). Interestingly, most of natural compounds illustrated in Table 2 induce both necroptosis and apoptosis, confirming the existing interrelation between the two cell death mechanisms. Indeed, cell fate (apoptosis *versus* necroptosis) is primarily affected by available caspase-8 and cIAP1, cIAP2, XIAP (X-linked inhibitor of apoptosis protein). Their deficiency favors necroptosis induction by suppressing RIP/RIP3 proteolytic cleavage or ubiquitination of RIP1 [153–155].

Besides the activation of RIP1 and RIP3 and the promotion of necrosome complex formation, the crucial event involved in shikonin-induced necroptosis is the production of ROS. Shikonin induced oxidative stress in nasopharyngeal [135], glioma [141–143], gastric [145], and breast cancer cells [147] (Table 2) and the increase in ROS levels was linked to necroptosis induction in some of those models. In glioma cancer cells, shikonin boosted ROS and mitochondrial superoxide generation [141–143] (Table 2). Inhibition of RIP1 and RIP3 reduced ROS, mitochondrial superoxide production, and cell death. Alongside, ROS increased RIP1 and RIP3 levels, showing that oxidative stress is a regulative factor in shikonin-mediated necroptosis [141] (Table 2). Moreover, in glioma cancer cells, oxidative stress triggered by shikonin led to the collapse of mitochondrial membrane potential, promoting the cytoplasmic release and the nuclear translocation of AIF (apoptosis-inducing factor) [142] (Table 2). Activated MLKL seems to be responsible for shikonin-induced mitochondria collapse, since its inhibition reduced ROS and superoxide production and AIF mitochondrial release [143] (Table 2). This hypothesis is further supported by the observed accumulation of MLKL in mitochondria and the enhanced expression of both mitochondrial and activated MLKL [143] (Table 2). Indeed, MLKL could boost the catalytic activity of PGAM5 (mitochondrial serine/threonine protein phosphatase family member 5) and bind mitochondrial-specific lipid cardiolipin [109], leading to mitochondrial fragmentation [105,156]. However, whether mitochondria are essential in necroptotic cell death is not clear yet. In mitochondria-deficient cells, as well as in cells from PGAM5^{-/-} mice, necroptosis still occurred [157,158]. Interestingly, the overproduction of ROS and/or the loss of mitochondrial potential are strictly involved not only in shikonin-induced necroptosis but also in many other natural-derived necroptosis inducers, including 2-methoxy-6-acetyl-7-methyljuglone [110,111], arctigenin [116], columbianadin [121], deoxypodophyllotoxin [122], matrine [126], pristimerin [129], resibufogenin [131], and tanshinol A [149] (Table 2), thus further confirming their pivotal role in necroptosis induction.

Shikonin confirmed its ability to promote necroptosis also in many different *in vivo* experimental models [135,136,138,142–144]. In female nude mice (authors did not state the species) [135], and BALB/c nude mouse xenograft models of human nasopharyngeal [135,144], or lung cancer [136], shikonin reduced tumor growth and increased tumor cell necrosis [135,136,144], which, in the latter model, have been associated with an increase in RIP1 expression in the tumor tissue [136] (Table S4). In BALB/c nude mouse xenograft model of human glioma, shikonin induced the binding of MLKL with mitochondria and the subsequent release of AIF and promoted necroptosis [143] (Table S4). In the same model, shikonin caused DNA damage [142] (Table S4), as observed in several cancer cells *in vitro* [142,159,160] (Table 2), thus configuring itself as a possible mutagen compound. This aspect is certainly to be taken into account in the evaluation of the toxicological profile

of shikonin, even if it is worth noting that the antitumor activity of several anticancer drugs is based on DNA-damage induction [161]. In BALB/c nude mouse xenograft model of human osteosarcoma, shikonin reduced tumor growth, increased RIP1/3 expression, and reduced lung metastasis thus suggesting an antimetastatic activity for shikonin [138] (Table S4). However, attention must be paid since the role of necroptosis in cancer metastatization is controversial. Strilic et al. reported that tumor cells-induced necroptosis of endothelial cells promotes cancer cells extravasation and metastatization through interaction with DR6 (death receptor 6) [162], hence showing that necroptosis could promote cancer cell metastatization [161]

Berberine is the major component of different plants belonging to *Berberis* species, and many other plants including, among all, *Coptis chinensis* Franch., and *Hydrastis canadensis* L. [163]. Besides its widely documented apoptotic anticancer activity [163], berberine promoted necroptosis in ovarian cancer cells and in three patient-derived primary ovarian cancer cell lines (POCCLs) by activating RIP3 and MLKL [118] (Table 2). Berberine triggered necroptosis also in diffuse large B-cell lymphoma (DLBCL) cancer cells, where the necroptotic mechanism has been deeply investigated [119] (Table 2). In DLBCL cells, berberine promoted mitophagy-dependent necroptosis by inducing the formation of the RIP1/RIP3/MLKL necrosome complex and mRNA degradation of PCYT1A (phosphate cytidyltransferase 1 alpha), thus reducing its expression in cancer cells [119] (Table 2). PCYT1A is an isoform of the CTP (choline phosphate cytidyltransferase) enzyme, which is crucial for PC (phosphatidylcholine) synthesis [164]. The authors of the study showed that PCYT1A was overexpressed in 44% of the analyzed DLBCL patients and that PCYT1A overexpression occurred in parallel with the enhanced gene and protein expression of MYC [119], an oncogene mostly involved in lymphoma cell chemoresistance [165]. Moreover, MYC-induced overexpression of PCYT1A led to inhibition of necroptotic cell death in DLBCL cells [119] (Table 2). In this context, berberine effectively suppressed DLBCL cancer cells growth by inhibiting the MYC-driven downstream effector PCYT1A, and inducing mitophagy-dependent necroptosis [119], thus being eventually considered as a promising anticancer agent to treat MYC-overexpressing lymphomas.

