

# The Role of TAX1BP1 in Acute Kidney Injury

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**Abstract:** Acute kidney injury (AKI) is a prevalent clinical syndrome with high morbidity and mortality that frequently progresses to chronic kidney disease. Its pathogenesis involves complex interactions among oxidative stress, inflammation, and programmed cell death. Tax1-binding protein 1 (TAX1BP1) has recently emerged as a key regulator connecting selective autophagy with inflammatory signaling to protect renal function. Mechanistically, TAX1BP1 confers renal protection through two complementary pathways. As a selective autophagy receptor, it protects cellular function by clearing damaged mitochondria and pro-inflammatory substrates. Additionally, it can assemble the A20 ubiquitin-editing complex to suppress NF- $\kappa$ B-driven inflammation and modulate cell death. Given that TAX1BP1 overexpression attenuates renal injury in animal models, targeting this molecule represents a promising therapeutic strategy for AKI.

**Keywords:** TAX1BP1, Acute kidney injury, Selective autophagy, Mitochondrial autophagy, NF- $\kappa$ B signalling pathway

## 1. Introduction

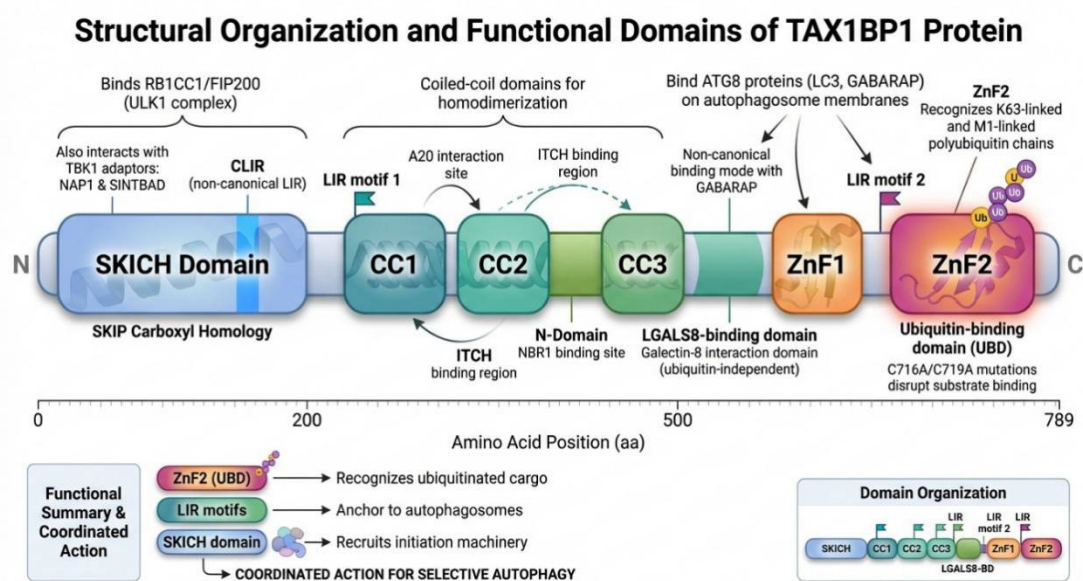
Acute kidney injury (AKI) is a common clinical syndrome with rising global incidence, particularly in intensive care units[1]. Its association with increased risk of chronic kidney disease progression underscores the urgent need for effective therapeutic interventions[2]. The pathogenesis of AKI involves multiple mechanisms, including oxidative stress, inflammatory responses, ischemia-hypoxia, and microvascular dysfunction[3, 4]. Thus, understanding AKI pathogenesis and developing effective interventions to attenuate renal injury hold important clinical implications, with autophagy increasingly recognized as a key protective mechanism[5, 6]. Autophagy is an essential intracellular degradation mechanism that maintains cellular homeostasis by removing damaged organelles and misfolded proteins[7, 8]. Its protective role in AKI has been well documented. Studies using tubule-specific Atg5 knockout mice demonstrated that loss of proximal tubular autophagy markedly worsens ischemia-reperfusion-induced renal injury[9]. Consistently, pharmacological inhibition of autophagy with 3-MA intensifies cellular damage following hypoxia, supporting autophagy induction as a potential therapeutic strategy for AKI[10, 11].

