INTRODUCTION

Aging is defined as physiological dysfunction in an organ-ism and is closely related to many chronic human diseases, including metabolic syndrome, cancer, and neurodegenerative diseases (Campisi, 2013; Munoz-Espin and Serrano, 2014; Hoang et al., 2021).

Senescent cells generally accumulate in various tissues during aging. Cellular senescence is a heterogeneous process characterized by genetic, epigenetic, and environmental factors (van Deursen, 2014; Lagoumtzi and Chondrogianni, 2021). Senescence occurs in response to various stimuli, such as telomere shortening, DNA damage by radiation, oncogene activation, mitochondrial dysfunction, and endoplasmic reticulum stress. Senescence is classified as replicative senescence and stress-induced premature senescence. Replicative senescence, known as the Hayflick limit, was first found in human primary fibroblasts to stop dividing after many divisions. This type of cellular senescence is involved in the shortening of telomeric DNA. Stress-induced premature senescence is caused by various intrinsic and extrinsic factors such as oxidative stress, ionizing radiation, genotoxic stress, oncogenic transformation, and various pathogens (Coppe et al., 2010; Lopez-Otin et al., 2013; Kennedy et al., 2014; Munoz-Espin and Serrano, 2014; He and Sharpless, 2017; Borghesan et al., 2020).

Cellular senescence has both beneficial and harmful effects on neighboring cells. The senescence process is fundamental for avoiding uncontrolled cellular replication. The accumulation of senescent cells during the aging process is critical for the tumor suppressor mechanism, which is a state of cell cycle arrest that suppresses abnormal proliferation of damaged cells and oncogenic development (Coppe et al., 2010; Munoz-Espin and Serrano, 2014). However, many recent studies have also demonstrated that cellular senescence can cause various deleterious processes, such as chronic inflammation, immune surveillance, and organismal aging (Lopez-Otin et al., 2013; Munoz-Espin and Serrano, 2014; He and Sharpless, 2017).

Despite growth inhibition, senescent cells are metabolically active and produce a senescence-associated secretory phenotype (SASP) that contains pro-inflammatory cytokines, bioactive lipids, and other factors that mediate the autocrine/paracrine effects of senescent cells (Childs et al., 2017; Birch...
and Gil, 2020). In addition, these factors can induce chronic inflammation and age-associated disorders (Childs et al., 2017; He and Sharpless, 2017). These factors stimulate senescence-associated signaling pathways and result in cell cycle arrest, increase SA-β-galactosidase activity, and affect neighboring young cells in a paracrine manner (Bang et al., 2019). Senescent cells respond less to external signals, such as growth factors, abnormal structures, and mitochondrial dysfunction. Senescent cells are enlarged, vacuolated, and flattened. In addition, the lack of lamin A/B and accumulation of lipofuscin have been observed in cellular senescence (Kirkland and Tchkonia, 2017; Hernandez-Segura et al., 2018; Gorgoulis et al., 2019).

Resistance to apoptosis is another hallmark of cellular senescence (Baar et al., 2017; Childs et al., 2017; Demaria et al., 2017). Apoptosis plays a key role in the clearance of both damaged and cancerous cells. Apoptosis is regulated by pro-apoptotic and anti-apoptotic proteins, such as the B-cell lymphoma 2 (Bcl-2) family, caspase, and death receptors. Enhanced reactive oxygen species (ROS) levels, another characteristic of senescent cells, accelerate chronic inflammation and autoimmunity, which are highly related to age-related diseases, such as metabolic syndrome, cognitive decline, and frailty (Munoz-Espin and Serrano, 2014; Hernandez-Segura et al., 2018).

Much research effort has recently been made to therapeutically target the harmful effects of cellular senescence (Baker et al., 2011, 2016; Childs et al., 2017; Krimpenfort and Berns, 2017). The targeting of senescent cells by several pharmacological interventions, known as senotherapeutics, has been reported to ameliorate many senescence-associated diseases and delay the development of age-related disorders. Senotherapeutics can be classified into three development strategies. First, senolytics selectively eliminate senescent cells. Second, senomorphics induce senescent cells to obtain the functions and morphology of young cells or delay the progression of young cells to senescent cells. Third, senescence-targeting immunotherapeutics mediate the clearance of senescent cells. Some senolytics and senomorphics have been reported to prevent or treat age-related diseases in animal models (Baar et al., 2017; Childs et al., 2017; Kirkland and Tchkonia, 2017; Borghesan et al., 2020).