4. Pyroptosis

The term pyroptosis was coined by Cookson and Brennan to describe a peculiar caspase-1-dependent, pro-inflammatory regulated form of cell death involved in *Salmonella*-infected macrophages [166]. The term pyroptosis has been drawn from the two ancient Greek words *pyro*, and *ptosis*, which respectively mean fire or fever, and collapse or demise [166]. Pyroptosis is involved in innate immune defense against pathogenic infections or endogenous risk signals through the recruitment of immune cells by pro-inflammatory cytokines [167]. Its overactivation or dysregulation can lead to autoimmune and autoinflammatory diseases [168]. Pyroptosis is closely linked to cancer, where it acts as a double-edged sword. Indeed, as an inflammatory cell death process, pyroptosis could promote tumor cell growth by different pro-tumorigenic mechanisms [168,169]; conversely, it could suppress tumors development [168] also by enhancing anti-tumor immunity [170–172].

Pyroptosis shares with apoptosis some morphological and mechanistic features, including DNA damage and caspase activation. For instance, caspase-1/4/5 but also caspase-3 are involved in pyroptotic cell death [173–175]. Morphologically, pyroptotic cells display DNA fragmentation and chromatin condensation, but in contrast to apoptosis their nucleus remains intact; moreover, pyroptotic cells are characterized by the formation of large bubbles at the plasma membrane resulting in cell swelling, and consequent plasma membrane permeabilization together with cellular osmotic lysis [176].

Depending on the different *stimuli* and inflammatory mediators, pyroptosis falls into a canonical or non-canonical cell death mechanism, which converge into the same effector system, i.e., the activation of one member of the gasdermin protein (GSDM) family [177]. In canonical pyroptosis, specific pathogen-associated molecular patterns (PAMPs), damage-associated molecular patterns (DAMPs) or homeostasis-altering molecular processes (HAMPs) are recognized by inflammasome sensors [178] (Figure 3). An inflammasome is a multiprotein complex formed by (1) a sensor named PRR (pattern recognition receptor), (2) an adaptor protein apoptosis-associated speck-like protein (ASC), which contains a caspase-recruitment domain, and (3) caspase-1 [179]. Different types of PRRs are involved in pyroptosis including the nucleotide-binding oligomerization domain (NOD)-like receptors (NLRs), the absent in melanoma 2 (AIM2)-like receptors (ALRs), and pyrin proteins [180] (Figure 3). The most characterized NLRs in canonical pyroptosis is NLRP3 (NLR family pyrin domain-containing 3). A wide range of *stimuli*, such as pore-forming toxins, extracellular RNA, ROS, and mitochondrial DAMPs can trigger the NLRP3 cascade [181–187]. In turn, the activated-inflammasome sensors lead to the recruitment, directly or via ASC, of caspase-1 to form the full-blown inflammasome and drive caspase-1 activation [188,189]. Then, activated caspase-1 fosters the proteolytic maturation of pro-inflammatory precursors like pro-interleukin-1 beta (IL-1 β) and pro-interleukin-18 (IL-18) and activation of gasdermin (GSDM) D (GSDMD) [190] (Figure 3). GSDMD could also be activated by bacterial intracellular lipopolysaccharide (LPS), without inflammasome involvement [169,191]. In the latter case, GSDMD is cleaved by caspases 4/5, which are the human caspase-11 murine orthologue. GSDMD cleavage leads to the release of the N-terminal fragment (GSDMD-NT) [186] (Figure 3). After its release, GSDMD-NT oligomerizes to form pores on the inner leaflet of the plasma membrane [192] causing osmotic cell swelling and the rupture of the plasma membrane with the spillage of the cellular content into the extracellular space, including the inflammatory cytokines IL-1 β and IL-18 [193] (Figure 3). Besides, some pro-apoptotic chemotherapy drugs and molecular-targeted therapies promote pyroptosis through the caspase-3-dependent cleavage of GSDM E (GSDME) [175,194,195] (Figure 3). Cleavage of GSDME leads to the release of GSDME-NT (Figure 3), which possesses pore-forming activity as GSDMD-NT [175,194,195].

