

Seleno-amino Acid Metabolism Reshapes the Tumor Microenvironment: from Cytotoxicity to Immunotherapy

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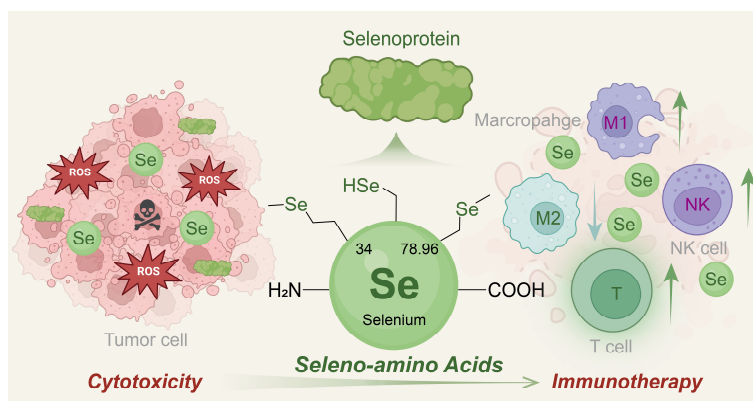
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Abstract

Selenium (Se) is an essential trace element for biological processes. Seleno-amino acids (Se-AAs), known as the organic forms of Se, and their metabolic reprogramming have been increasingly recognized to regulate antioxidant defense, enzyme activity, and tumorigenesis. Therefore, emerging interest in exploring the potential application of Se-AAs in antitumor therapy. In addition to playing a vital role in inhibiting tumor growth, accumulating evidence has revealed that Se-AA metabolism could reshape the tumor microenvironment (TME) and enhance immunotherapy responses. This review presents a comprehensive overview of the current progress in multifunctional Se-AAs for antitumor treatment, with a particular emphasis on elucidating the crosstalk between Se-AA metabolism and various cell types in the TME, including tumor cells, T cells, macrophages, and natural killer cells. Furthermore, novel applications integrating Se-AAs are also discussed alongside prospects to provide new insights into this emerging field.



Keywords: Cancer; Selenium; Seleno-amino acid; Metabolic reprogramming; Immunotherapy

Introduction

Cancer continues to be a prominent global cause of mortality, but conventional treatments are frequently limited by issues such as toxicity, resistance, and adverse effects^[1]. In recent years, tumor immunotherapy, including immune checkpoint blockade (ICB), adoptive cell transfer, and cancer vaccination, has emerged as a promising alternative for harnessing the power of the immune system to recognize and eliminate cancer cells^[2]. However, despite its potential benefits, many cancer patients exhibit a low response to this treatment modality, highlighting the need for innovative strategies that can augment its efficacy^[3]. Many studies have shown that abnormal amino acid metabolism can affect both tumor and immune cells in the tumor microenvironment

37 (TME), leading to tumor immune evasion [4]. For example, tryptophan facilitates the survival and activity of
38 CD8+ T cells [5]. However, kynurenine, an amino acid metabolite of tryptophan, can increase the expression
39 level of programmed cell death protein 1 (PD-1) on CD8+ T cells and mediate immunosuppression by
40 activating regulatory T cells (Tregs) [6]. Hence, inspired by these findings, strategies targeting amino acid
41 metabolism to improve the response to tumor immunotherapy have been proposed and entered clinical trials [7].

42 Selenium (Se) is an essential trace element that plays a crucial role in regulating biological processes [8].
43 Se-AAAs, the organic forms of Se, are considered valuable forms for Se supplementation owing to their high
44 safety and bioavailability compared to those of inorganic Se, such as selenite and selenate [9]. Increasing
45 evidence has indicated that Se plays an important role in cancer progression, drug resistance, and immune
46 evasion [10]. Se-AA deficiency can impair the antitumor effects of chemotherapy and radiotherapy, increasing
47 tumor resistance [11, 12]. In addition to their impact on traditional cancer treatments, Se-AAAs and their
48 metabolism have been proven to show excellent potential for tumor immunotherapy, as they significantly
49 improve the immune response by regulating the crosstalk between tumor cells and immune cells and reshaping
50 the TME [13].

51 Given the diverse functions and implications of Se-AA metabolism relevant to the TME, we summarize
52 recent advancements in the development of Se-AAAs for tumor treatment to enhance our understanding of their
53 pharmacological mechanisms, with an emphasis on their immunomodulatory effects on different kinds of cells
54 in the TME. Additionally, we discuss the current applications and perspectives of Se-AAAs for more effective
55 tumor treatment as a novel adjunctive therapeutic strategy, which will contribute to tumor immunotherapy
56 developments in the future.

57 **Biological forms of Se**

58 Se exists in nature in three main forms: monomeric Se, inorganic Se, and organic Se. The absorption and
59 utilization of monomeric Se are limited. Inorganic Se exists in the valence states of +4 and +6 and is found
60 predominantly as inorganic selenate (SeO_4^{2-}) and selenite (SeO_3^{2-}) in living organisms. However, the estimated
61 toxic effects of inorganic Se intake were found to occur at a level of 16 $\mu\text{g}/\text{day}$, whereas the corresponding
62 threshold for organic Se was determined to be 260 $\mu\text{g}/\text{day}$ [14]. Organic Se found within living organisms can
63 be classified into two main types: Se-AAAs and Se-containing proteins. Mammals and microorganisms have
64 been observed to contain two major types of Se-AAAs: selenocysteine (SeCys) and selenomethionine (SeMet) [15].
65 The primary means by which humans acquire Se are through Se-enriched plant and animal products [16],
66 typically in the form of SeMet from grains, yeast, and meat proteins, as well as L-Se-methyl selenocysteine
67 (MeSeCys) found in certain plant foods such as garlic and cauliflower [12, 17]. It has been reported that Se
68 deficiency can lead to various diseases, including myocardial infarction, neurological damage, and low
69 immunity. Therefore, understanding the metabolic transformation mechanism of Se within biological systems
70 is essential for investigating its functional role [18, 19].

71 **Physicochemical properties of Se in amino acids**

72 SeCys is formed by substituting the oxygen atom in serine (Ser) at precisely the same position as Cys in its
73 homologous protein. The enhanced biological activity exhibited by SeCys may be attributed to the distinctive
74 physicochemical properties of Se. A thorough comparison of the chemical structures of Cys and SeCys revealed
75 that this disparity arises from the inherent dissimilarities between sulfur (S) and Se atoms [20].

76 Compared to S, molecules containing Se exhibit lower redox potentials and higher reactivity, and are
77 susceptible to oxidation or reduction. Moreover, when comparing the thiol group to the selenol group, it is

78 evident that the pKa value of the latter is significantly lower. This observation suggested that a larger proportion
79 of the selenol group in SeCys undergoes deprotonation and exists in its more electrophilic state as -Se. This
80 higher reactivity can be attributed to such a transformation. Notably, the electrostatic interaction between Se
81 and other molecules should be emphasized [21].

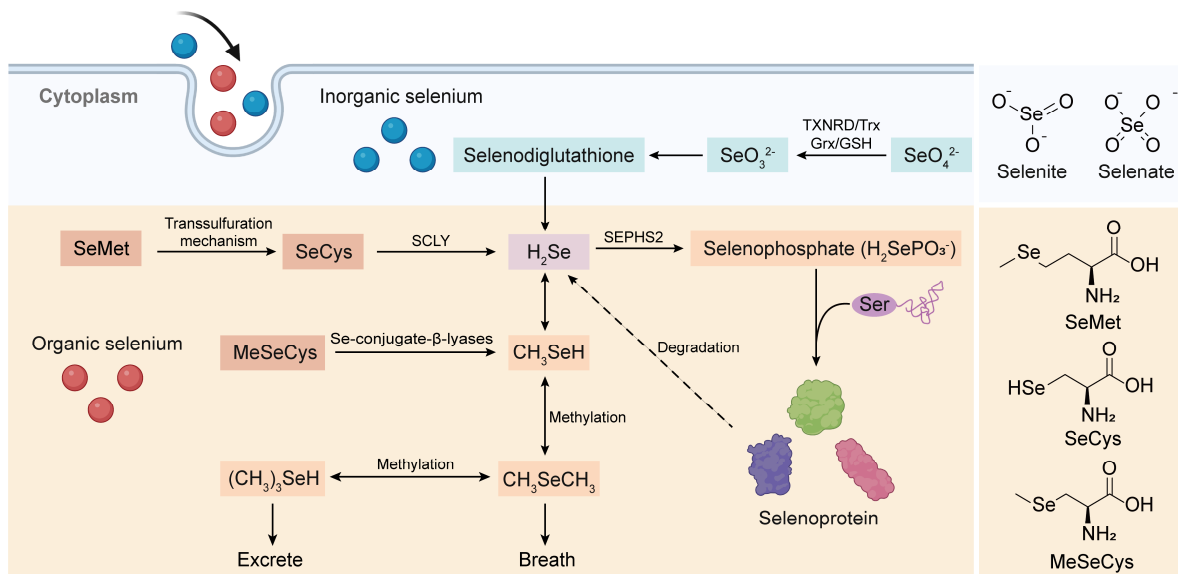
82 Based on the above physicochemical comparison, the primary merit of SeCys, which features Se as its
83 active center, lies in its enduring catalytic efficacy during redox reactions [20, 22, 23]. Significantly, Se exhibits a
84 distinctive and readily reversible reaction with oxygen and ROS, which is not observed in sulfur [24]. Therefore,
85 Se-AAs are more versatile than common amino acids.