Therefore, this review provides insights into the development of various senotherapeutics for improving age-related diseases and eventually increasing the health span.

THE IMPLICATION OF SENESCENCE IN AGE AND AGE-RELATED DISEASES

Senescent cells accumulate because of either continuous stress stimuli or a reduction in immune function during the aging process. This phenomenon causes chronic inflammation through uncontrolled secretion of SASP (He and Sharpless, 2017; Hernandez-Segura et al., 2018; Gorgoulis et al., 2019). There are increased levels of interleukin-1A (IL-1A) and interleukin-6 (IL-6), one of several SASP factors, during aging. Suppression of the inflammatory key protein, nuclear factor-kappa B (NF-κB), can prevent DNA damage-induced senescence in mice (Salminen et al., 2012). SASP leads to pathological angiogenesis in a retinopathy mouse model and contributes to atherosclerosis progression (Oubaha et al., 2016; Ferrucci and Fabbri, 2018). Conversely, selective ablation of senescent cells ameliorates some age-associated symptoms and extends the health span of mice (Baker et al., 2011; Krimpenfort and Berns, 2017; van Deursen, 2019).

Baker et al. (2011) first revealed a direct relationship between cellular senescence and age-related symptoms. They designed a novel transgene using a senescence biomarker, p16ink4a and generated an INK-ATTAC (apoptosis through targeted activation of caspase) transgenic mouse model in the BubR1 progeroid mouse background for inducible elimination of p16ink4a-positive senescent cells upon the administration of AP20187. AP20187, an inducer of dimerization of the FK506 binding protein-caspase 8 fusion protein, was used to trigger senolysis. This approach delayed the progression of p16ink4a-mediated age-related symptoms in adipose tissue and muscle, implying that cellular senescence is implicated in the generation of age-related disorders and that the elimination of senescent cells can prevent tissue dysfunction and extend the health span. Baker et al. (2016) further demonstrated a direct association between cellular senescence and age-related disorders. They revealed that the treatment of AP20187 eliminated p16ink4a-positive senescent cells in INK-ATTAC transgenic mice with two different genetic backgrounds (C57BL/6 and mixed) and led to enhanced median health span in both mice. These data implied that AP20187 diminished age-related abnormal function and structural destruction of various organs, such as the adipose tissue, kidney, and heart. Several studies have demonstrated that the genetic clearance of p16ink4a-positive senescent cells in INK-ATTAC transgenic mice ameliorated the symptoms of lipodystrophy (Xu et al., 2015a), hepatic steatosis (Ogrodnik et al., 2017), cardiac dysfunction (Lewis-McDougall et al., 2019), and cerebral disorders (Ogrodnik et al., 2021).

In previous studies, p16ink4a-positive senescent macrophages in the p16ink4a-trimodality reporter (p16-3MR) transgenic mice were cleared by treatment with ganciclovir, which contributed to diminishing the formation of atherosclerotic plaques in low-density lipoprotein receptor-deficient (LDLR−/−) mice (Childs et al., 2016) and osteoarthritis model mice (Jeon et al., 2017). Conversely, transplantation of senescent ear fibroblasts into the knee caused osteoarthritis in a mouse model (Xu et al., 2017). Transplanting a small number of senescent cells into young mice was also sufficient to induce physical dysfunction, eventually leading to reduced survival (Xu et al., 2018).

These results suggest that senotherapeutics can either prevent tissue dysfunction or contribute to extending the health span of aged models.

THREE STRATEGIES TO TARGET SENESCENT CELLS

Senolytics

Chronic/periodic administration of senolytics eliminates senescent cells present in aged tissues, and the immune response contributes to discarding apoptotic bodies for subsequent regeneration. Senolytics target signaling pathways that are activated in senescent cells and specifically kill chronically senescent cells (Baar et al., 2017; Kirkland and Tchkonia, 2017). These senolytic compounds are extensive and are continuously found (Table 1, Fig. 1). Various senolytics, such as Bcl-2 family inhibitors, histone deacetylase (HDAC) inhibitors,
forkhead box protein O4 (FOXO4), p53 binding inhibitor, and heat shock protein 90 (HSP90) inhibitors, have been identified (Zhu et al., 2015, 2016; Baar et al., 2017; Jeon et al., 2017; Samaraweera et al., 2017; Xu et al., 2018). Senolytics were first identified as combinations of quercetin and dasatinib (Zhu et al., 2015). Zhu et al. (2015) examined