Tax1-binding protein 1 (TAX1BP1), originally named for its interaction with the HTLV-1 Tax protein [12], has been identified as both a selective autophagy receptor and a negative regulator of NF- $\kappa$ B signaling[13, 14]. TAX1BP1 participates in clearing damaged mitochondria, protein aggregates, and invading pathogens[15, 16]. Recent studies have revealed that TAX1BP1 mediates VDAC1-dependent mitophagy through the PINK1/Parkin pathway to reduce oxidative injury, which revealed its renal protective functions[17, 18]. Moreover, other studies have found that it can promote autophagic degradation of the pro-inflammatory receptor TARM1 in macrophages to attenuate renal inflammation[19]. These investigations establish that TAX1BP1 represents a promising molecular target linking autophagy and inflammation in AKI. Here, we summarize current understanding of TAX1BP1's structure, biological functions, and protective mechanisms, and discuss its therapeutic potential for AKI treatment.

## 2. Molecular Structure and Biological Functions of TAX1BP1

### 2.1 Domain Composition of TAX1BP1

TAX1BP1, also known as T6BP or CALCOCO3, is a conserved protein of 789 amino acids in mammals[20] (Figure 1). It contains three functional regions that cooperate in selective autophagy. At the N-terminus, the SKICH domain (~200 amino acids) binds RB1CC1/FIP200 to recruit the autophagy initiation complex[21–23], and also interacts with TBK1 adaptors NAP1 and SINTBAD[22, 24]. The central region has three coiled-coil (CC) domains for homodimerization and binding with A20 and ITCH[25, 26]. At the C-terminus, two zinc finger domains (ZnF1 and ZnF2) are present, where ZnF2 recognizes K63-linked and M1-linked polyubiquitin chains[27, 28]. ZnF2 mutations (C716A/C719A) can disrupt substrate binding and block autophagosome recruitment[24]. TAX1BP1 also has two LC3-interacting regions (LIR motifs) that bind ATG8 proteins (LC3, GABARAP) on autophagosome membranes [22]. Notably, TAX1BP1 uses a non-canonical binding mode when interacting with GABARAP[24]. Together, these domains allow TAX1BP1 to recognize ubiquitinated cargo (via ZnF2), anchor to autophagosomes (via LIR), and recruit initiation machinery (via SKICH), linking substrate recognition to autophagosome formation[24, 29, 30].



*Figure 1. Structural organization and functional domains of TAX1BP1. The schematic illustrates the 789-amino acid sequence of mammalian TAX1BP1 from the N-terminus to the C-terminus. Annotated structures include the N-terminal SKICH domain, three central coiled-coil domains (CC1 – CC3), and two C-terminal zinc-finger domains (ZnF1 and ZnF2). Key functional motifs, such as the non-canonical LIR (CLIR), typical LIR motifs (1 and 2), and the ubiquitin-binding domain (UBD) within ZnF2, are highlighted. Binding regions for major interacting partners (e.g., the ULK1 complex, ATG8 proteins, and polyubiquitin chains) are indicated along the sequence. The lower panels provide a concise domain summary and outline the coordinated roles of the SKICH, LIR, and ZnF2 domains during selective autophagy.*

### 2.2 Function of TAX1BP1 as a selective autophagy receptor

#### 2.2.1 Molecular Mechanism of Selective Autophagy

Selective autophagy degrades specific intracellular substrates through autophagy receptors. TAX1BP1 executes this process via three coordinated steps: recognition, recruitment, and isolation[31]. During recognition, the ZnF2 domain identifies substrates tagged with K63- or M1-linked ubiquitin chains, such as damaged mitochondrial membrane proteins or invading bacteria[32]. For recruitment, TAX1BP1 binds LC3/GABARAP on autophagosome membranes through its LIR motif and simultaneously engages RB1CC1 via its SKICH domain[33, 34]. In the isolation step, a "two-step model" has been proposed: receptors like p62/NBR1 first aggregate the cargo, then recruit TAX1BP1, whose SKICH domain brings in RB1CC1 to initiate autophagosome membrane formation around the cargo[34, 35]. Beyond cargo

recognition, TAX1BP1 also acts downstream of NBR1 in selective autophagy, where its SKICH-RB1CC1 interaction is essential for autophagosome nucleation[34, 36, 37].