86 **Absorption and metabolic pathways of Se-AAs**

87 To comprehensively investigate the antitumor mechanism of Se-AAs, we conducted a thorough analysis of
88 the complete Se metabolism pathway, which encompasses both inorganic and organic forms (Figure 1). Overall,
89 hydrogen selenide (H₂Se) plays a pivotal role in Se metabolism, as it serves as the nexus between two crucial
90 metabolic pathways. Initially, Se is present in an oxidized state (selenite, Se⁴⁺ and selenate, Se⁶⁺) within
91 inorganic substances; however, this high-valent form of Se undergoes reduction to its low-valent counterpart
92 through the involvement of reduced glutathione and reduced nicotinamide adenine dinucleotide phosphate
93 (NADPH) within living organisms [25]. The resultant metabolite from this process, H₂Se, actively participates in
94 the synthesis of selenoproteins [26] while also demonstrating significant potential as an antitumor agent through
95 the production of methylselenol (CH₃SeH) [27]. Although the various forms of Se-AAs undergo distinct
96 metabolic pathways, they can exert antitumor effects either directly or by converting them into selenoproteins
97 [28-30]. The dietary absorption of SeCys does not directly contribute to selenoprotein synthesis; rather, SeCys is
98 metabolized to H₂Se by a β-cleaving enzyme (Figure 1) [26], and the substance undergoes conversion from
99 selenide to selenophosphate [31]. Simultaneously, Ser binds to a specialized tRNA, forming a serine-tRNA
100 complex catalyzed by serine-tRNA synthetase. Subsequently, SeCys synthetase facilitates a uniquely
101 specialized process wherein the -OH group of serine is replaced by -SeH derived from selenophosphate. This
102 results in the formation of selenocysteine-RNA (SeCys-tRNA), which ultimately undergoes translation into
103 selenoproteins [32].

104 SeMet is a popular form of dietary Se due to its exceptional bioavailability and minimal toxicity. As a Se
105 analog of Met, SeMet can actively participate in the process of protein synthesis by substituting Met or
106 converting it to SeCys [25]. In addition, the conversion of SeMet to SeCys occurs through the transsulfuration
107 pathway, which is also responsible for the synthesis of Cys from Met [33]. The final step in the multistep process
108 of synthesizing SeCys from SeMet involves the synthesis of selenohomocysteine and Ser followed by the
109 elimination of SeMet via cystathionine-γ-cleaving enzymes [34]. Studies have demonstrated that rats produce
110 more SeCys when additional dietary SeMet is provided, indirectly suggesting that the storage of SeMet in
111 proteins hinders its efficient metabolism [35].

112 MeSeCys, which is exclusively consumed as a dietary source and not endogenously present in the human
113 body, is directly cleaved to CH₃SeH by β-lyase upon ingestion. As previously mentioned, CH₃SeH serves as a
114 pivotal antitumor metabolite of Se; hence, MeSeCys exhibits superior biological activity *in vivo* compared to
115 other forms of Se compounds [36]. Furthermore, under the influence of β-lyase, MeSeCys can generate
116 selenophosphoric acid, which acts as a precursor for synthesizing diverse selenoproteins and remains active
117 when it is incorporated as a SeCys within various proteins [37].



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Figure 1. Absorption and metabolic pathways of inorganic Se and Se-AAs. Inorganic Se (selenate and selenite) could be stepwise reduced to produce H₂Se, which is the bridge connecting inorganic Se metabolism and organic Se metabolism, via the intermediate selenodiglutathione. Meanwhile, Se-AAAs (SeMet, SeCys, and MeCys) could also be converted to H₂Se, followed by its transformation into selenophosphate for the synthesis of selenoproteins. Furthermore, H₂Se is excreted through methylation reactions.

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The crosstalk between Se-AA metabolism and various cells in the TME

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The absorption and metabolism of Se have garnered significant attention within the field of oncology [38]. A higher incidence of cancer, including breast cancer, lung cancer, gastric carcinoma, bladder cancer, oophoroma, pancreatic carcinoma, and melanoma, has been observed among individuals with inadequate dietary Se intake or lower plasma Se levels [12, 39, 40]. Furthermore, mutations in the SeCys insertion sequence are associated with impaired lymphocyte proliferation, abnormal cytokine secretion, and telomere shortening. This finding further highlights the importance of Se in cancer treatment [41]. Among the various Se compounds, the clinical application of inorganic Se compounds is limited due to their low lipid solubility, high mutagenicity, and high genotoxicity. Conversely, organic Se compounds, such as SeCys, SeMet, and MeSeCys, demonstrate enhanced cell membrane permeability and reduced side effects and systemic toxicity. Thus, organic Se holds great potential for cancer therapy [42, 43].

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Se-AAAs are a class of essential amino acids, and their metabolism has been implicated in numerous tumors. Together with their direct involvement in regulating various signaling pathways crucial for tumor growth and survival, several studies have highlighted the active roles of Se-AAAs in remodeling the TME by modulating the crosstalk between immune cells and tumor cells. Se-AAAs can activate multiple enzyme systems in lymphocytes and enhance the activity of immune cells, such as NK and T cells. Se-AAAs further stimulate the secretion of lymphocyte factors with immunomodulatory effects [44, 45]. Moreover, Se-AAAs exhibit the potential for improving the functionality of immunoglobulin M (IgM), immunoglobulin G (IgG), and other antibodies that are crucial factors in humoral immunity [46].

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The multiple mechanisms of Se-AAAs on tumor cells