**Table 1. Each senolytic compound for improving age and age-related disorders**

| Chemical name (active material) | Cell or animal type | Working concentration | Molecular targets | References |
|---------------------------------|---------------------|-----------------------|-------------------|------------|
| Dasatinib+Quercetin             | Aged C57B/L6 mice/Ercr<sup>−/−</sup> mice | Dasatinib (5mg/kg/day) Quercetin (50 mg/kg) | The PI3K/Akt pathway | Zhu et al., 2015 Xu et al., 2018 |
|                                 | Preadipocytes/HUVECs | Dasatinib (0-300 nM) Quercetin (0-30 μM) |                   |            |
| ABT-263 (Navitoclax)            | Male C57B/6J, p16-3MR transgenic mice Preadipocytes/HUVECs IMR-90 fibroblasts Ercr<sup>−</sup> MEFs Osteoarthritic chondrocytes | 50 mg/kg/day 0-20 μM | ↓ Bcl 2, Bcl-w, Bcl-xL | Chang et al., 2016 Zhu et al., 2016 Miura et al., 2022 Sharma et al., 2020 |
| ABT-737                          | IMR-90 fibroblasts Epidermal cells from aged mice DNA damaged lung cells | 0-10 μM | ↓ Bcl 2, Bcl-w, Bcl-xL | Yosef et al., 2016 |
| A-1331852/A-1155463            | HUVECs IMR-90 fibroblasts | 0-10 μM | ↓ Bcl-xL | Zhu et al., 2017 |
| Panobinostat                    | A549 cell lines* FaDu cell line* | 0-25 nM | ↓ BCI ↓ HDAC | Samaraweera et al., 2017 |
| 17-DMAG (Alvespimycin)          | Ercr<sup>−/−</sup> mice Ercr<sup>−</sup> MEFs MSCs (Ercr1-deficient mice) IMR-90/WI-38 | 10 mg/kg 0.1-1 μM | The PI3K/Akt pathway ↓ Hsp90 | Fuhrmann-Stroissnigg et al., 2017 |
| Ganetesib                       | HUVECs | 0-800 nM | ↓ Hsp90 | Fuhrmann-Stroissnigg et al., 2017 |
| Geladanamycin                   | Ercr<sup>−</sup> MEFs | 0.1-1 μM | ↓ Hsp90 | Fuhrmann-Stroissnigg et al., 2017 |
| 17-AAG (Tanespimycin)           | Ercr<sup>−</sup> MEFs | 0.1-1 μM | ↓ Hsp90 | Fuhrmann-Stroissnigg et al., 2017 |
| Fisetin                         | Wild C57BL/6: FVB mice Ercr<sup>−/−</sup> mice INK-ATTAC male mice HUVECs | 100-500 mg/kg 0-60 μM | The PI3K/Akt pathway | Yousefzadeh et al., 2018 Zhu et al., 2017 |
| Piperlongumine                  | WI-38 fibroblasts | 0-10 μM | ↓ OXR-1 | Wang et al., 2016 Zhang et al., 2018 |
| FOXO4-DRI                       | Xpd<sup>T236<sup>D176</sup>T236D</sup> mice p16::3MR mice Naturally aged mice IMR-90 fibroblasts Leydig cells | 5 mg/kg 0-25 μM | ↓ p53-FOXO4 interaction | Baar et al., 2017 Zhang et al., 2020 |
| UBX0101                         | p16::3MR mice Osteoarthritis mouse model | 1-5 mM injection | ↓ MDM2 | Jeon et al., 2017 |