### 2.2.2 TAX1BP1-mediated selective autophagy types

TAX1BP1 was first identified as an autophagy receptor for clearing intracellular bacteria[38]. Its ZnF2 domain binds K63-linked ubiquitin chains on bacterial surfaces and recruits Myosin VI to transport bacteria to lysosomes[39, 40]. TAX1BP1 knockdown leads to accumulation of ubiquitin-tagged Salmonella and increased bacterial survival[39]. Similar functions were observed in Mycobacterium tuberculosis clearance[41, 42]. Interestingly, galectin-8 (LGALS8) serves as a co-receptor that cooperates with TAX1BP1 to degrade bacteria in damaged phagosomes through a ubiquitin-independent pathway[43, 44]. TAX1BP1 also clears protein aggregates. Mice lacking the ZnF2 domain show significant lipofuscin accumulation in aged brains, indicating impaired aggregate clearance[45]. In vitro studies confirm that TAX1BP1 limits aggregation of disease-related proteins, including polyQ-HTT (Huntington's disease) and TDP-43 (amyotrophic lateral sclerosis)[45, 46]. Beyond classical autophagy, TAX1BP1 regulates innate immunity by degrading aggregated signaling adaptors. It targets TICAM1 (TRIF) oligomers for TRIM32-dependent autophagic degradation, thereby suppressing TLR3/4 signaling[47, 28]. Notably, TAX1BP1 deficiency increases susceptibility to TLR3/4-induced necroptosis, while p62 or CALCOCO1 deficiency does not, suggesting a unique role for TAX1BP1 in necrosome clearance [48].

TAX1BP1 also participates in organelle-specific autophagy. In mitophagy, TAX1BP1 is recruited to depolarized mitochondria along with OPTN and NDP52 via the PINK1/Parkin pathway, though its contribution appears minor compared to other receptors[49, 50]. In contrast, TAX1BP1 plays a more prominent role in lysophagy. Upon lysosomal damage, TAX1BP1 recognizes ubiquitinated membrane proteins and recruits TBK1 and RB1CC1 to initiate clearance of damaged lysosomes [51].