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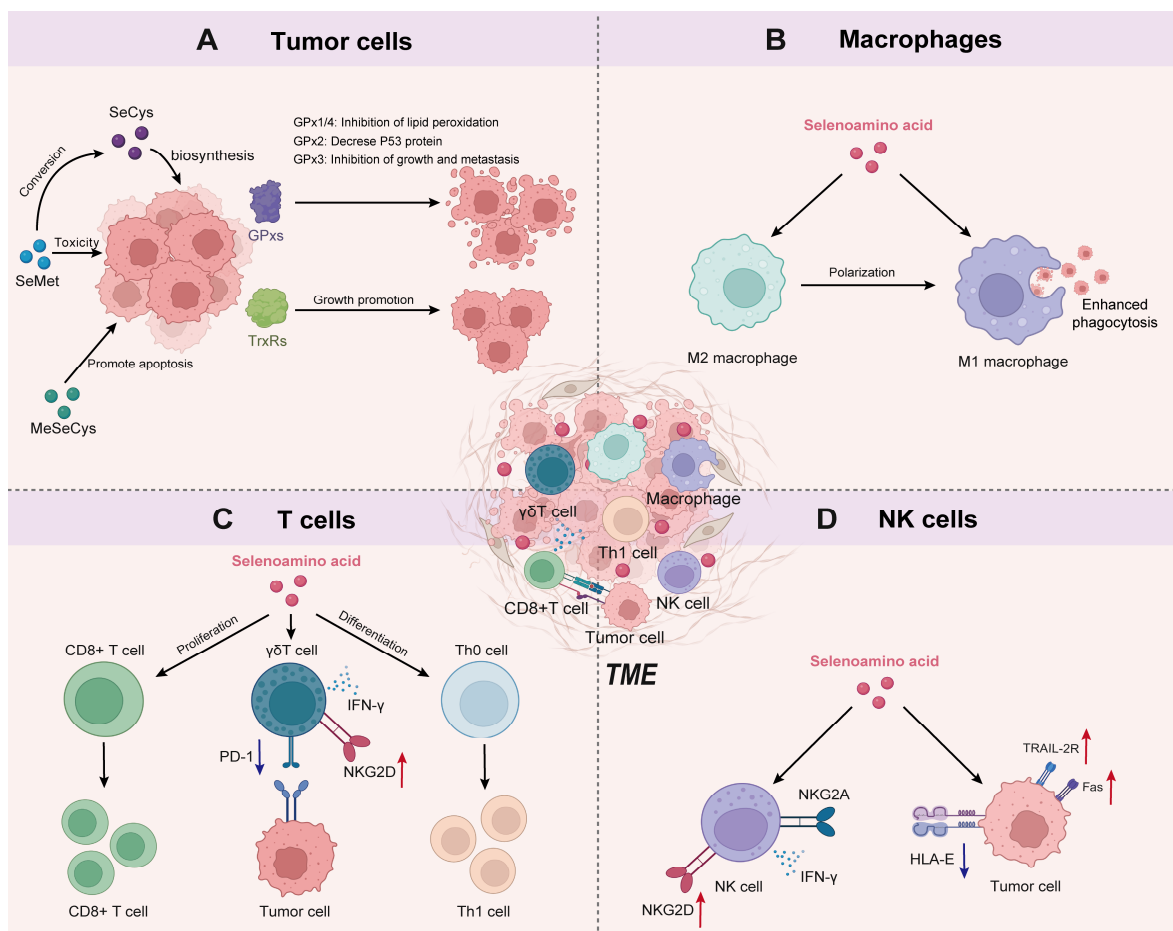
The effects of Se-AAAs on normal tissues and cells are primarily related to the various biological functions of selenoproteins, ranging from cellular redox regulation to the biosynthesis of hormones [30]. The involvement of selenoproteins in tumor cells is multifaceted, with oxidoreductase being identified as the pivotal

147 selenoprotein [47]. These oxidoreductases include glutathione peroxidase (GPx), thioredoxin reductase (TrxR),
148 and iodothyronine deiodinase (DIO) [43]. The GPx family primarily comprises GPx1, GPx2, GPx3, and GPx4.
149 The enzymatic activity of these selenoproteins effectively counteracts oxidative stress and inhibits cell death
150 processes induced by inflammation [48, 49]. Among them, GPx1 and GPx4 exert their protective effects against
151 lipid peroxidation by effectively neutralizing phosphatases through the action of H₂O₂, thereby impeding the
152 phosphorylation cascade [50]. GPx2 acts as a negative regulator of the oncogene p53, not only inhibiting its
153 transcriptional activity and promoting the degradation of p53 proteins but also downregulating the downstream
154 target genes of p53. Thus, it plays a vital role in regulating the cell cycle [51]. GPx3 is considered a tumor
155 suppressor due to its role in maintaining the regulation of the thromboxane biosynthesis pathway, thereby
156 inhibiting platelet aggregation [52]. In addition, SeCys-containing TrxRs are present in both the cytoplasm
157 (TrxR1) and mitochondria (TrxR2) and play crucial roles in reducing oxidized thioredoxin, catalyzing NADPH,
158 regulating ascorbic acid levels, and modulating metabolism. These activities ultimately contribute to tumor
159 growth promotion and impact patient prognosis [53].

160 In addition to selenoproteins, Se-AAAs themselves can also exert antitumor effects. SeCys, the active center
161 of selenoproteins, can exert its effects on tumors through the regulation of selenoproteins [54]. For instance,
162 selenophosphate synthetase 2 (SEPHS2), an enzyme regulating SeCys biosynthesis, is crucial for the survival
163 of tumor cells to detoxify Se. The depletion of SEPHS2 in tumor cells led to the accumulation of selenide, a
164 toxic intermediate produced during SeCys biosynthesis, resulting in the inhibition of cell proliferation, loss of
165 colony-forming ability, and cell death [11]. In addition, SeCys plays a role in blocking the tumor cell cycle [55]
166 and promoting the activation of the p38 MAPK, JNK, and ERK signaling pathways while inhibiting AKT
167 activity, inducing DNA damage in tumor cells [56, 57]. SeCys can also induce mitochondrial dysfunction and
168 activate ROS-mediated p53 phosphorylation to facilitate apoptosis in tumor cells [58-60]. At the same time,
169 SeCys has demonstrated targeted inhibition of TrxR1 expression [61] and radiosensitizing effects [62].

170 Numerous studies have demonstrated the potent inhibitory effects of SeMet on the proliferation of various
171 tumor cells, including breast cancer, prostate cancer, and melanoma cells [63, 64]. SeMet exhibited remarkable
172 selectivity toward tumor cells in comparison to normal diploid fibroblasts or primary cells of the human
173 prostate [65, 66]. Mechanistically, SeMet selectively led to an increase in G2-M cell cycle arrest in tumor cells
174 through the phosphorylation of P-Tyr15-p34/cell division cycle 2 kinase (cdc 2) [66], and induced apoptosis by
175 promoting poly-ADP ribose polymerase (PARP) cleavage and the generation of ROS [67] (Table 1).

176 MeSeCys has been shown to inhibit the proliferation of certain tumor cell lines, such as A549 [68], LNCap
177 [69], and HOP-62 cells [70]. MeSeCys can also trigger apoptosis in tumor cells by promoting lipid peroxidation
178 and ROS generation [68], as well as inhibiting the PI3K-Akt signaling pathway [70]. In particular, MeSeCys
179 exhibited the potential to normalize angiogenesis and downregulate tumor-related proteins (such as androgen
180 receptor and estrogen receptor α), thus overcoming tumor resistance to various therapeutic approaches,
181 including chemotherapy [70], targeted therapy [71], and androgen deprivation therapy [69] (Table 1).



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Figure 2. The mechanism diagram illustrates the crosstalk between Se-AA metabolism and various cell types in the TME. A) The multiple action of Se-AAs on tumor cell-related pathways. B) The functions of Se-AAs in programming macrophage immune responses. C) Se-AAs promote T-cell proliferation, differentiation, and cytotoxicity. D) Se-AAs boost the antitumor activities of NK cells.

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Se-AAs reprogram macrophage immune responses

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Tumor-associated macrophages (TAMs) are prone to polarize to immunosuppressive M2 macrophages in the TME, thereby accelerating cancer progression and metastasis, while proinflammatory M1 macrophages exhibit preferential antitumor immune activation [72]. The majority of therapeutic approaches targeting macrophages have focused on reprogramming TAMs, terminating macrophage recruitment, and interfering with TAM survival [73]. However, existing approaches that depend on the blockade of the colony-stimulating factor 1/colony-stimulating factor 1 receptor (CSF1/CSF1R) axis will unavoidably compromise tissue-resident macrophages, resulting in imprecise therapeutic effectiveness [74]. Chen et al. [75] designed Se nanoparticles coated with mushroom polysaccharides to restore immunity in the malignant pleural effusion of lung cancer. Their study revealed that Se nanoparticles can be gradually metabolized into selenocystine (SeCys₂) within macrophages and educate M2 TAMs into an M1 phenotype. These results suggest that SeCys₂ plays a key regulatory role in macrophage immune responses (Figure 2B).

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Se-AAs regulate T-cell functions

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The intake of Se has been shown to impact T-cell-based adaptive immunity. Se deficiency causes atrophy of the thymus, spleen, and lymph nodes in mice, thereby inhibiting the activation and proliferation of T cells. These findings strongly indicate a close relationship between Se levels and compromised T-cell immune

203 function [81]. Se intake also promoted the proliferation and differentiation of activated CD4+ T cells into Th1
 204 cells (Figure 2C), which are known to play a crucial role in antitumor or bacterial infection responses [81].

205 $\gamma\delta$ T cells are a distinct subset of T cells that possess a unique T-cell receptor (TCR) composed of a γ and a
 206 δ chain that serves as a bridge between innate and adaptive immunity, making them crucial players in the
 207 maintenance of overall immune function [82]. $\gamma\delta$ T cells have demonstrated robust therapeutic efficacy against
 208 tumors by secreting proapoptotic molecules and inflammatory cytokines without the presence of dendritic cells.
 209 To enhance the cytotoxicity of $\gamma\delta$ T cells, Hu et al. [83] selected Se nanoparticles to tune the antitumor ability of
 210 $\gamma\delta$ T cells. The authors found that Se nanoparticles could increase the cancer cell-killing efficacy of $\gamma\delta$ T cells
 211 and significantly upregulate the expression of natural killer group 2, member D (NKG2D), and interferon γ
 212 (IFN- γ) on the surface of $\gamma\delta$ T cells while downregulating the expression of PD-1 to reduce their
 213 immunosuppressive effects (Figure 2C).