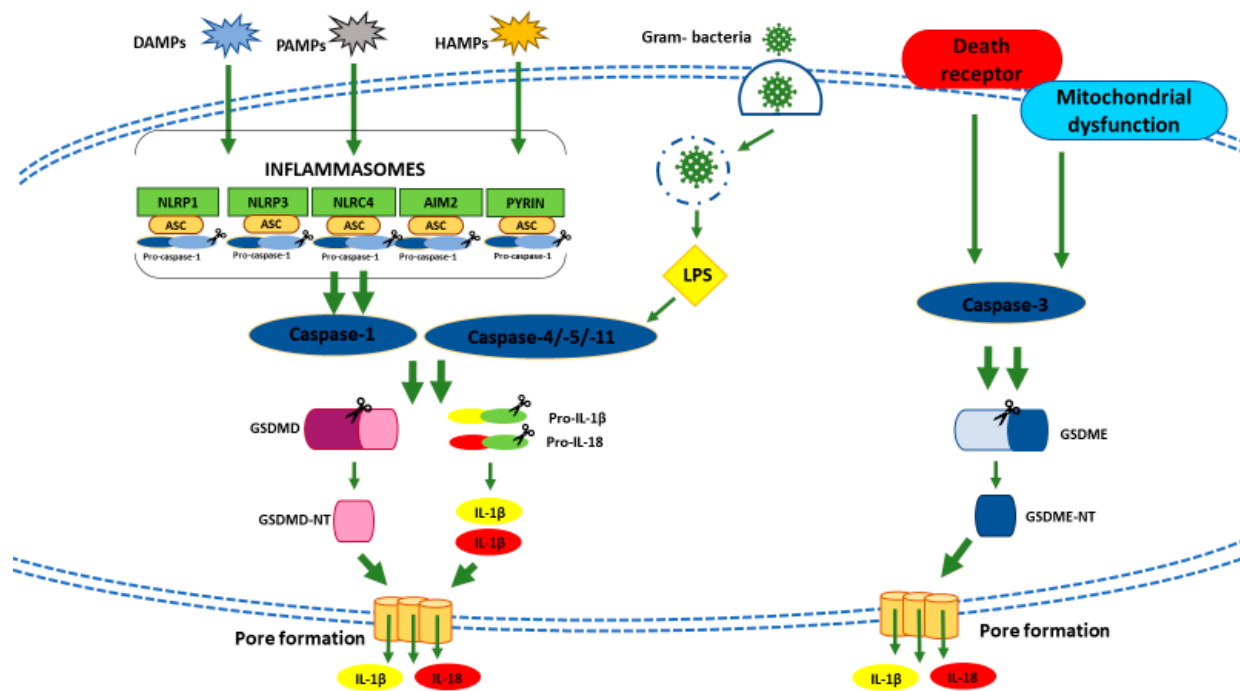


Figure 3. Schematic representation of canonical, non-canonical, and caspase-3-dependent pyroptotic cell death pathway. AIM2: Absent in melanoma 2; ASC: Apoptosis-associated speck-like protein containing a CARD (caspase activation and recruitment domain); DAMPs: Damage-associated molecular patterns; GSDMD: Gasdermin D; GSDMD-NT: N-terminal fragment of GSDMD; GSDME: Gasdermin E; GSDME-NT: N-terminal fragment of GSDME; HAMPs: Homeostasis-altering molecular processes; IL-1 β : Interleukin-1 beta; IL-18: Interleukin-18; LPS: Lypopolisaccaride; NLR4: NLR (nucleotide-binding oligomerization domain (NOD)-like receptor) family CARD domain-containing protein 4; NLRP3: NLR family pyrin domain-containing 3; NLRP1: NLR family pyrin domain-containing 1; PAMPs: Pathogen-associated molecular patterns.

As mentioned above, pyroptosis and apoptosis are closely intertwined. For instance, NF- κ B pathway is commonly referred to as apoptosis regulator [196,197], and has been found to trigger pyroptosis as well [198]. Indeed, as in the case of NF- κ B, the same pro-apoptotic *stimulus* could, in some circumstances, provoke different cell death pathways [199]. The discriminating factor in triggering apoptosis, pyroptosis or both PCDs is the expression of GSDM in tumor cells. In tumors with low levels of GSDME, activated caspase-3 elicits apoptosis, while if the tumor expresses high levels of GSDME, caspase-3 switches its downstream pathway from apoptosis to pyroptosis or apoptosis and pyroptosis [175,200]. Of note, GSDME levels differ depending on the tumor type: low levels are detected in gastric and skin cancer, high levels in lung cancer, colorectal cancer, neuroblastoma, and melanoma. Thus, pyroptosis could be considered a tumor-type specific cell death [168,175].

Natural Compounds as Inducers of Pyroptosis

Several natural compounds and their derivatives or analogues were found to induce pyroptosis in different cancer models, both in vitro (Table 3) and in vivo (Table S5).

Table 3. Natural products as in vitro inducers of pyroptosis.

Compound	Compound Source	Cell Line (s)	Concentrations (Where Specified)	Time (Where Specified)	Pyroptosis Markers	Supplementary Effects	Reference		
Alpinumisoflavone	<i>Derris eriocarpa</i> F.C	KYSE30, KYSE510	5, 10 and 20 µM	24 and 48 h	↓ Cell viability	↓ after GSDME knockdown	[201]		
					↓ Colony formation				
					Cell swelling and bubble at plasma membrane				
			10 and 20 µM	/	↑ LDH release	↓ after Z-DEVD-FMK treatment			
						↓ after caspase-3 knockdown			
						↓ after GSDME knockdown			
					↑ Cleaved GSDME protein expression	↓ after Z-DEVD-FMK treatment			
						↓ after caspase-3 knockdown			
					2, 5, 10 and 20 µM	48 h		↓ Cell viability	↓ after MCC950 treatment
						14 days		↓ Colony formation	↓ after NLPR3 knockdown
		Huh7, MMC 7721	10 and 20 µM	24 h	↓ Cell invasion	↑ after MCC950 treatment	[202]		
↓ Cell migration	↑ after NLPR3 knockdown								
	↑ after MCC950 treatment								
	↑ after NLPR3 knockdown								
				48 h	↑ LDH release	↑ after CQ treatment			
					↑ NLRP3, ↑ cleaved caspase-1, ↑ cleaved IL-1β, ↑ cleaved IL-18 mRNA levels	↑ after ATG5 knockdown			
					↑ NLRP3, ↑ cleaved caspase-1, ↑ cleaved IL-1β, ↑ cleaved IL-18, ↑ cleaved GSDMD protein expression	↓ after MCC950 treatment			
						↓ after NLPR3 knockdown			
						↑ after CQ treatment			
						↑ after ATG5 knockdown			
Anthocyanin	Flavonoid found in different plant spp.	Tca8113, SCC15	250 µg/mL	24, 48 and 72 h	↓ Cell viability	↑ after AC-YVAD-CMK treatment	[203]		
				48 h	↓ Cell migration	↑ after AC-YVAD-CMK treatment			
				48 h	↓ Cell invasion	↑ after AC-YVAD-CMK treatment			

Table 3. Cont.