*A549 cell line, Non-Small Cell Lung Cancer (NSCLC); FaDu cells, Head and Neck Squamous Cell Carcinoma (HNSCC) cell lines. MEFs, mouse embryonic fibroblasts.*
the gene expression profiles of young and senescent cells. They found that senescent cells increased the expression levels of anti-apoptotic biomarkers such as BCL-2 family members and the phosphoinositide 3-kinase (PI3K)/Akt pathway. In addition, they screened 46 candidate drugs having the ability to preferentially kill senescent cells in vitro (Zhu et al., 2015). They found that the combination of dasatinib and quercetin efficiently accelerated apoptosis of senescent cells in naturally aged, irradiated, and even Ercc1−/Δ-progeroid mice and led to an extended lifespan and decreased age-associated symptoms. Dasatinib, a protein tyrosine kinase inhibitor used clinically for cancer therapy, effectively eliminated senescent preadipocytes. Quercetin, a natural flavonoid that targets the BCL-2 and PI3K/AKT pathways, ablated senescent endothelial cells and mouse bone marrow-derived mesenchymal stem cells (Zhu et al., 2015). In addition, transplantation of senescent cells into healthy mice causes physical abnormalities, which could be antagonized by an oral combination of dasatinib and quercetin (Xu et al., 2018). These senolytic effects of dasatinib and quercetin have also been demonstrated in various in vivo models, where intervention treatment ameliorated the symptoms of several age-related diseases, such as physical dysfunction, hepatic steatosis, insulin resistance, neurodegeneration, and skeletal muscle dysfunction (Xu et al., 2018; Wissler Gerdes et al., 2020). The combination of dasatinib and quercetin is currently in progress in human clinical trials for idopathic pulmonary fibrosis (NCT02874988), Alzheimer’s disease (NCT04685590), frailty (NCT04733534), chronic kidney disease (NCT02848131), hematopoietic stem cell transplant survivors (NCT02652052), skeletal health (NCT04313634), and adult cancer survivors (NCT04733534).

Upregulation of Bcl-2 and Bcl-xL contributes to the resistance of senescent cells to apoptosis (Chang et al., 2016; Zhu et al., 2016), implying that inhibitors of these anti-apoptotic proteins can be effective candidates for senolytics. ABT-263 (known as Navitoclax), ABT-737, A1331852, and A1155463, which inhibit BCL-2 family members, were identified as candidate senolytics in vitro and in vivo animal models (Chang et al., 2016; Yosef et al., 2016, Zhu et al., 2016, 2017). ABT-263 eliminated senescent IMR-90 human lung fibroblasts and human umbilical vein epithelial cells (HUVECs) (Zhu et al., 2016). ABT-263 also rejuvenated aged hematopoietic stem cells and muscle stem cells by clearing senescent cells (Chang et al., 2016). By binding the inhibitory domain of anti-apoptotic Bcl-2 and Bcl-xL, ABT-263 specifically eliminated both senescent muscle stem cells (MuSCs) and senescent bone marrow hematopoietic stem cells (HSCs) and eventually contributed to the amelioration or rejuvenation of MuSCs and HSCs in aged mice (Miura et al., 2022). In addition, ABT-263 cleared senescent foam cell macrophages in atherosclerotic lesions, preventing atherosclerosis progression in LDLR−/− mice (Garrido et al., 2022). However, this compound caused trabecular bone loss and damages the function of osteoprogenitors in aged mice (Sharma et al., 2020). ABT-737 specifically eliminated etoposide-induced senescence in IMR-90 fibroblasts. ABT-737 treatment also efficiently eliminated senescent lung epithelial cells in irradiated mice and senescent epidermal cells in p14ARF transgenic mice. Furthermore, it stimulated hair follicle stem cell proliferation (Yosef et al., 2016). Both A1331852 and A1155463, selective Bcl-xL inhibitors, preferentially stimulated the clearance of irradiation-induced senescent HUVECs and IMR-90 fibroblasts (Zhu et al., 2017).

Panobinostat, an HDAC inhibitor approved by the FDA, was found to possess senolytic activity in the chemotherapy-induced senescence of squamous cell carcinoma cell lines and non-small cell lung cancer (Samarawera et al., 2017). The senolytic effect of panobinostat was related to the upregulation of histone H3 acetylation and downregulation of BCL-XL...
expression. The potential application of senolytics targeting these senescent cancer cells can be a novel strategy for improving cancer metastasis and stemness.