214 Overall, the biological effects of Se on T cells largely rely on selenoproteins synthesized from SeCys.
 215 Selenoproteins actively participate in various T-cell functions, including regulating TRC-induced calcium flux,
 216 modulating the redox activity of T cells, and linking TCR-induced activation to the metabolic reprogramming
 217 required for T-cell proliferation and differentiation [84].

218 **Se-AAs enhance NK-cell functions**

219 NK cells are key effector cells in tumor immunotherapy because they can recognize specific cell surface
 220 receptors on tumor cells and pathogen-infected cells. This recognition subsequently triggers receptor-mediated
 221 cytotoxicity and cytokine production [85]. NK cell cytotoxicity is attributed to the inhibitory effect of the
 222 NKG2A receptor on signaling pathways. However, within the immunosuppressive TME, NK cells encounter
 223 challenges in recognizing ligands expressed by tumor cells, which significantly impedes the therapeutic
 224 efficacy of NK cells [86]. Therefore, it is important to overcome the inhibitory effects of the TME to enhance NK
 225 cell activity and tumor cell recognition. Several studies have used organic Se to effectively enhance NK cell
 226 recognition by upregulating the expression of NKG2D and NKG2DL, which is dependent on the DNA damage
 227 response pathway [87]. Wei et al. [88] introduced the Sec derivative into a peptide consisting of a tumor-targeting
 228 sequence and an enzyme cleavage motif to form selenopeptide nanoparticles by self-assembly. The authors
 229 found that the combination of chemotherapy and selenopeptide-induced immunotherapy promoted
 230 reprogramming of the human leukocyte antigen E/natural killer group 2 member A (HLA-E/NKG2A) axis,
 231 activated NK cell recognition of tumors, and ultimately achieved synergistic antitumor therapy (Figure 2D) [88,
 232 89]. In addition, Se-containing complexes can also enhance therapeutic efficacy against prostate cancer by
 233 activating the death receptor (TRAIL/FasL) signaling pathway (Figure 2D) [89]. These studies confirmed that
 234 Se can significantly enhance the activity of NK cells and effectively kill tumor cells via NK cells.

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236 **Table 1. Antitumor mechanism of Se-AAs.**

Se-AAs	Target cells	Effects	Mechanism	Ref.
SeCys	MDA-MB-231 cells	Selenoprotein production via the SLC7A11-SEPHS2 axis	Cancer cells can detoxify selenide produced in the SeCys biosynthesis pathway via the SEPHS2 protein, and overexpression of the SEPHS2 protein protects cancer cells against selenite.	[11]
SeCys	U251/U87/MG-63 cells	DNA damage and MAPK and AKT pathways modulation	1. SeCys promotes DNA damage through inducing ROS generation. 2. SeCys causes p38MAPK, JNK and ERK activation and AKT inactivation, thereby inducing DNA damage in tumor cells. 3. Mitochondrial dysfunction and imbalanced Bcl-2 family expression.	[55-57] [61]

SeCys	A375/MCF-7/M DA-MB-231/He pG2 cells	Cell cycle arrest and apoptosis	4. Activation of TrxR1-targeted inhibition 1. Cell cycle arrest with reduced expression of associated proteins, including cyclins A and CDK-2. 2. Activation of caspase-independent apoptosis. 3. Activation of ROS-mediated mitochondrial pathway. 4. Promotion of p53 phosphorylation	[58-60]
SeCys	HeLa/Caski/ SiHa cells	Radiosensitization	SeCys can act as a radiosensitizer and significantly enhance ROS production in cancer cells following X-ray treatment.	[62]
SeCys ₂	A375/HeLa/He pG2/MCF-7 cells	Pro-apoptosis	1. SeCys ₂ could promote the overproduction of ROS in tumor cells, leading to DNA damage and affecting the p53, AKT, and MAPK pathways to induce apoptosis of tumor cells. 2. SeCys ₂ enhances 5-FU-induced loss of mitochondrial membrane potential by regulating the expression of Bcl2 family proteins	[76-78]
SeCys ₂	NK cells and MDA-MB-231 cells	Upregulation of recognition ligands	SeCys ₂ rebalances the Smad 2/3/Smad 7 signaling pathways to increase the expression of NKG2D on NK cells and NKG2DL on tumor cells, respectively.	[79]
SeCys ₂	CIK cells and HepG2 cells	Enhanced persistence of CIK cells and regulation of recognition ligands	SeCys ₂ prolongs the persistence of CIK cells <i>in vivo</i> and effectively enhances the cytotoxicity of CIK cells by regulating the expressions of NKG2D/NKG2DLs and PD-1/PD-L1.	[80]
SeMet	LNCAp/PC-3/D U145 cells	Cell cycle arrest	SeMet results in the G2-M cell cycle by phosphorylating cdc2.	[66]
SeMet	A549/HepG2 cells	Pro-apoptosis	SeMet promotes glutathione depletion and induces high levels of ROS in tumor cells, further leading to apoptosis.	[67]
MeSeCys	A549 cells	Inhibition of tumor cell proliferation	MeSeCys induces lipid peroxidation and increases ROS generation in A549 cells.	[68]
MeSeCys	LNCAp cells	Inhibition of castration-resistant progression of LNCAp tumors	MeSeCys downregulates the expression of androgen receptor and prostate-specific antigen, inhibits proliferation and angiogenesis, and induces apoptosis in LNCAp tumors.	[69]

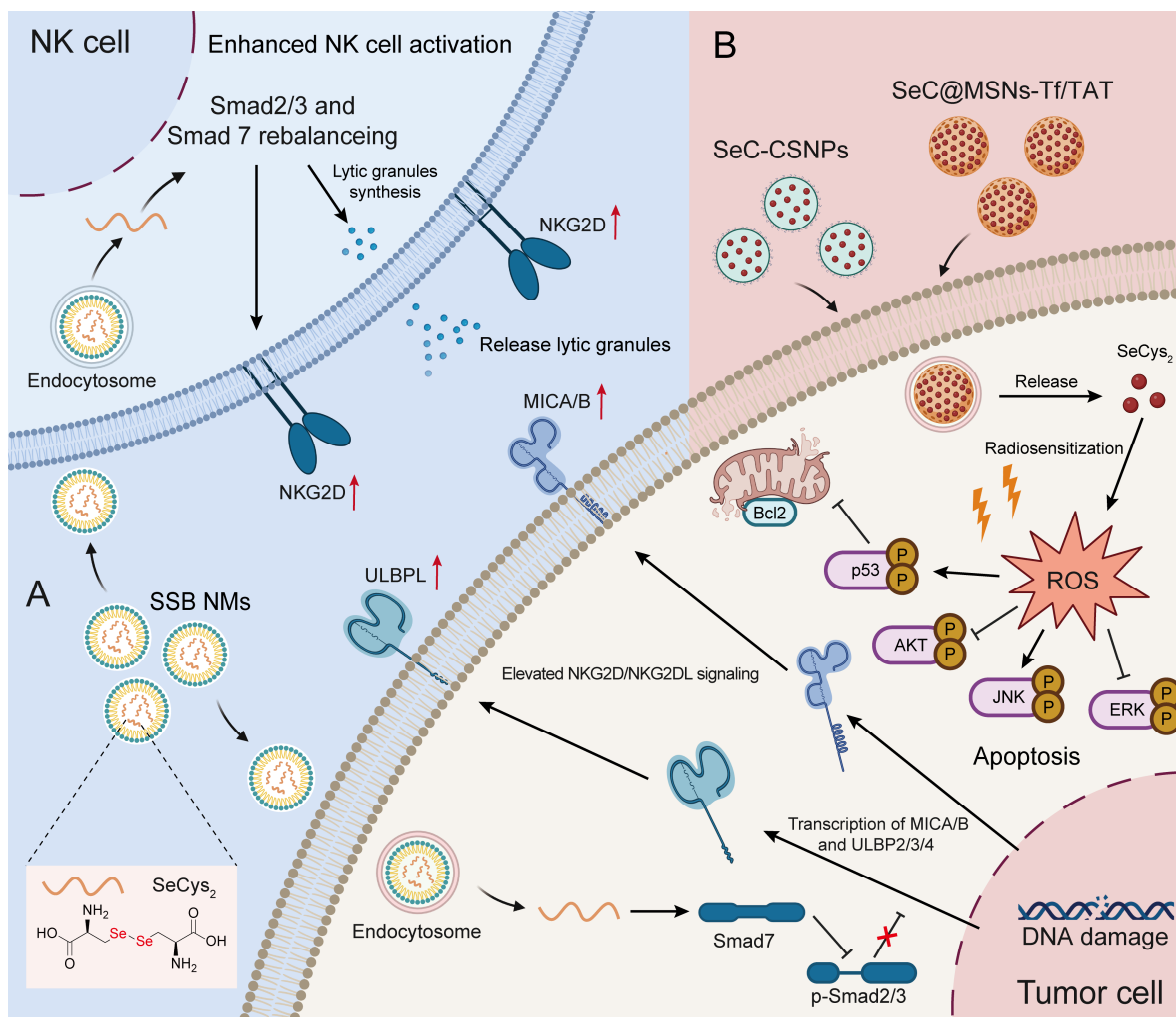
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238 Antitumor application of Se-AAs