Compound	Compound Source	Cell Line (s)	Concentrations (Where Specified)	Time (Where Specified)	Pyroptosis Markers	Supplementary Effects	Reference
Berberine	Huang Lian Chinese herb (<i>Coptis chinensis</i>) and others plant spp.	HepG2	50 and 100 μ M	48 h	\uparrow NLRP3, \uparrow caspase-1, \uparrow IL-1 β mRNA levels	\downarrow after AC-YVAD-CMK treatment	[204]
				/	\uparrow NLRP3, \uparrow cleaved caspase-1, \uparrow cleaved IL-1 β , \uparrow cleaved IL-18 protein expression	\downarrow after AC-YVAD-CMK treatment	
				/	\uparrow GSDMD protein expression		
			50 μ M	/	Cell swelling		
				24, 48 and 72 h	\downarrow Cell viability	\uparrow after AC-YVAD-CMK treatment	
				48 h	\downarrow Cell migration	\uparrow after AC-YVAD-CMK treatment	
48 h	\downarrow Cell invasion	\uparrow after AC-YVAD-CMK treatment					
25, 50 and 100 μ M	/	\uparrow Caspase-1 mRNA levels	\downarrow after AC-YVAD-CMK treatment				
					\uparrow Caspase-1 protein expression	\downarrow after AC-YVAD-CMK treatment	
Casticin	<i>Vitex</i> spp.	5–8F	/	24 h	\uparrow LDH release	\downarrow after SP60012 treatment	[205]
			3, 6 and 9 μ M		\uparrow Cleaved caspase-1, \uparrow cleaved GSDMD, \uparrow PKR, \uparrow IL-1 β , \uparrow p-NF- κ B, \uparrow p-JNK protein expression	\downarrow after SP600125 treatment	
			6 μ M		\uparrow IL-6, \uparrow IL-1 β , \uparrow TLR4, \uparrow ASC mRNA levels	\downarrow after JSH-23 treatment \downarrow after PKR knockdown	
Dioscin	<i>Polygonatum zanlanscianense</i> Pamp., <i>Dioscorea nipponica</i> Makino, and <i>Dioscorea zingiberensis</i> C. H. Wright	MNNG/HOS	/	24 h	Bubbles at plasma membrane		[206]
			2.5 and 5 μ M		\uparrow LDH release		
		/	\uparrow Cleaved GSDME protein expression				
		MG63	/		Bubbles at plasma membrane		
2 and 4 μ M	\uparrow LDH release						
					\uparrow Cleaved GSDME protein expression		

Table 3. Cont.

Compound	Compound Source	Cell Line (s)	Concentrations (Where Specified)	Time (Where Specified)	Pyroptosis Markers	Supplementary Effects	Reference
			/		Bubbles at plasma membrane		
		U20S	2 and 4 μ M		\uparrow LDH release	\downarrow after Z-DEVD-FMK treatment	
			4 μ M		\uparrow Cleaved GSDME protein expression	\downarrow after Z-DEVD-FMK treatment \downarrow after GSDME knockdown	
			4 μ M		\downarrow Cell viability	\uparrow after Z-DEVD-FMK treatment \uparrow after SPS600125 treatment	
Galangin	<i>Alpinia officinarum</i> Hance, <i>Alnus pendula</i> Matsum, <i>Plantago major</i> L, and <i>Scutellaria galericulata</i> L.	U251, U87MG	150 μ M	48 h	Bubbles at plasma membrane		
			/	12, 24, 48 and 72 h	\uparrow LDH release	\downarrow after GSDME knockdown	[207]
			150 μ M	48 h	\uparrow Cleaved GSDME protein expression	\uparrow after 3-MA treatment	
Huaier extract	<i>Trametes robiniophila</i> Murr (Huaier)	H520, H358	5 and 10 mg/mL	24 and 48 h	\downarrow Cell viability	\uparrow after NLRP3 knockdown \uparrow after MCC950 treatment	
					\uparrow LDH release	\downarrow after NLRP3 knockdown \downarrow after MCC950 treatment	[208]
					\uparrow NLRP3, \uparrow caspase-1, \uparrow IL-1 β , \uparrow IL-18 mRNA levels		
					\uparrow NLRP3, \uparrow cleaved caspase-1, \uparrow cleaved IL-1 β , \uparrow cleaved IL-18 protein expression	\downarrow after NLRP3 knockdown \downarrow after MCC950 treatment	
L50377 (piperlongumine analogue)	<i>Piper Longum</i> L.	A549	10 μ M	/	Cell swelling and bubbles at plasma membrane	\downarrow after NAC treatment \downarrow after IKK β overexpression	
			0.74, 2.22, 6.67 and 20 μ M		\downarrow Cell viability	\downarrow after NAC treatment \downarrow after IKK β overexpression	
			5, 10 and 20 μ M	2 h	\downarrow IKK α , \downarrow IKK β phosphorylation		[209]
			2.5 μ M	8 h	\uparrow ROS	\downarrow after NAC treatment	
			5 and 10 μ M	/	\uparrow Cleaved GSDME protein expression		

Table 3. Cont.

Compound	Compound Source	Cell Line (s)	Concentrations (Where Specified)	Time (Where Specified)	Pyroptosis Markers	Supplementary Effects	Reference
Nobiletin	Citrus fruits	A2780, OVCAR-3	10, 20, 30, 40 and 50 μ M	24 h	↓ Cell viability		[210]
			50 μ M	12 h	↑ ROS	↓ after NAC treatment	
			10, 30 and 50 μ M		↓ $\Delta\Psi$ m		
			50 μ M	24 h	Cell swelling and bubbles at plasma membrane	↓ after NAC treatment	
					↑ Cleaved GSDMD protein expression	↓ after 3-MA treatment	
10, 30 and 50 μ M	↑ Cleaved GSDME protein expression	↓ after NAC treatment ↓ after 3-MA treatment ↓ after NSA treatment					
50 μ M		↑ IL-1 β , ↑ ASC mRNA levels					
Osthole	<i>Cnidium monnieri</i> L. Cusson	A2780, OVCAR-3	10, 20, 30, 40, 50, 60, 70 and 80 μ M	24 h	↓ Cell viability		[211]
			20, 40 and 80 μ M		Cell swelling and bubbles at plasma membrane	↑ Cleaved GSDME protein expression	
Paclitaxel	Pacific yew	A549	20 and 60 μ M	24 and 48 h	↑ Lytic cell death	↓ after AC-DEVD-CHO treatment	[212]
			60, 120, 180 and 240 μ M		↑ Cleaved caspase-3, ↑ cleaved caspase-7, ↑ cleaved caspase-8, ↑ cleaved caspase-9, ↑ cleaved GSDME protein expression	↓ after GSDME knockdown	
Polyphyllin VI	<i>Trillium tschonoskii</i> Maxim	A549, H1299	3, 4, 5 and 6 μ M	24 h	↑ Pyroptotic cells	↓ after VX-765 treatment ↓ after NSA treatment	[198]
			4 μ M		↑ Activated caspase-1 expression		
			3, 4, 5 and 6 μ M		↑ PI positive cells	↓ after VX-765 treatment ↓ after BAY treatment	
					↑ NLRP3, ↑ cleaved caspase-1, ↑ cleaved IL-1 β , ↑ cleaved IL-18, ↑ cleaved GSDMD protein expression		
					↑ IL-1 β , ↑ IL-18 secretion		