FOXO4 is an important protein that is involved with the viability of senescent cells (Baar et al., 2017; Krimpenfort and Berms, 2017; Zhang et al., 2020). A previous study demonstrated that FOXO4-induced nuclear localization of p53 repressed its association with the mitochondrial apoptotic pathway (Baar et al., 2017). They designed a FOXO4 inhibitor peptide (FOXO4-DRI peptide) to mimic the binding surface of both FOXO4 and p53 for disrupting their interaction. This disruption induced the translocation of p53 to the cytosol and caused caspase-3/-7-dependent apoptosis in senescent IMR-90 fibroblasts and HUVECs. When administered in vivo, FOXO4-DR1 improved hair density and renal dysfunction in both naturally aged mice and fast-aging Xpd<sup>-/-</sup>/<sup>TTD</sup>-progeroid (Baar et al., 2017). In addition, another study demonstrated that FOXO4-DR1 ameliorated age-related progression of hypogonadism in aged mice by inducing apoptotic cell death of senescent Leydig cells, known as interstitial cells, in the testes (Zhang et al., 2020). These findings suggest that it is possible to regulate cellular senescence by targeting the mutual interaction between FOXO4-p53.

Murine double minute 2 (MDM2) E3 ligase, a major negative regulator of p53, promotes proteasome-dependent degradation of p53 (Fu et al., 2009). UBX0101, an inhibitor of the MDM2/p53 protein interaction, was known to be a senolytic candidate (Jeon et al., 2017). Intra-articular injection of UBX0101 ablated senescent cells in the articular cartilage and synovium. This administration led to attenuation of the onset of post-traumatic osteoarthritis in an osteoarthritis mouse model (Jeon et al., 2017). UBX0101 also eliminated senescent cells by inducing apoptosis and contributed to the ability of chondrocytes to form cartilage in osteoarthritis tissues (Jeon et al., 2017). UBX0101 was the first senolytic drug in phase 1 clinical trial to treat patients suffering from osteoarthritis (https://clinicaltrials.gov/ct2/show/NCT03513016). However, intra-articular injection of UBX0101 for treating osteoarthritis failed to meet its clinical requirements in phase 2 clinical trials (https://clinicaltrials.gov/ct2/show/NCT04129944).

HSP90 is an ATP-dependent chaperone that is involved in the folding, stabilization, and degradation of various proteins. Most of these proteins are important for various cellular processes, including cell survival and responses to cellular stress (Taipale et al., 2010). Ganetesib, geldanamycin, 17-dimethyl aminoethylamino-17-demethoxygeldanamycin (17-DMAG; alvespimycin), and 17-N-allylamino-17-demethoxygeldanamycin (17-AAG; tanespimycin), which are inhibitors of HSP90, were selected as new senolytic candidates by screening a library of autophagy regulators in senescent Ercc1<sup>-/-</sup> mouse embryonic fibroblasts (MEFs) (Trendowski, 2015; Fuhrmann-Stroissnigg et al., 2017). These HSP90 inhibitors showed senolytic activity in a senescent cell-type-specific manner. Ganetesib exhibited senolytic activity in senescent HUVECs, whereas 17-DMAG exhibited senolytic activity in senescent human fibroblasts (IMR-90 and WI-38) (Fuhrmann-Stroissnigg et al., 2017). In addition, 17-DMAG accelerated apoptosis by blocking the HSP90-AKT interaction to destabilize the active state of AKT in senescent MEFs. Treatment of 17-DMAG in the Ercc1<sup>-/-</sup> mouse model significantly decreased tissue senescence and attenuated the progression of several age-related pathologies (Fuhrmann-Stroissnigg et al., 2017). In addition, previous studies demonstrated that other natural and synthetic HSP90 inhibitors have senolytic activities (Fuhrmann-Stroissnigg et al., 2018; Dutta Gupta and Pan, 2020).