239 To date, inorganic Se has several limitations due to its immeasurable toxicity, and research on
240 Se-containing drugs has favored organic Se and Se nanoparticles. As a homolog of S, Se not only has antitumor
241 effects but also has stronger chemical reactivity than S. Several studies have explored the utilization of
242 diselenide bonds (Se-Se) as an alternative to disulfide bonds (S-S) in the development of chemotherapeutics,
243 photochemotherapy and photodynamic therapy^[90-92]. Similar cystine, which is formed by the disulfide bond
244 between two cysteines, SeCys₂ readily forms a dimer due to the decreased redox potential of its selenyl group.
245 Liu C et al.^[79] constructed a nanoemulsion system (named SSB NMs) by using SeCys₂ in combination with a
246 TGF- β inhibitor, which resulted in a significant enhancement of NK cell-mediated antitumor efficacy against
247 TNBC. Their findings revealed that the potentiation effect of NK cells relies on the upregulation of NKG2D
248 signaling and NKG2D ligands (NKG2DLs). Moreover, SSB NMs effectively rebalanced the TGF- β /TGF- β
249 RI/Smad2/3/Smad 7 signaling pathways to increase the expression of NKG2D on NK cells and NKG2DL on
250 tumor cells (Figure 3A)^[79].

251 Cytokine-induced killer (CIK) cell-based adoptive cell transfer has great potential in clinical cancer
252 immunotherapy in an MHC-unrestricted manner. However, the limited *in vivo* persistence and suboptimal
253 therapeutic efficacy of CIK cells significantly constrain their further application^[93]. To address these
254 challenges, Liu et al.^[80] developed an effective strategy by combining Se nanoparticles with CIK cells for
255 synergistic immunotherapy. These authors found that SeCys₂ was the main functional metabolite of Se
256 nanoparticles and not only significantly prolonged the persistence of CIK cells *in vivo* but also effectively
257 enhanced the cytotoxicity of CIK cells through upregulating the expression of NKG2D/NKG2DLs and
258 PD-1/PD-L1 and reshaping the TME in multiple mouse tumor models (hepatic, breast and prostate tumors)^[80].

259 In addition, numerous studies have demonstrated that SeCys₂ can promote the overproduction of
 260 intracellular ROS. This phenomenon subsequently leads to DNA damage and influences crucial signaling
 261 pathways, such as the p53, AKT, and MAPK pathways, ultimately leading to tumor cell apoptosis (Figure 3B)
 262 [76, 77]. Notably, SeCys₂-induced ROS can also be combined with traditional chemotherapy [78] and radiotherapy
 263 to effectively overcome tumor resistance [62]. For example, SeCys₂ effectively promoted 5-FU-induced
 264 apoptosis through its modulation of Bcl2 family protein expression and the augmentation of mitochondrial
 265 membrane potential (Figure 3B). Moreover, SeCys not only exhibited radiosensitizing effects on tumors [62] but
 266 also increased radioresistance in healthy tissue by promoting cytokine secretion and augmenting the population
 267 of white blood cells while concurrently reducing bone marrow DNA inhibition [94].



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 269 **Figure 3. Antitumor application of Se-AAs.** A) SSB NMs effectively suppressed the TGF-β/TGF-β RI/Smad2/3/Smad 7 signaling
 270 pathway, thereby promoting the expression of NKG2D on NK cells and NKG2DL on tumor cells, ultimately enhancing the NK
 271 cell-mediated immune response. B) The SeCys₂ released by SeC-CSNPs and SeC@MSNs-Tf/TAT synergized with chemotherapy and
 272 radiotherapy to promote the overproduction of intracellular ROS, thereby affecting apoptosis-related signaling pathways and ultimately
 273 inducing tumor cell apoptosis.

275 Conclusion and future perspectives

276 Abnormal tumor metabolism is considered a hallmark of cancer [95] and one of the main underlying factors
 277 impeding the efficacy of cancer immunotherapies [96]. In addition to the well-studied glucose-dependent

278 metabolic landscape (termed the “Warburg effect”), amino acid metabolism reprogramming in the TME is also
279 extensively involved in the manipulation of tumor immune escape [97]. Thus, targeting amino acid metabolism
280 in tumors opens up new avenues for cancer immunotherapies by orchestrating the uptake, transport, and
281 metabolism of amino acids, such as glutamine [98], tryptophan [99], and arginine [100]. Among them, Se-AAs are
282 crucial for maintaining the cellular oxidation-reduction balance and the immune system in mammals, and
283 remarkable progress has been made in Se-AA metabolism reprogramming within the TME [101]. With an
284 increasing understanding of the various underlying mechanisms, targeting Se-AA metabolism has emerged as a
285 promising therapeutic strategy with potential clinical implications.

286 Recently, owing to the unique physiochemical properties and pharmacological activities of Se, numerous
287 Se-containing small molecules have exhibited decreased toxicity and improved antitumor bioactivities by
288 incorporating Se into structural scaffolds, making them promising compounds [102]. Additionally, Se-AAs have
289 also been used as chemical handles for the synthesis and functionalization of peptides and proteins, such as
290 metal-free/metal-catalyzed transformations, traceless chemical modifications, and protein folding [103].
291 However, current research related to Se-AA-containing drugs, especially peptide drugs, is very scarce.
292 Therefore, it is imperative and highly important to study the pharmacological effects of Se-AA-containing
293 compounds in the future. Considering the potential advantages of organoselenium in medicinal chemistry, we
294 hypothesize that the development of Se-AA-based conjugates will be a powerful strategy for generating novel
295 tumor immunotherapy agents or adjuvants to enhance current regimens used in clinical immunology.

296

297 **Abbreviations**

298 cdc 2: P-Tyr15-p34/cell division cycle 2 kinase; CH₃SeH: Methylselenol; CIK: Cytokine-induced killer;
299 CSF1/CSF1R: Colony-stimulating factor 1/colony-stimulating factor 1 receptor; DIO: iodinated thyrotropine;
300 GPx: Glutathione peroxidase; HLA-E: human leukocyte antigen E; H₂Se: Hydrogen selenide; ICB: Immune
301 checkpoint blockade; IFN- γ : Interferon gamma; IgG: Immunoglobulin G; IgM: Immunoglobulin M; MSeA:
302 Methylselenic acid; MeSeCys: L-Se-methyl selenocysteine; MTB: Mycobacterium tuberculosis; NADPH:
303 Nicotinamide adenine dinucleotide phosphate; NKG2A: Killer Cell Lectin Like Receptor C1; NKG2D: natural
304 killer group 2 member D; PARP: poly-ADP ribose polymerase; PD-1: Programmed cell death protein 1; ROS:
305 Reactive oxygen species; S: Sulfur; Se: selenium; Se-AAs: Seleno-amino acids; SeCys: Selenocysteine;
306 SeCys-tRNA: Selenocysteine-RNA; SeCys₂: Selenocystine; SeMet: Selenomethionine;
307 SEPHS2: Selenophosphate synthetase 2; Ser: Serine; SIRP α : Signal-regulated protein alpha; TAM:
308 Tumor-associated macrophage; TCR: T-cell receptor; TME: Tumor microenvironment; Tregs: Regulatory T
309 cells; TrxR: Thioredoxin reductase.