## 2.3 Regulatory Role of TAX1BP1 in Inflammatory Signalling Pathways

### 2.3.1 Negative Regulation of the NF- $\kappa$ B Signalling Pathway

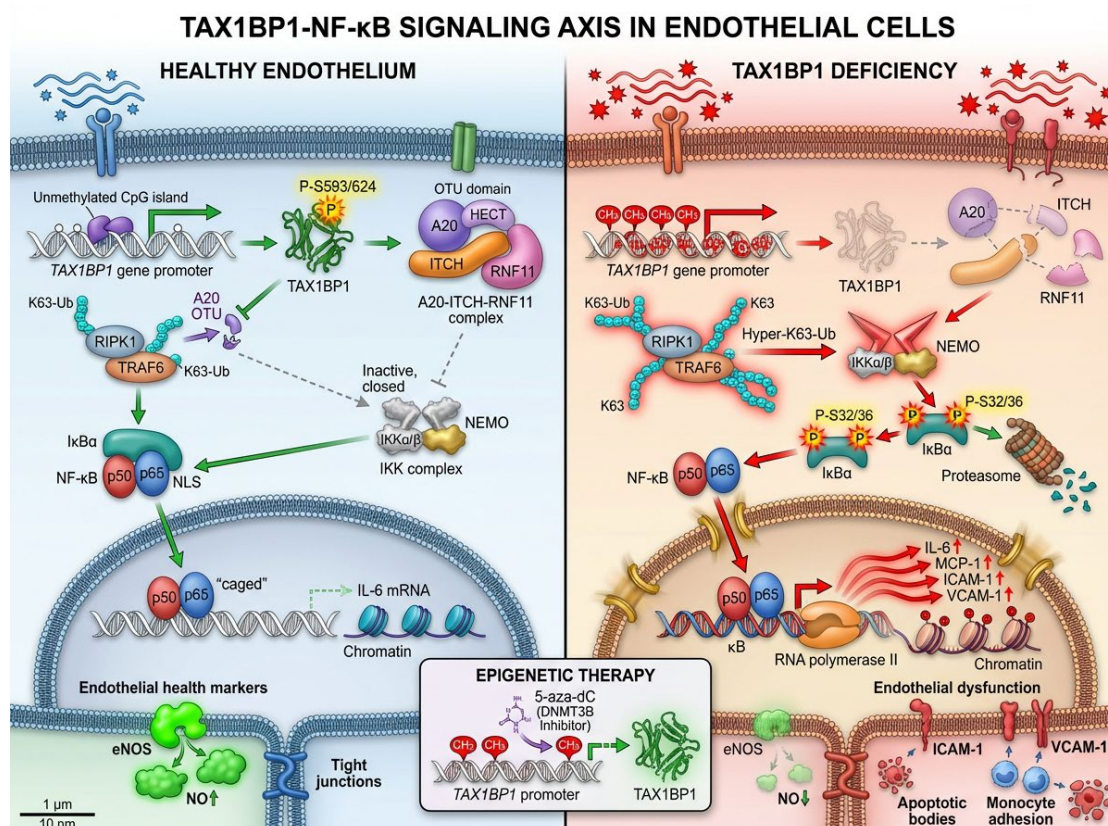


Figure 2. Epigenetic regulation of the TAX1BP1–NF- $\kappa$ B signaling axis in endothelial cells. In healthy endothelium, an unmethylated TAX1BP1 promoter permits TAX1BP1 expression and assembly of the A20–ITCH–RNF11 complex, which restrains NF- $\kappa$ B activation and maintains endothelial homeostasis. In contrast, promoter hypermethylation suppresses TAX1BP1 expression, disrupts this inhibitory complex

, enhances IKK activation and I $\kappa$ B $\alpha$  degradation, and promotes NF- $\kappa$ B nuclear translocation and transcription of pro-inflammatory genes, including IL-6, MCP-1, ICAM-1, and VCAM-1, leading to endothelial dysfunction. The inset shows that demethylating therapy (e.g., 5-aza-dC) may restore TAX1BP1 expression and suppress this inflammatory pathway.

Prior to its identification as an autophagy receptor, TAX1BP1 was extensively studied for its regulatory role in NF- $\kappa$ B signaling[52, 53]. NF- $\kappa$ B is a key transcription factor that drives inflammatory responses[54]. Under basal conditions, it remains inactive in the cytoplasm bound to I $\kappa$ B. Upon stimulation, IKK phosphorylates I $\kappa$ B, leading to its degradation and NF- $\kappa$ B nuclear translocation[55, 56]. TAX1BP1 serves as a scaffold in the A20 ubiquitin-editing complex, which includes A20 (TNFAIP3), ITCH, and RNF11[52, 53]. After TNF- $\alpha$  stimulation, IKK $\alpha/\beta$  phosphorylates TAX1BP1 at Ser-418, enabling it to bind A20 and ITCH and target upstream molecules like RIPK1 and NEMO[57]. The complex then removes K63-linked ubiquitin chains while adding K48-linked chains, promoting substrate degradation and terminating NF- $\kappa$ B activation[53, 58]. TAX1BP1 also interacts with ABIN-1 to enhance A20 activity[59]. Loss of TAX1BP1 disrupts A20 complex formation, causing persistent RIPK1 ubiquitination and sustained NF- $\kappa$ B activation[52, 53]. It was observed in disease models that TAX1BP1 promoter hypermethylation in endothelial cells reduces its expression and leads to chronic inflammation and endothelial dysfunction[60] (Figure 2).

### 2.3.2 Regulation of Innate Immune Signalling

Besides NF- $\kappa$ B, TAX1BP1 also regulates innate immune pathways including RLR and TLR signaling[28]. In the RLR pathway, viral RNA activates RIG-I or MDA5, which recruit the adaptor MAVS to trigger downstream TBK1-IRF3 and IKK-NF- $\kappa$ B signaling[61, 62]. TAX1BP1 negatively regulates this pathway by interacting with MAVS at mitochondria and recruiting ITCH to promote MAVS ubiquitination and degradation[63]. TAX1BP1 knockdown enhances virus-induced apoptosis, while TAX1BP1-deficient cells show increased MAVS aggregates, indicating its role in MAVS clearance[26]. In the TLR pathway, TLR3/4 activation leads to TICAM1 (TRIF) oligomerization and downstream signaling[64] (Figure 3). TAX1BP1 cooperates with TRIM32 to promote TICAM1 ubiquitination and autophagic degradation, thereby suppressing TLR3/4 signaling[47]. Proteomic studies confirmed that TICAM1 aggregates accumulate in autophagy-deficient macrophages, while TAX1BP1 mediates their clearance[47, 65].