Table 3. Cont.

Compound	Compound Source	Cell Line (s)	Concentrations (Where Specified)	Time (Where Specified)	Pyroptosis Markers	Supplementary Effects	Reference
					↑ ROS	↓ after NAC treatment	
					↑ p65/NF-κB protein expression	↓ after NAC treatment	
Tanshinone IIA	<i>Salvia miltiorrhiza</i> Bunge (Danshen)	HeLa	2, 4 and 8 μM	24, 48 and 72 h 72 h	↓ Cell proliferation ↑ IL-1β, ↑ IL-18, ↑ GSDMD protein expression	↓ after miR-145 knockdown	[213]

Abbreviations: ↑: Increase; ↓: Decrease; 3-MA: 3-methyladenine; AC-DEVD-CHO: Caspase-3 inhibitor; AC-YVAD-CMK: Caspase-1 inhibitor; ASC: Apoptosis-associated speck-like protein containing a CARD (caspase activation and recruitment domain); ATG5: Autophagy related 5; BAY: Bay 11-7082, NF-κB inhibitor; GSDMD: Gasdermin D; GSDME: Gasdermin E; IKKα: Inhibitor of nuclear factor kappa-B kinase subunit alpha; IKKβ: Inhibitor of NF-κB kinase subunit beta; IL-6: Interleukin-6; IL-18: Interleukin-18; IL-1β: Interleukin 1 beta; JSH-23: NF-κB inhibitor; LDH: Lactate dehydrogenase; MCC950: NLRP3 inhibitor; NAC: N-acetylcysteine; NF-κB: Nuclear factor kappa-light-chain-enhancer of activated B cells; NLRP3: NLR (nucleotide-binding oligomerization domain (NOD)-like receptor) family pyrin domain-containing 3; NSA: Necrosulfonamide; PKR: Protein kinase R; p-JNK1: Phospho-c-Jun N-terminal kinase; p65: Transcription factor p65; Spp.: species; SPSP600125: Inhibitor of c-Jun N-terminal kinase (JNK); VX-765: Caspase-1 inhibitor; Z-DEVD-FMK: Caspase-3 inhibitor.

Galangin is a natural flavonoid found in different plants including *Alpinia officinarum* Hance [214]. In glioblastoma multiforme cell lines (U251 and U87MG), galangin induced apoptosis, autophagy, and GSDME-mediated pyroptosis [207] (Table 3). Interestingly, it has been found that inhibition of autophagy enhances pyroptosis and apoptosis induction. Autophagy, promoting cell survival and blocking inflammation, could suppress inflammatory activation [215], thus limiting pyroptotic cell death. For this reason, the inhibition of autophagy can represent a strategy to favor pyroptosis, as observed in cells treated with galangin, the *Citrus* flavanoid nobiletin or alpinumisoflavone [202,210] (Table 3).

Polyphyllin VI (PPVI) is a steroidal saponin isolated from the ethyl acetate fraction of *Trillium tschonoskii* Maxim [199]. PPVI displayed anticancer effects against lung cancer cells and in an athymic nude mouse xenograft model of lung cancer through the induction of apoptosis, autophagy [198,199], and pyroptosis [198] (Table 3 and Table S5). PPVI provoked pyroptosis by activating the NLRP3 inflammasome, responsible for GSDMD cleavage and caspase-1-dependent maturation and secretion of IL-1 β and IL-18 [198] (Table 3). The PPVI-induced pyroptosis was associated with ROS generation and activation of the NF- κ B pathway [198] (Table 3). Indeed, the increased expression of NLRP3 facilitates the NF- κ B-mediated effective assembly of the inflammasome [216]. Hence, it could be supposed that the activation of NF- κ B pathway by PPVI participates into the assembly of NLRP3 inflammasome and that PPVI-mediated ROS generation in turn activates NLRP3. Interestingly, ROS generation promoted PPVI-induced apoptosis [199], thus suggesting that the same cell death *stimulus* could activate different PCD pathways.

Notably, all the natural compounds illustrated in the Table 3 induced both pyroptosis and apoptosis, hence endorsing that the crosstalk between these two cell death pathways is really tight, as mentioned above. In PPVI-induced pyroptosis, the relationship between pyroptosis and apoptosis has been found to be the ROS-mediated activation of the NF- κ B signaling pathway [198]. Another important observation is that the natural saponin dioscin induced apoptosis by activating the c-Jun N-terminal kinase (JNK)/p38 signaling pathway [206]. This means that dioscin-induced pyroptosis could be activated through the same pro-apoptotic upstream pathway triggering caspase-3 activation. Thus, certain compounds' ability to elicit pyroptosis in addition to apoptosis could be considered a potentially effective strategy to synergize their anticancer efficacy.