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325 **Author contributions**

326 Rui Liang, Aoyu Cheng, and Shengxin Lu conceived the concept and were mainly responsible for
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330 **Competing Interest**

331 The authors have declared that no competing interest.

332 **References**

- 333 1. Sung H, Ferlay J, Siegel RL, Laversanne M, Soerjomataram I, Jemal A, et al. Global Cancer Statistics 2020:
334 GLOBOCAN Estimates of Incidence and Mortality Worldwide for 36 Cancers in 185 Countries. *CA Cancer J Clin.*
335 2021; 71: 209-49.
- 336 2. Kennedy LB, Salama AKS. A review of cancer immunotherapy toxicity. *CA Cancer J Clin.* 2020; 70: 86-104.
- 337 3. Yang K, Halima A, Chan TA. Antigen presentation in cancer - mechanisms and clinical implications for immunotherapy.
338 *Nat Rev Clin Oncol.* 2023; 20: 604-23.
- 339 4. Zheng Y, Yao Y, Ge T, Ge S, Jia R, Song X, et al. Amino acid metabolism reprogramming: shedding new light on T cell
340 anti-tumor immunity. *J Exp Clin Cancer Res.* 2023; 42: 291.
- 341 5. Huang X, Sun T, Wang J, Hong X, Chen H, Yan T, et al. Metformin reprograms tryptophan metabolism to stimulate
342 CD8+ T-cell function in colorectal cancer. *Cancer Res.* 2023; 83: 2358-71.
- 343 6. Zhang X, Wang C, Wang J, Hu Q, Langworthy B, Ye Y, et al. PD-1 blockade cellular vesicles for cancer immunotherapy.
344 *Adv Mater.* 2018; 30: e1707112.
- 345 7. Kelly CM, Qin L-X, Whiting KA, Richards AL, Avutu V, Chan JE, et al. A Phase II study of Epcadostat and
346 Pembrolizumab in patients with advanced sarcoma. *Clin Cancer Res.* 2023; 29: 2043-51.
- 347 8. Rayman MP. Selenium and human health. *Lancet.* 2012; 379: 1256-68.
- 348 9. Zhang X, He H, Xiang J, Yin H, Hou T. Selenium-containing proteins/peptides from plants: a review on the structures
349 and functions. *J Agric Food Chem.* 2020; 68: 15061-73.
- 350 10. Vinceti M, Filippini T, Del Giovane C, Dennert G, Zwahlen M, Brinkman M, et al. Selenium for preventing cancer.
351 *Cochrane Database Syst Rev.* 2018; 1: CD005195.
- 352 11. Carlisle AE, Lee N, Matthew-Onabanjo AN, Spears ME, Park SJ, Youkana D, et al. Selenium detoxification is
353 required for cancer-cell survival. *Nat Metab.* 2020; 2: 603-11.
- 354 12. Fairweather-Tait SJ, Collings R, Hurst R. Selenium bioavailability: current knowledge and future research
355 requirements. *Am J Clin Nutr.* 2010; 91: 1484S-91S.
- 356 13. Hatfield DL, Tsuji PA, Carlson BA, Gladyshev VN. Selenium and selenocysteine: roles in cancer, health, and
357 development. *Trends Biochem Sci.* 2014; 39: 112-20.
- 358 14. Hu J, Wang Z, Zhang L, Peng J, Huang T, Yang X, et al. Seleno-amino acids in vegetables: a review of their forms and
359 metabolism. *Front Plant Sci.* 2022; 13: 804368.
- 360 15. Mangiapane E, Pessione A, Pessione E. Selenium and selenoproteins: an overview on different biological systems.
361 *Curr Protein Pept Sci.* 2014; 15: 598-607.

- 362 16. Hossain A, Skalicky M, Brestic M, Maitra S, Sarkar S, Ahmad Z, et al. Selenium biofortification: roles, mechanisms,
363 responses and prospects. *Molecules*. 2021; 26: 881.
- 364 17. Kim E, Bisson WH, Löhr CV, Williams DE, Ho E, Dashwood RH, et al. Histone and non-histone targets of dietary
365 deacetylase inhibitors. *Curr Top Med Chem*. 2016; 16: 714-31.
- 366 18. Natasha, Shahid M, Niazi NK, Khalid S, Murtaza B, Bibi I, et al. A critical review of selenium biogeochemical
367 behavior in soil-plant system with an inference to human health. *Environ Pollut*. 2018; 234: 915-34.
- 368 19. Steinbrenner H, Sies H. Selenium homeostasis and antioxidant selenoproteins in brain: implications for disorders in
369 the central nervous system. *Arch Biochem Biophys*. 2013; 536: 152-7.
- 370 20. Maroney MJ, Hondal RJ. Selenium versus sulfur: Reversibility of chemical reactions and resistance to permanent
371 oxidation in proteins and nucleic acids. *Free Radic Biol Med*. 2018; 127: 228-37.
- 372 21. Wang J, Chen M, Zhang Z, Ma L, Chen T. Selenium: From fluorescent probes to biomedical application. *Coord Chem*
373 *Rev*. 2023; 493: 215278.
- 374 22. Shimodaira S, Asano Y, Arai K, Iwaoka M. Selenogluthathione diselenide: unique redox reactions in the GPx-like
375 catalytic cycle and repairing of disulfide bonds in scrambled protein. *Biochemistry*. 2017; 56: 5644-53.
- 376 23. Wessjohann LA, Schneider A, Abbas M, Brandt W. Selenium in chemistry and biochemistry in comparison to sulfur.
377 *Biol Chem*. 2007; 388: 997-1006.
- 378 24. DeAngelo SL, Györfy B, Koutmos M, Shah YM. Selenoproteins and tRNA-Sec: regulators of cancer redox
379 homeostasis. *Trends Cancer*. 2023; 9: 1006-18.
- 380 25. Burk RF, Hill KE. Regulation of selenium metabolism and transport. *Annu Rev Nutr*. 2015; 35: 109-34.
- 381 26. Kim SJ, Choi MC, Park JM, Chung AS. Antitumor effects of selenium. *Int. J. Mol. Sci*. 2021; 22: 874.
- 382 27. Morán-Serradilla C, Angulo-Elizari E, Henriquez-Figueroa A, Sanmartín C, Sharma AK, Plano D. Seleno-metabolites
383 and their precursors: a new dawn for several illnesses? *Metabolites*. 2022; 12: 874.
- 384 28. Ye R, Huang J, Wang Z, Chen Y, Dong Y. The role and mechanism of essential selenoproteins for homeostasis.
385 *Antioxidants*. 2022; 11:973.
- 386 29. Steinbrenner H, Duntas LH, Rayman MP. The role of selenium in type-2 diabetes mellitus and its metabolic
387 comorbidities. *Redox Biol*. 2022; 50: 102236.
- 388 30. Barchielli G, Capperucci A, Tanini D. The role of selenium in pathologies: an updated review. *Antioxidants*. 2022;
389 11:973.
- 390 31. Rooseboom M, Commandeur JNM, Vermeulen NPE. Enzyme-catalyzed activation of anticancer prodrugs. *Pharmacol*
391 *Rev*. 2004; 56:53-102.
- 392 32. Kang D, Lee J, Wu C, Guo X, Lee BJ, Chun J-S, et al. The role of selenium metabolism and selenoproteins in cartilage
393 homeostasis and arthropathies. *Exp Mol Med*. 2020; 52: 1198-208.
- 394 33. Beilstein MA, Whanger PD. Selenium metabolism and glutathione peroxidase activity in cultured human
395 lymphoblasts. Effects of transsulfuration defects and pyridoxal phosphate. *Biol Trace Elem Res*. 1992; 35: 105-18.
- 396 34. Suzuki KT, Kurasaki K, Suzuki N. Selenocysteine beta-lyase and methylselenol demethylase in the metabolism of
397 Se-methylated selenocompounds into selenide. *Biochim Biophys Acta*. 2007; 1770: 1053-61.
- 398 35. Andreadou I, Menge WM, Commandeur JN, Worthington EA, Vermeulen NP. Synthesis of novel Se-substituted
399 selenocysteine derivatives as potential kidney selective prodrugs of biologically active selenol compounds: evaluation
400 of kinetics of beta-elimination reactions in rat renal cytosol. *J Med Chem*. 1996; 39: 2040-6.
- 401 36. Weekley CM, Harris HH. Which form is that? The importance of selenium speciation and metabolism in the
402 prevention and treatment of disease. *Chem Soc Rev*. 2013; 42: 8870-94.
- 403 37. Kryukov GV, Castellano S, Novoselov SV, Lobanov AV, Zehtab O, Guigó R, et al. Characterization of mammalian
404 selenoproteomes. *Science*. 2003; 300: 1439-43.