Fisetin is a natural flavonoid present in many plants, including fruits, vegetables, and flowers. It also has various pharmacological effects, including anti-inflammatory, antioxidant, antiadiabetic, anticarcinogenic, and neuroprotective properties (Khan et al., 2013; Sundarraj et al., 2018). The biological activities of fisetin are involved with various molecular targets and signaling pathways, including the PI3K/Akt, NF-κB, and NRF2 pathways (Chiang et al., 2015; Pal et al., 2015). Fisetin preferentially eliminated ionizing radiation (IR)-induced senescent HUVECs but not preadipocytes or senescent IMR-90 (Zhu et al., 2017). Furthermore, it preferentially eliminated genotoxic-induced senescence in human fibroblasts and oxidative stress-induced senescence in MEFs. Fisetin significantly decreased the characteristics of senescence in human adipose tissue (Zhu et al., 2017; Yousefzadeh et al., 2018). Administration of fisetin significantly downregulated the accumulation of senescent cells and senescence markers in several organs of accelerated aged Ercc1<sup>-/-</sup> mice. Fisetin intervention in progeroid and old mice significantly decreased cellular senescence in several tissues, recovered tissue homeostasis, ameliorated frailty, and extended the lifespan (Yousefzadeh et al., 2018). Fisetin is currently being tested in clinical trials for chronic kidney disease (NCT03325322), skeletal health (NCT04313634), osteoarthritis (NCT04210986), frailty (NCT03675724), and adult cancer survivors (NCT04733534). Fisetin exhibits a chemical structure similar to that of quercetin, which is only different in the 5-hydroxy group, implying that more effective analogs can be developed by the structural optimization process.

Piperlongumine, a natural amide alkaloid isolated from long peppers, was known to have senolytic activity (Wang et al., 2016; Zhang et al., 2018). Piperlongumine specifically caused apoptosis in ionizing radiation-induced or senescent human WI-38 fibroblasts by increasing ROS production and inhibiting the PI3K/Akt/mTOR pathway (Wang et al., 2016). In addition, piperlongumine could bind to oxidation resistance 1 (OX1R), a protein that regulates the expression levels of antioxidant enzymes and leads to their degradation (Zhang et al., 2018).

**SENONMORPHICS**

Senornorphics is an agent that transforms the characteristics of senescent cells into those of young cells by intervening with senescence-associated signaling pathways and SASP without causing apoptosis of senescent cells (Kirkland and Tchkonia, 2017; Lagoumtzi and Chondrogianni, 2021). Senornorphics suppress the function of the SASP by targeting senescence-related signaling pathways, such as MAPKs, NF-κB, mTOR, and IL-1α (Yun et al., 2018; Birch and Gil, 2020; Lagoumtzi and Chondrogianni, 2021). Senornorphics are also related to well-known anti-aging compounds (Table 2, Fig. 1).

Ataxia-telangiectasia mutated (ATM) kinase, a serine/threonine protein kinase stimulated by DNA double-strand breaks, modulates cellular senescence (Fausti et al., 2013). The ATM kinase inhibitor KU-60019 exhibited a possible senomorphic activity by recovering the lysosome/autophagy system and metabolic reprogramming (Kang et al., 2017).

NF-κB is a transcription factor that mediates senoinflamma-
tion or inflammaging, and its activation is related to the aging process. Thus, suppression of NF-κB is considered a possible target of senomorphics (Mato-Basalo et al., 2021). The 8K-NBD peptide, an inhibitor of NF-κB, decreased cellular senescence and attenuated age-related pathologies in Ercc1−/−-progeroid mice (Tilstra et al., 2012).

Janus family tyrosine kinase (JAK)-signal transducers and activators of transcription (STAT) modulate the expression levels of some pro-inflammatory cytokines (Novakova et al., 2010). The phosphorylation of JAK tyrosine kinase leads to the phosphorylation of STAT3, which is related to the expression levels of the Bcl-2 family and increases levels of IL-6 and IL-8 receptors (Yu et al., 2009; Banerjee and Resat, 2016). STAT3 persistently activates NF-κB and STAT3 continues to ameliorate senescent lens epithelial cells by activating adenosine 5´-monophosphate protein kinase (AMPK) in aged mice (Chen et al., 2022). Currently, metformin is being tested in clinical trials as a next-generation drug for improving the aging process and will be approved by the FDA (Kulkarni et al., 2020). Recently, metformin was shown to ameliorate senescent lens epithelial cells by activating adenosine 5´-monophosphate protein kinase (AMPK) in aged mice (Chen et al., 2022).

Administration of nutlin-3a or MI-63, MDM2 inhibitors, causes growth arrest, significantly reducing the expression levels of IL-6, IL-1α, and SASP factors in genotoxic-induced senescent cells, eventually repressing the ability of senescent fibroblasts to stimulate the excessive proliferation of breast cancer cells (Wiley et al., 2018).