Although pyroptosis inducers can have an interesting role in the oncological field, pyroptosis induction should be carefully sought since it could have also a cancer promotion effect. Indeed, to treat certain tumors, such as skin cancer, inhibition of pyroptosis could be pursued. A persistent inflammatory status or alterations in inflammatory activity are implicated in skin tumorigenesis, together with the modulation of cancer progression and invasiveness by cytokines [217]. For instance, two natural compounds such as epigallocatechin-3-gallate and thymoquinone suppressed growth and migration of melanoma cells by inhibiting NLRP1 inflammasome, IL-1 β -mediated secretion, and NLRP3 inflammasome, respectively [218,219]. Hence, inhibition of pyroptosis, instead of its induction, could be a potential antitumor strategy in skin cancer treatment, as in other tumor diseases where inflammation plays a key role in tumor progression.

5. Selective Activity of Natural Inducers of Non-Canonical Cell Death towards Cancer Cells

One of the main drawbacks of current anticancer chemotherapy is the non-selective cytotoxicity towards cancer cells, which is associated with the appearance of systemic toxicity and significant side effects [220]. However, only a few studies explored the impact of the previously described natural compounds on non-transformed cells, and often the results obtained in different studies are conflicting.

Regarding all the natural inducers of ferroptosis described in Table 1, controversial data arose about artesunate and WA.

Although several studies indicate that artesunate selectively kills cancer cells, many others showed cytotoxicity *versus* normal cells. The IC₅₀ on human bronchial epithelial HBE cells after 24 h treatment was 1.38 times higher (212.48 μ M) than that observed in A549 lung

adenocarcinoma cells (153.54 μM) [221]. The IC_{50} on human osteosarcoma cells treated with artesunate for 48 h was about four times higher (206.3 μM) than that observed on the non-transformed counterpart hFOB1.19 human osteoblast (52.8 μM) [222]. On normal human urothelial SV-HUC-1 cells, the IC_{50} after 48 h artesunate treatment (1149.6 μM) was about one order of magnitude higher compared to those obtained in T24 and RT4 bladder cancer cells (129.7 μM and 103.2 μM , respectively), showing a remarkable selectivity of action [223]. Rho et al. compared artesunate cytotoxicity on both HNC cancer cells and normal oral keratinocytes (HOK) and fibroblasts (HOF), founding that all HNC cells succumbed to artesunate 100 μM , while almost all HOK and HOF cells survived to artesunate 50 μM . However, no data is available for 100 μM treatment [33]. After 24 and 48 h, artesunate at 33–521 μM exhibited a slight cytotoxicity on normal retina hTERT-RPE1 cells compared to retinoblastoma RB-Y79 cells (at least eight or nine times lower in hTERT-RPE1 versus RB-Y79 cells) [224]. Furthermore, artesunate showed cytotoxic effects on normal human and mouse/rat liver cells [225,226]. Indeed, exposure to artesunate 100 μM for 24, 48, and 60 h induced a significant cytotoxic effect on both human hepatocellular carcinoma cells (HepG2, Huh-7, and Hep3B) and normal hepatocytes (L02) [225]. Its cytotoxic effect was kept even at lower concentrations (0.5–10 μM), as shown on normal rat liver BRL-3A cells and mouse liver AML12 cells (24 and 48 h treatments) [226]. However, the authors of both studies [225,226] did not explicitly quantify the entity of these cytotoxic effects. Ishikawa and colleagues reported that cell viability of HTLV-1 (human T lymphotropic virus type 1)-infected T-cell lines (MT-2, MT-4, and HUT-102) decreased time- and dose-dependently after artesunate exposure (20–60 μM for 24 and 48 h), but PBMCs (together with Jurkat and CEM leukemia cells) treated for 24 h with artesunate 5 and 10 μM were relatively resistant [32]. Once more, the authors of the study did not quantify this effect. Taken these studies together, we could conclude that artesunate is tumour-selective in an organ or cell-type way. However, the lack of objective and quantitative data of many studies makes it difficult to draw reliable conclusions.

WA revealed a similar tumour-type-dependent selectivity. It was cytotoxic at 2–10 μM on different human colon cancer cell lines: HCT-116 (IC_{50} : 5.33 μM), SW-480 (IC_{50} : 3.56 μM), and SW-620 (IC_{50} : 5.0 μM) at 24 h treatment; however, no significant cytotoxic effect was found on normal colon epithelial FHC cells, even if the highest tested concentration was 6 μM [227]. Cell viability of Ca9-22 and HSC-3 human oral cancer cells treated for 24 h with WA 1 μM was 83.4% and 79.4%, respectively, while no cytotoxicity was recorded in HGF-1 normal oral cells [228]. Moreover, most of human fibroblasts (TIG-1 and KD) treated with WA 2 μM remained viable up to 96 h treatment, while DU-145 and LNCaP prostate cancer cells almost completely succumbed after 24 and 72 h, respectively [229]. Lastly, the IC_{50} on WI-38 normal lung cells after 24 h WA treatment was > 50 μM , versus ~10 μM recorded for A549 cells [230]. Furthermore, WA showed a considerable safe profile on PBMCs. The IC_{50} after 24 h was > 50 μM [230], and no major cytotoxic effect was recorded on both PBMCs and hematopoietic progenitor cells up to 48 h exposure at 30 μM [231]. At the same treatment time, instead, the IC_{50} on MOLT-4, Jurkat, REH, and K-562 leukemia cells was 1.52, 1.62, 3.09, and 0.58 μM , respectively [231]. In contrast, both U2OS osteosarcoma cells and TIG-3 normal fibroblast were killed by WA at doses equal to or less than 1.1 μM (treatment time was not specified) [232].

Dihydroisotanshinone I 10 and 20 μM after 48 h treatment significantly inhibited the proliferation of H460 (IC_{50} : 19.4 μM) and A549 (IC_{50} : 15.5 μM) small lung cancer cells [233]. However, cell proliferation of normal human lung fibroblasts (IMR-90) was only slightly inhibited after 24 h treatment with dihydroisotanshinone I 5 and 10 μM (no indication of IC_{50}) [233].