- 405 38. Harris HR, Bergkvist L, Wolk A. Selenium intake and breast cancer mortality in a cohort of Swedish women. *Breast*
406 *Cancer Res Treat.* 2012; 134: 1269-77.
- 407 39. Cai X, Wang C, Yu W, Fan W, Wang S, Shen N, et al. Selenium Exposure and Cancer Risk: an Updated Meta-analysis
408 and Meta-regression. *Sci Rep.* 2016; 6: 19213.
- 409 40. Chen Y-C, Prabhu KS, Das A, Mastro AM. Dietary selenium supplementation modifies breast tumor growth and
410 metastasis. *Int J Cancer.* 2013; 133: 2054-64.
- 411 41. Lu J, Holmgren A. Selenoproteins. *J Biol Chem.* 2009; 284: 723-7.
- 412 42. Valdiglesias V, Pásaro E, Méndez J, Laffon B. In vitro evaluation of selenium genotoxic, cytotoxic, and protective
413 effects: a review. *Arch Toxicol.* 2010; 84: 337-51.
- 414 43. Labunskyy VM, Hatfield DL, Gladyshev VN. Selenoproteins: molecular pathways and physiological roles. *Physiol*
415 *Rev.* 2014; 94: 739-77.
- 416 44. Liu S, Wei W, Wang J, Chen T. Theranostic applications of selenium nanomedicines against lung cancer. *J*
417 *Nanobiotechnology.* 2023; 21: 96.
- 418 45. Pan S, Guan J, Xianyu B, Tan Y, Li T, Xu H. A nanotherapeutic strategy to reverse NK cell exhaustion. *Adv Mater.*
419 2023; 35: e2211370.
- 420 46. Avery JC, Hoffmann PR. Selenium, selenoproteins, and immunity. *Nutrients.* 2018; 10: 1203.
- 421 47. Davis CD, Tsuji PA, Milner JA. Selenoproteins and cancer prevention. *Annu Rev Nutr.* 2012; 32: 73-95.
- 422 48. Hatfield D. Selenium: its molecular biology and role in human health. *Free Radical Res.* 2002; 36: 235.
- 423 49. Brigelius-Flohé R, Flohé L. Regulatory phenomena in the glutathione peroxidase superfamily. *Antioxid Redox Signal.*
424 2020; 33: 498-516.
- 425 50. Lee S, Lee EK, Kang DH, Lee J, Hong SH, Jeong W, et al. Glutathione peroxidase-1 regulates ASK1-dependent
426 apoptosis via interaction with TRAF2 in RIPK3-negative cancer cells. *Exp Mol Med.* 2021; 53: 1080-91.
- 427 51. Ren Z, Liang H, Galbo PM, Dharmaratne M, Kulkarni AS, Fard AT, et al. Redox signaling by glutathione peroxidase 2
428 links vascular modulation to metabolic plasticity of breast cancer. *Proc Natl Acad Sci U S A.* 2022; 119:e2107266119.
- 429 52. Demircan K, Bengtsson Y, Sun Q, Brange A, Vallon-Christersson J, Rijntjes E, et al. Serum selenium, selenoprotein P
430 and glutathione peroxidase 3 as predictors of mortality and recurrence following breast cancer diagnosis: A multicentre
431 cohort study. *Redox Biol.* 2021; 47: 102145.
- 432 53. Ren X, Zou L, Zhang X, Branco V, Wang J, Carvalho C, et al. Redox signaling mediated by thioredoxin and
433 glutathione systems in the central nervous system. *Antioxid Redox Signal.* 2017; 27: 989-1010.
- 434 54. Fan Z, Song J, Guan T, Lv X, Wei J. Efficient expression of glutathione peroxidase with chimeric tRNA in amber-less
435 *escherichia coli.* *ACS Synth Biol.* 2018; 7: 249-57.
- 436 55. Long M, Wu J, Hao J, Liu W, Tang Y, Li X, et al. Selenocystine-induced cell apoptosis and S-phase arrest inhibit
437 human triple-negative breast cancer cell proliferation. *In Vitro Cell Dev Biol Anim.* 2015; 51: 1077-84.
- 438 56. Wang K, Fu X-T, Li Y, Hou Y-J, Yang M-F, Sun J-Y, et al. Induction of S-phase arrest in human glioma cells by
439 selenocysteine, a natural selenium-containing agent via triggering reactive oxygen species-mediated DNA damage and
440 modulating MAPKs and AKT pathways. *Neurochem Res.* 2016; 41: 1439-47.
- 441 57. Chen T, Wong Y-S. Selenocystine induces S-phase arrest and apoptosis in human breast adenocarcinoma MCF-7 cells
442 by modulating ERK and Akt phosphorylation. *J Agric Food Chem.* 2008; 56: 10574-81.
- 443 58. Wang W, Meng F-B, Wang Z-X, Li X, Zhou D-S. Selenocysteine inhibits human osteosarcoma cells growth through
444 triggering mitochondrial dysfunction and ROS-mediated p53 phosphorylation. *Cell Biol Int.* 2018; 42: 580-8.
- 445 59. Chen T, Wong YS. Selenocystine induces apoptosis of A375 human melanoma cells by activating ROS-mediated
446 mitochondrial pathway and p53 phosphorylation. *Cell Mol Life Sci.* 2008; 65: 2763-75.
- 447 60. Chen T, Wong Y-S. Selenocystine induces caspase-independent apoptosis in MCF-7 human breast carcinoma cells

- 448 with involvement of p53 phosphorylation and reactive oxygen species generation. *Int J Biochem Cell Biol.* 2009; 41:
449 666-76.
- 450 61. Fan C-D, Fu X-Y, Zhang Z-Y, Cao M-Z, Sun J-Y, Yang M-F, et al. Selenocysteine induces apoptosis in human glioma
451 cells: evidence for TrxR1-targeted inhibition and signaling crosstalk. *Sci Rep.* 2017; 7: 6465.
- 452 62. Lin H, Yin L, Chen B, Ji Y. Design of functionalized magnetic silica multi-core composite nanoparticles for synergistic
453 magnetic hyperthermia/radiotherapy in cancer cells. *Colloids Surf B Biointerfaces.* 2022; 219: 112814.
- 454 63. Suzuki M, Endo M, Shinohara F, Echigo S, Rikiishi H. Differential apoptotic response of human cancer cells to
455 organoselenium compounds. *Cancer Chemother Pharmacol.* 2010; 66: 475-84.
- 456 64. Sinha R, Pinto JT, Facompre N, Kilheffer J, Baatz JE, El-Bayoumy K. Effects of naturally occurring and synthetic
457 organoselenium compounds on protein profiling in androgen responsive and androgen independent human prostate
458 cancer cells. *Nutr Cancer.* 2008; 60: 267-75.
- 459 65. Redman C, Scott JA, Baines AT, Basye JL, Clark LC, Calley C, et al. Inhibitory effect of selenomethionine on the
460 growth of three selected human tumor cell lines. *Cancer Lett.* 1998; 125: 103-10.
- 461 66. Menter DG, Sabichi AL, Lippman SM. Selenium effects on prostate cell growth. *Cancer Epidemiol Biomarkers Prev.*
462 2000; 9: 1171-82.
- 463 67. Li T, Xiang W, Li F, Xu H. Self-assembly regulated anticancer activity of platinum coordinated selenomethionine.
464 *Biomaterials.* 2018; 157: 17-25.
- 465 68. Ma J, Huang J, Sun J, Zhou Y, Ji X, Guo D, et al. L-Se-methylselenocysteine sensitizes lung carcinoma to
466 chemotherapy. *Cell Prolif.* 2021; 54: e13038.
- 467 69. Liu Y, Liu X, Guo Y, Liang Z, Tian Y, Lu L, et al. Methylselenocysteine preventing castration-resistant progression of
468 prostate cancer. *Prostate.* 2015; 75: 1001-8.
- 469 70. Behera C, Sandha KK, Banjare N, Malik SB, Tabassum M, Kumar R, et al. Implication of methylselenocysteine in
470 combination chemotherapy with gemcitabine for improved anticancer efficacy. *Eur J Pharm Sci.* 2022; 176: 106238.
- 471 71. Li Z, Carrier L, Belame A, Thiagarajah A, Salvo VA, Burow ME, et al. Combination of methylselenocysteine with
472 tamoxifen inhibits MCF-7 breast cancer xenografts in nude mice through elevated apoptosis and reduced angiogenesis.
473 *Breast Cancer Res Treat.* 2009; 118: 33-43.
- 474 72. Rao L, Zhao S-K, Wen C, Tian R, Lin L, Cai B, et al. Activating macrophage-mediated cancer immunotherapy by
475 genetically edited nanoparticles. *Adv Mater.* 2020; 32: e2004853.
- 476 73. Kumari N, Choi SH. Tumor-associated macrophages in cancer: recent advancements in cancer nanoimmunotherapies.
477 *J Exp Clin Cancer Res.* 2022; 41: 68.
- 478 74. Anderson NR, Minutolo NG, Gill S, Klichinsky M. Macrophage-Based Approaches for Cancer Immunotherapy.
479 *Cancer Res.* 2021; 81: 1201-8.
- 480 75. Song Z, Luo W, Zheng H, Zeng Y, Wang J, Chen T. Translational nanotherapeutics reprograms immune
481 microenvironment in malignant pleural effusion of lung adenocarcinoma. *Adv Healthc Mater.* 2021; 10: e2100149.
- 482 76. He L, Lai H, Chen T. Dual-function nanosystem for synergetic cancer chemo-/radiotherapy through ROS-mediated
483 signaling pathways. *Biomaterials.* 2015; 51: 30-42.
- 484 77. Yu B, Li H, Zhang J, Zheng W, Chen T. Rational design and fabrication of a cancer-targeted chitosan nanocarrier to
485 enhance selective cellular uptake and anticancer efficacy of selenocystine. *J Mater Chem B.* 2015; 3: 2497-504.
- 486 78. Fan C, Chen J, Wang Y, Wong Y-S, Zhang Y, Zheng W, et al. Selenocystine potentiates cancer cell apoptosis induced
487 by 5-fluorouracil by triggering reactive oxygen species-mediated DNA damage and inactivation of the ERK pathway.
488 *Free Radic Biol Med.* 2013; 65: 305-16.
- 489 79. Liu C, Lai H, Chen T. Boosting natural killer cell-based cancer immunotherapy with selenocystine/transforming
490 growth factor-beta inhibitor-encapsulated nanoemulsion. *ACS Nano.* 2020; 14: 11067-82.