Another repression strategy may be accomplished using specific neutralizing antibodies against each SASP factor, including IL-1α, IL-6, and IL-8. IL-1α plays an important role in the modulation of SASP. Thus, targeting either the IL-1α receptor or IL-1α diminished the expression of SASP during senescent tissues (Orjalo et al., 2009). Several studies demonstrated that the neutralizing anti-human IL-1α monocolonal MABp1 antibody was efficient against type 2 diabetes, inflammation, and colorectal cancer in clinical trials (Dinarello et al., 2012; Timper et al., 2015; O’Sullivan Coyne and Burotto, 2017).

IL-6 is a representative pro-inflammatory cytokine in SASP and is associated with tumor proliferation and immunosuppression. A neutralizing Mab-IL-6.8 monoclonal antibody against IL-6, named olokizumab, significantly blocked STAT signaling (Kuilman et al., 2008) and ameliorated pathological symptoms of arthritis, which is associated with senescent cells, in a primate animal model (Shaw et al., 2014). Silencing of the SASP or a decrease in senescent cells must be de-

### Table 2. Each senomorphic compound for improving age and age-related disorders

| Chemical name (active material) | Cell or animal type | Working concentration | Molecular targets | References |
|---------------------------------|--------------------|----------------------|-------------------|------------|
| Ruxolitinib                     | Aged C57BL/6 mice  | 60 mg/kg             | ↓ JAK 1/2 family  | Xu et al., 2015b |
|                                 | Preadipocytes      | 0-1 μM               |                   |            |
| 8K-NBD peptide                 | Ercc1−/− mice      | 10 mg/kg             | ↓ NF-κB           | Tilstra et al., 2012 |
|                                 | Ercc1−/− MEFs      | 0-100 μM             |                   |            |
| Metformin                       | Lens epithelial cells from aged C57BL/6 mice | 0.1% | ↓ AMPK | Chen et al., 2022 |
|                                 | IMR-90 fibroblasts | 0-5 mM               | ↓ NF-κB           | Moiseeva et al., 2013 |
|                                 | Raw 264.7 cells    |                      |                   |            |
| KU-60019                        | ATM-deficient fibroblasts | 0-3 μM | ↓ ATM kinase | Kang et al., 2017 |
| Nutlin-3a (MI-63)               | IMR-90/WI-38 fibroblasts | 0-10 μM | ↓ MDM2 | Wiley et al., 2018 |
|                                 | HCA2 foreskin      | 240 ng/mL            | ↓ IL-1α           | Orjalo et al., 2009 |
| MABp1 Ab                        | HCA2 foreskin      | 1 mg/3 time/week     | ↓ IL-8            | Huang et al., 2002 |
| Mab-IL-6.8 Ab (Olokizumab)      | HepG2 cells        | 1.25 ng/mL           | ↓ STAT3           | Kuliman et al., 2008 |
|                                 | IMR-90 fibroblasts | 20 mg/kg             | ↓ IL-6            | Shaw et al., 2014 |
|                                 | Cynomolgus monkey arthritis model | 10 μg/mL |            |            |
|                                 | Human hepatocytes  | 12.5 ng/mL           |                   |            |
|                                 | HUVECs             |                      |                   |            |
| ABX-IL-8 Ab                     | BALB/c nude mice   | 1 mg/3 time/week     | ↓ IL-8            | Huang et al., 2002 |
|                                 | A375SM/TXM-13 melanoma cells | 0-100 μM |            |            |
|                                 | HUVECs             |                      |                   |            |
Recent rapid progress in senotherapeutics has accelerated the field, leading to the development of strategies aimed at targeting senescent cells. Various molecules involved in the senescence-associated secretory phenotype (SASP) have been identified, and Table 3 summarizes the candidates as surface proteins for targeting senescent cells and the related immunotherapeutic strategies.

| Candidate target as surface protein | Expression | Molecular action of therapeutic strategies | References |
|------------------------------------|------------|---------------------------------------------|-------------|
| CD28                               | human CD8+ T cell | Increase of CD28 by ectopic expression or other receptors associated with CD8+ T cell activation | Vicente et al., 2016 |
| CD44                               | Senescent cells | Antibodies against CD44 directly induce the recruitment of monocytes to a senescent lesion site in senescent endothelial cells | Mun and Boo, 2010 |
| CD58/ICAM1 receptor                | Senescent cells | Elimination of senescent cells by NK cells | Vicente et al., 2016 |
| CD26/dipeptidyl peptidase 4 (DPP4) | Replicative senescent fibroblasts | Elimination of senescent cells by NK cells | Kim et al., 2017 |
| Glycans or lipids                   | Senescent cells | Recognized by CD36, IgM on the surface of macrophages | Burton and Stolzing, 2018 |