The natural necroptosis inducer pristimerin showed a dubious selectivity of action. The IC_{50} on MCF-7 (breast carcinoma), HCT116, HepG2 (human hepatocellular carcinoma), SCC-4 and HSC-3 (human oral squamous cell carcinoma), and B16-F10 (mouse melanoma) cells after 72 h treatment with pristimerin was 7.9 μM , 9.4 μM , 7.8 μM , 12.7 μM , 2.9 μM , and 6.3 μM , respectively [234]. Instead, at the same conditions, the IC_{50} on normal

lung MRC-5 fibroblast was 3.5 μM , showing that normal cells are even more sensitive to pristimerin activity than most tumour types [234]. Very similar results were obtained comparing the cytotoxic effect of pristimerin (72 h) on HL-60 cells (IC_{50} : 1.31 μM) and K-562 leukemic cells (IC_{50} : 3.2 μM) with that on PBMCs (IC_{50} : 0.88 μM) [235]. Rodrigues et al. confirmed this trend showing an even more pronounced sensitivity of normal cells: pristimerin was cytotoxic on both HL-60 and K-562 leukemic cells (IC_{50} at 72 h: 8.8 μM and 13.6 μM , respectively) and markedly cytotoxic on PBMCs (IC_{50} at 72 h: 0.6 μM) [234]. In contrast, human breast epithelial MCF-10A cells were 2 to 3 times higher resistant to pristimerin than MDA-MB-231 breast cancer cells, in particular at 24 h [236]. To note, 1.5 to 12 h pristimerin exposure triggered necroptosis in glioma C6 cells at 2.5 μM and in U251 cells at 4.5 μM [129]. Even if Zhao and colleagues [129] did not test pristimerin cytotoxicity on the non-transformed counterpart, the cytotoxic concentrations of pristimerin for glioma C6 cells are higher and the treatment times shorter than those responsible for the cytotoxic effect on PBMCs and MRC-5 normal cells [234].

Among all the natural inducers of pyroptosis described in Table 3, only for some of them their selectivity of action towards cancer cells has been well established. Among them, the selectivity of dioscin towards tumour cells is still controversial. Treatment with dioscin 5.8 μM for 24 h reduced cell viability to about 70% in normal human pancreatic ductal epithelial cells (HPDE6-C7) compared to the 40% observed in ASPC-1 and PANC-1 pancreatic cancer cells [237]. At the same dose and treatment time (5.8 μM for 24 h), dioscin reduced normal nasopharyngeal NP69 cells' viability to 73% compared to 40% and 33% of Panc-1- and ASPC-1-treated cells [238]. On normal cervical epithelial H8 cells treated with dioscin 5.8 μM for 24 h, the cell viability inhibition rate compared to untreated cells was 25% *versus* 80% and 54% observed on HeLa and SiHa cervical cancer cells, at the same experimental conditions [239]. Moreover, the IC_{50} on L02 hepatocytes after 48 h treatment with dioscin (13.23 μM) was more than six times higher than that observed in HepG2 cancer cells (2.38 μM) [240]. Lastly, the IC_{50} (the authors did not specify the treatment time) on NOZ and SGC996 gallbladder cancer cells was 4.47 μM and 5.05 μM , respectively [241], while on human kidney epithelial cells (293 T), dioscin was not toxic even at the higher tested dose (8 μM) [241]. However, Ma et al. reported that dioscin at doses over 10 μM (48 h treatment) inhibited cell proliferation of both gastric cancer (HGC-27, MGC803, and SGC7901) and normal gastric GES-1 cells [242], even if they did not explicitly quantify the entity of this antiproliferative effect.

Questionable data were also found for galangin. Despite galangin's ability to induce different types of cell death, its active concentration on all the three glioma cell lines tested is quite high (150 μM) [207], and usually high doses are not selective towards tumor cells [243,244]. The analysis of galangin effects on normal human astrocytes (NHA) viability showed cytotoxic effects at double the active dose in tumor cells. Indeed, the IC_{50} on NHA after 24 h galangin treatment was >450 μM , whereas in U251, U87MG, and A172 glioma cells the IC_{50} was 221.8, 262.5 and 273.9 μM , respectively [207]. However, 24 h galangin treatment (at concentrations >50 μM) suppressed cell proliferation in NIH3T3 mouse fibroblasts to the same extent as for B16F10 murine melanoma cells. For the latter cell line, the IC_{50} after 24 h treatment was 145 μM , while no data are available for fibroblasts [245].

The cytotoxicity of the pyroptosis inducer osthole was explored on normal cervical fibroblasts and HeLa cervical cancer cells. On HeLa cells, the IC_{50} was 64.9 μM compared to 168 μM on normal cervical fibroblasts (24 h treatment) [246]. Moreover, the IC_{50} on HL-60 after 12 h osthole treatment was 100 μM , compared to 164 μM on PBMCs [247]. Consistently, no significant cytotoxicity was observed in PBMCs up to 72 h osthole treatment at 1.84 μM [248]. Furthermore, osthole treatment for 24 and 48 h at 200 μM did not induce any significant cytotoxic effect on normal ovarian IOSE80 cells [249]. Conversely, almost all A2780 and OV2008 ovarian cancer cells succumbed to osthole treatment at 200 μM for 24 and 48 h [249]. In this regard, the IC_{50} on A2780 and OVCAR3 ovarian cancer cells, i.e., the *in vitro* cell models where osthole promoted pyroptosis, was 73.6 μM and 75.2 μM ,

respectively [211]. This means that the active concentrations of osthole are abundantly lower than those toxic for normal ovarian cells.

On the whole, the majority of the studies listed above are encouraging on the, at least a partial, tumour selectivity of non-canonical cell death inducers, but data are far from being conclusive or substantial. One point to consider is that, as for many natural anticancer agents, both activity and selectivity of non-canonical cell death inducers depend on the cell-type and organ targeted. This, together with the lack of extensive studies, does not allow to draw firm conclusions. Thus, since the selective activity of anticancer agents is considered one of the most critical aspects in defining their pharmaco-toxicological profiles, a case-by-case analysis is recommended.