- 491 80. Liu T, Xu L, He L, Zhao J, Zhang Z, Chen Q, et al. Selenium nanoparticles regulates selenoprotein to boost
492 cytokine-induced killer cells-based cancer immunotherapy. *Nano Today*. 2020; 35: 100975.
- 493 81. Steinbrenner H, Al-Quraishy S, Dkhil MA, Wunderlich F, Sies H. Dietary selenium in adjuvant therapy of viral and
494 bacterial infections. *Adv Nutr*. 2015; 6: 73-82.
- 495 82. Ribot JC, Lopes N, Silva-Santos B. $\gamma\delta$ T cells in tissue physiology and surveillance. *Nat Rev Immunol*. 2021; 21:
496 221-32.
- 497 83. Hu Y, Liu T, Li J, Mai F, Li J, Chen Y, et al. Selenium nanoparticles as new strategy to potentiate $\gamma\delta$ T cell anti-tumor
498 cytotoxicity through upregulation of tubulin- α acetylation. *Biomaterials*. 2019; 222: 119397.
- 499 84. Ma C, Hoffmann PR. Selenoproteins as regulators of T cell proliferation, differentiation, and metabolism. *Semin Cell*
500 *Dev Biol*. 2021; 115: 54-61.
- 501 85. Han X, Shen S, Fan Q, Chen G, Archibong E, Dotti G, et al. Red blood cell-derived nanoerythroosome for antigen
502 delivery with enhanced cancer immunotherapy. *Sci Adv*. 2019; 5: eaaw6870.
- 503 86. Borst L, van der Burg SH, van Hall T. The NKG2A-HLA-E axis as a novel checkpoint in the tumor microenvironment.
504 *Clin Cancer Res*. 2020; 26: 5549-56.
- 505 87. Adjei IM, Jordan J, Tu N, Trinh TL, Kandell WM, Wei S, et al. Functional recovery of natural killer cell activity by
506 nanoparticle-mediated delivery of transforming growth factor beta 2 small interfering RNA. *J Interdiscip Nanomed*.
507 2019; 4: 112-98.
- 508 88. Wei Z, Yi Y, Luo Z, Gong X, Jiang Y, Hou D, et al. Selenopeptide nanomedicine activates natural killer cells for
509 enhanced tumor chemoimmunotherapy. *Adv Mater*. 2022; 34: e2108167.
- 510 89. Lai H, Zeng D, Liu C, Zhang Q, Wang X, Chen T. Selenium-containing ruthenium complex synergizes with natural
511 killer cells to enhance immunotherapy against prostate cancer via activating TRAIL/FasL signaling. *Biomaterials*.
512 2019; 219: 119377.
- 513 90. Shao D, Zhang F, Chen F, Zheng X, Hu H, Yang C, et al. Biomimetic diselenide-bridged mesoporous organosilica
514 nanoparticles as an X-ray-responsive biodegradable carrier for chemo-immunotherapy. *Adv Mater*. 2020; 32:
515 e2004385.
- 516 91. Weekley CM, Aitken JB, Vogt S, Finney LA, Paterson DJ, de Jonge MD, et al. Metabolism of selenite in human lung
517 cancer cells: X-ray absorption and fluorescence studies. *J Am Chem Soc*. 2011; 133: 18272-9.
- 518 92. Deepagan VG, Kwon S, You DG, Nguyen VQ, Um W, Ko H, et al. In situ diselenide-crosslinked polymeric micelles
519 for ROS-mediated anticancer drug delivery. *Biomaterials*. 2016; 103: 56-66.
- 520 93. Gao X, Mi Y, Guo N, Xu H, Xu L, Gou X, et al. Cytokine-induced killer cells as pharmacological tools for cancer
521 immunotherapy. *Front Immunol*. 2017; 8: 774.
- 522 94. Du J, Gu Z, Yan L, Yong Y, Yi X, Zhang X, et al. Poly(vinylpyrrolidone)- and selenocysteine-modified Bi₂Se₃
523 nanoparticles enhance radiotherapy efficacy in tumors and promote radioprotection in normal tissues. *Adv Mater*. 2017;
524 29: 1701268.
- 525 95. Hanahan D, Weinberg RA. Hallmarks of cancer: the next generation. *Cell*. 2011; 144: 646-74.
- 526 96. Somarrivas Patterson LF, Vardhana SA. Metabolic regulation of the cancer-immunity cycle. *Trends Immunol*. 2021;
527 42: 975-93.
- 528 97. Bader JE, Voss K, Rathmell JC. Targeting metabolism to improve the tumor microenvironment for cancer
529 immunotherapy. *Mol Cell*. 2020; 78: 1019-33.
- 530 98. Altman BJ, Stine ZE, Dang CV. From Krebs to clinic: glutamine metabolism to cancer therapy. *Nat Rev Cancer*. 2016;
531 16: 619-34.
- 532 99. Platten M, Nollen EAA, Röhrig UF, Fallarino F, Opitz CA. Tryptophan metabolism as a common therapeutic target in
533 cancer, neurodegeneration and beyond. *Nat Rev Drug Discov*. 2019; 18: 379-401.

- 534 100. Yang Y, Bedford MT. Protein arginine methyltransferases and cancer. *Nat Rev Cancer*. 2013; 13: 37-50.
- 535 101. Jacob C, Giles GI, Giles NM, Sies H. Sulfur and selenium: the role of oxidation state in protein structure and
536 function. *Angew Chem Int Ed*. 2003; 42: 4742-58.
- 537 102. Hou W, Xu H. Incorporating selenium into heterocycles and natural products—from chemical properties to
538 pharmacological activities. *J Med Chem*. 2022; 65: 4436-56.
- 539 103. Zhao Z, Laps S, Gichtin JS, Metanis N. Selenium chemistry for spatio-selective peptide and protein functionalization.
540 *Nat Rev Chem*. 2024; 8: 211-29.
- 541