**DISCUSSION**

Recent evidence has suggested a strong relationship between cellular senescence, aging, and age-related diseases. Recent rapid progress in senotherapeutics has accelerated the development of strategies to target senescent cells. This includes the use of specific antibodies against CD44, which directly induce the recruitment of monocytes to senescent lesion sites in the endothelium. Antibodies against CD44 could significantly reduce the recruitment of monocytes to senescent lesion sites in senescent endothelial cells (Mun and Boo, 2010). NK cells recognized the CD58/ICAM1 receptor that exists in senescent cells (Vicente et al., 2016). Another study found that CD26/dipeptidyl peptidase 4 (DPP4) was expressed on the membrane surface of replicative senescent fibroblasts (Kim et al., 2017). Kim et al. (2017) utilized DPP4 as a membrane target to facilitate antibody-dependent cell-mediated cytotoxicity, a mechanism of cell-mediated immune defense in NK cells, to eliminate senescent cells. They revealed that DPP4 helped NK cells recognize and kill senescent cells, implying a possible immunotherapeutic approach for clearing senescent cells. In the case of macrophages, these modified membrane receptors, including glycans and lipids, in senescent cells were recognized by receptors such as CD36 and IgM, which are present in macrophages (Burton and Stolzing, 2018). In addition, it is possible to increase the binding affinity of associated receptors. The use of chimeric antigen receptor T cell therapy to target specific senescent-associated molecules can be a meaningful strategy. This strategy has been currently applied in anticancer therapy (Amor et al., 2020; Marofi et al., 2021).

Another strategy is to rejuvenate senescent immune cells by reversing their abnormal functions to acquire immune functions. The functions of NK and T cells significantly decrease during aging. Stimulation of the nutrient-sensing component AMPK seemed to play a key role in the aging process (Akbar, 2017). Thus, inhibition of AMPK activity enhanced the functions of senescent immune cells (Di Mitri et al., 2011). Similarly, suppression of p38 signaling, which is characteristic of senescent CD8+ T cells, recovered proliferation and mitochondrial biogenesis (Henson et al., 2014). In addition, the decline in the CD28 receptor was a representative characteristic of CD8+ T cell senescence (Vicente et al., 2016). Thus, the increase in CD28 by ectopic expression or other receptors associated with T cell activation could improve the senescence of CD8+ T cells.

These results suggest that various immune cells play pivotal roles in delaying the onset of diseases caused by the accumulation of senescent cells.
the research field of aging and has contributed to the development of therapeutic strategies for delaying the human aging process (Burton and Stolzing, 2018; van Deursen, 2019; Birch and Gil, 2020). In this review, we provided insights into the current progress in the understanding of the molecular mechanisms of senotherapeutics.

Even though there has been much progress in the development of senotherapeutics, some crucial issues must be overcome in future clinical trials. Although no side effects of some senolytics have been observed in preclinical in vivo animal studies, the potential adverse effects of long-term clinical treatments with senotherapeutics should be carefully investigated for their successful application in aging and age-related diseases. Some senolytic drugs have been repositioned to improve aging and age-related diseases, but they may have unwanted side effects during long-term use. For example, ABT-263 (navitoclax) caused severe thrombocytopenia and neutropenic disorders and could not be used for targeting aging (Rudin et al., 2012; Cleary et al., 2014; Sharma et al., 2020). Thus, the safety of long-term senotherapeutics must be considered.

Tissue atrophy is another problem that can occur because of the large-scale elimination of senescent cells by senotherapeutics (He and Sharpless, 2017). Accumulation of apoptotic senescent cells in specific tissues may have undesirable side effects.

Thus, treatments with senotherapeutics must be clinically applied without affecting efficacy or causing side effects. To accomplish this objective, future intensive studies need to be carried out to present a framework encompassing the molecular mechanisms of senescence and to understand how to improve these novel interventions for aging treatment.

**CONFLICT OF INTEREST**

The authors have no conflicting interests.

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