6. Conclusions

The ability of cancer cells of evading apoptosis is one of the hallmarks of cancers [250]. Given that anticancer activity of most anticancer drugs currently in use is based on their pro-apoptotic activity [251], it becomes clear how the discovery and characterization of non-apoptotic, also called non-canonical, cell death pathways represent a new promising approach to overcome the challenges of current anticancer therapies. As showed in this review, natural products can definitely suit this role, as promising non-canonical cell death inducers.

All PCD modalities—apoptosis, necroptosis, ferroptosis and pyroptosis—are strictly connected in both molecular and functional terms, and, depending on the cell status or eventually mutations carried by cells, the mode of cell death could switch from one to another [5]. For example, necroptosis occurs when the apoptotic cell death is impaired by caspase-8 inhibition [252]; conversely, within massive inflammasome activation, cells lacking caspase-1 or GSDMD could be unable to trigger pyroptosis but still die by apoptosis thanks to the presence of active caspase-8 [253]. Moreover, activation of apoptotic caspase-3 cleaves GSDME and could trigger both pyroptosis and apoptosis [174,199]. Additionally, RIP3 could activate NLRP3 inflammasome in the absence of MLKL [254] together with the RIP3-MLKL-NLRP3-caspase-1 axis, thus resulting in IL-1 β maturation, independently of GSDMD cleavage [255,256]. Hence, all these pieces of evidence show that the different PCDs frequently share the same molecular actors, which could activate different cell death modalities depending on the factors described above. Therefore, we could actually consider all these pathways as many musicians who take part of the same orchestra, and the more musicians play, the marrier is the symphony. In other words, triggering more than one type of PCDs clearly enhances the chances of cancer cells eradication.

Another significant outcome deriving from the concomitant activation of apoptosis and the non-canonical cell deaths is the elicitation of the antitumor immune response, which would allow a switch from a mostly immune-silent or tolerogenic cell death (apoptosis) into an immunogenic one [257–259]. For instance, pyroptosis induction commuted the immune-silent cisplatin-mediated apoptosis into immunogenic [260]. Indeed, in different models, GSDME activation promotes tumor suppression by increasing the anticancer properties of tumor-infiltrating natural killer (NK) cells and CD4⁺ and CD8⁺ T lymphocytes, together with an antitumor vaccination effect, triggering both innate and adaptive antitumor immunity [170,171,259]. Similarly, necroptotic cancer cells are, without any doubt, immunogenic. These dying cells promoted antitumor immunity by inducing DC (dendritic cells) maturation, cross-priming and proliferation of CD8⁺ T cells and NK cells in vitro and in vivo and successfully created an antitumor vaccine effect in different tumor mice models [261–264]. Regarding ferroptosis, many hints have been produced about the interaction between ferroptotic cells and the immune system. For instance, ferroptotic cells release HMGB-1 (high mobility group box 1) [265], while the activation of CD8⁺ T cells synergizes ferroptosis [266]. However, only recently the antitumor immunogenicity of ferroptosis has been validated. Indeed, it has been demonstrated that early, but not late, ferroptotic cells promote the phenotypic maturation of bone-marrow derived dendritic cells (BMDCs) and elicit an antitumor vaccination effect in the well-accepted prophylactic tumor vaccination

model of immune competent C57BL/6 J mice [93]. Those results definitely confirm that ferroptosis could promote antitumor immunity. Still, the coexistence of apoptosis and non-canonical cell deaths could be regarded as a new remarkable strategy to neutralize apoptosis resistance and, thanks to the adaptive immune stimulation, lessen the incidence of metastases and relapses.

Nonetheless, this apparently idyllic scenario displays different problems. Induction of necroptosis and pyroptosis is strictly related to the expression of their molecular mediators, which is cancer-type-dependent. For necroptosis, decreased RIP1/RIP3/MLKL expression has been found in AML, melanoma, and breast, colorectal, gastric, ovarian, head and neck squamous cell, and cervical squamous cell carcinomas [96]. Regarding pyroptosis-related mediators, GSDMD expression was found to be decreased in gastric cancer [168], while GSDME expression is low in gastric and skin cancer [168,175]. Thus, the presence or absence of crucial mediators dictates whether cells can go through that specific PCD or not. However, to overcome this limitation and exploit natural compounds' great potential to induce non-canonical cell death, nanotechnologies can come to the aid. Several nanomaterials demonstrated to counteract the specific pitfalls of every single type of cell death that usually limit their therapeutical use, such as GSDMs silencing for pyroptosis [260] or RIP1/RIP3/MLKL low levels for necroptosis [267], restoring the capability of pursuing that PCD in those resistant models.

Although a huge number of natural compounds has been identified as inducers of non-canonical cell death, only few of them have been deeply characterized for the underpinned molecular networks involved in their antitumor activity. Furthermore, very few studies have investigated the selective activity towards cancer cells together with the drawing of a toxicological profile. This is a critical issue since the three mentioned non-canonical cell deaths are pro-inflammatory and in some circumstances could promote tumor progression [268–272]. Overall, natural products antitumor potential should be evaluated on a case-by-case basis.

In conclusion, natural products have proven to be interesting and promising non-canonical cell death inducers. However, taking into account all the issues mentioned above, further studies are needed to better characterize their antitumor activity and, especially, to investigate their toxicological profile in order to define their antitumor potential and pave the way for clinical studies.

Supplementary Materials: The following are available online at <https://www.mdpi.com/2072-6694/13/2/304/s1>, Table S1: In vitro induction of ferroptosis by natural products used in association; Table S2: Natural products as in vivo inducers of ferroptosis; Table S3: In vitro induction of necroptosis by natural products used in association; Table S4: Natural products as in vivo inducers of necroptosis; Table S5: Natural products as in vivo inducers of pyroptosis.

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