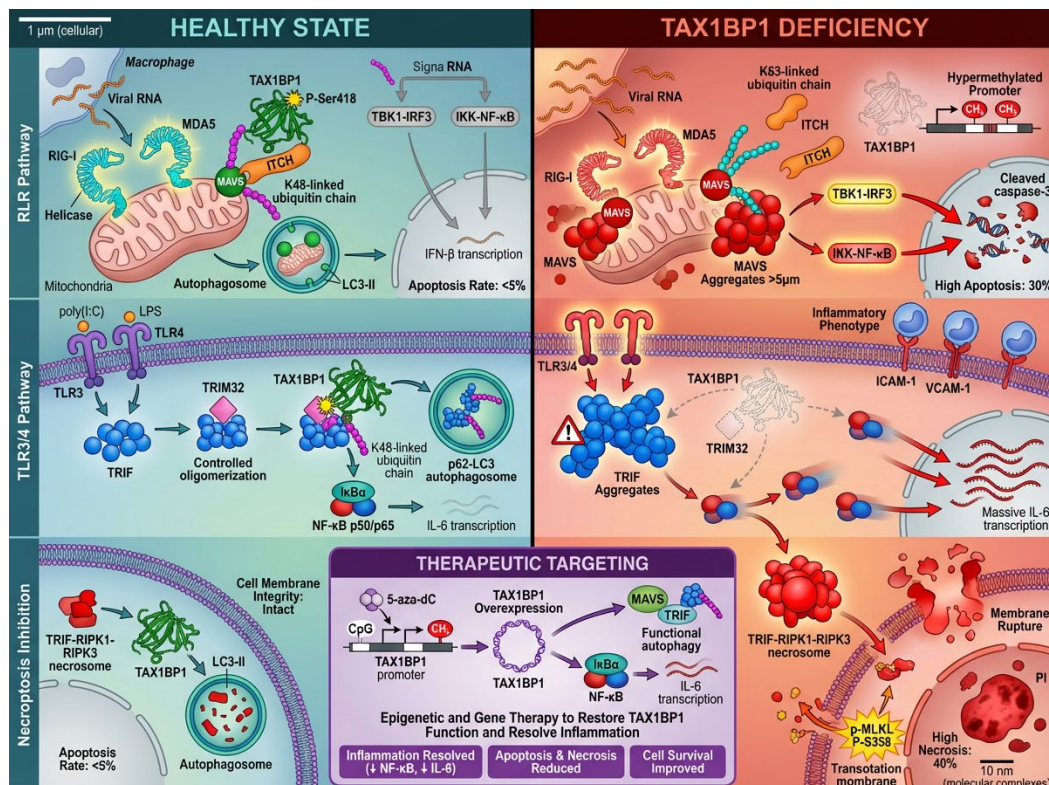


Figure 3. Regulation of RLR, TLR3/4, and necroptosis pathways by TAX1BP1. In the RLR pathway, TAX1BP1 limits antiviral signaling by promoting MAVS ubiquitination and clearance, thereby restraining downstream TBK1-IRF3 and IKK-NF- $\kappa$ B activation. In the TLR3/4 pathway, TAX1BP1 cooperates with TRIM32 to promote TRIF oligomerization and autophagic degradation, thereby suppressing TLR3/4 signaling.

*th TRIM32 to facilitate TRIF ubiquitination and autophagic degradation, suppressing inflammatory signaling. TAX1BP1 also inhibits TRIF–RIPK1–RIPK3 necrosome accumulation and thereby limits necroptosis. By contrast, TAX1BP1 deficiency enhances MAVS and TRIF aggregation, amplifies inflammatory signaling, and increases apoptosis and necrosis. The inset illustrates potential therapeutic strategies to restore TAX1BP1 function and resolve inflammation.*

Importantly, TAX1BP1 also limits necroptosis. TLR3/4 activation induces TICAM1-RIPK1-RIPK3 necrosome formation, and TAX1BP1 deficiency specifically increases necroptosis susceptibility[48]. This suggests TAX1BP1 suppresses both inflammatory signaling and programmed necrosis through aggregate clearance.

### **3. The Role of TAX1BP1 in Acute Kidney Injury**

#### **3.1 Expression Changes of TAX1BP1 in AKI**

TAX1BP1 expression in AKI was first characterized using a bilateral renal ischemia-reperfusion (I/R) mouse model[66]. Under normal conditions, TAX1BP1 levels in kidney tissue are low. After I/R injury, its expression increases within hours, peaks at 24 hours, and then declines. Immunofluorescence showed that TAX1BP1 is mainly expressed in proximal tubular epithelial cells (PTECs). Functional studies using AAV-mediated overexpression and shRNA knockdown revealed the protective role of TAX1BP1 in AKI. Overexpression reduced serum creatinine, blood urea nitrogen, and tubular injury scores after I/R, while knockdown worsened renal damage. TUNEL staining further confirmed that TAX1BP1 overexpression decreased apoptosis, whereas its knockdown increased tubular cell death[66]. These findings establish TAX1BP1 as a renal protective factor in AKI.

#### **3.2 Lipid droplet autophagy and lipotoxicity**

Lipophagy denotes autophagy-mediated degradation of lipid droplets, supplying fatty acids for cellular energy metabolism[67, 68]. Renal tubular cells rely on fatty acid  $\beta$ -oxidation (FAO) for energy supply. During AKI, impaired FAO causes lipid droplet accumulation and lipotoxicity, triggering ER stress, mitochondrial damage, and inflammation, which accelerate AKI-to-CKD progression[69, 70]. Direct evidence linking TAX1BP1 to renal lipophagy is still lacking, but indirect findings suggest a possible role. Lipid droplet proteins like perilipin are ubiquitinated and may serve as TAX1BP1 substrates[34, 71, 72]. TAX1BP1 also binds myosin VI, a motor protein involved in lipid droplet transport to lysosomes[39, 73]. Moreover, p62 participates in hepatic lipophagy and often cooperates with TAX1BP1 in other autophagy pathways, implying potential functional overlap[34, 74]. Validating TAX1BP1's role in tubular lipophagy using lipotoxicity-induced AKI models remains an important future direction[69, 75].

#### **3.3 TAX1BP1 regulates macrophage autophagy and inflammation**

Macrophages play dual roles in AKI: M1 macrophages promote inflammation through TNF- $\alpha$ , IL-6, and IL-1 $\beta$  secretion, while M2 macrophages facilitate tissue repair. Dysregulated macrophage polarization contributes to AKI-to-CKD progression[76]. Recent studies using macrophage-specific Atg5 knockout mice showed that autophagy deficiency in macrophages worsens LPS- or I/R-induced AKI, with increased tubular injury and inflammatory infiltration[19]. Mechanistically, the pro-inflammatory receptor TARM1 was identified as a key TAX1BP1 substrate[77]. TARM1 activates MAPK and NF- $\kappa$ B signaling to drive cytokine production. After LPS or I/R stimulation, TARM1 undergoes K63-linked ubiquitination and is recognized by TAX1BP1 and p62, which cooperatively target it for autophagic degradation. Knockdown of either receptor impairs TARM1 clearance, and dual knockdown shows additive effects. In vivo validation using macrophage-specific TAX1BP1 knockout mice confirmed that TAX1BP1 loss increases renal TARM1 levels, enhances pro-inflammatory cytokine production, and aggravates kidney injury[19]. These results demonstrate that TAX1BP1 suppresses renal inflammation by promoting TARM1 degradation in macrophages.

#### **3.4 Relationship between TAX1BP1 and autophagy flux**

Autophagy flux refers to the complete process from autophagosome formation to lysosomal fusion and substrate degradation[88, 79]. In AKI, autophagy flux is often impaired due to energy depletion, lysosomal dysfunction, or defective autophagosome-lysosome fusion[80]. TAX1BP1 participates in multiple steps of autophagy flux. It initiates selective autophagy by recognizing ubiquitinated substrates such as damaged

mitochondria and pro-inflammatory receptors. Through its SKICH domain, TAX1BP1 recruits RB1CC1/FIP200 and the autophagy initiation complex (ULK1-ATG13-RB1CC1-ATG101) to promote autophagosome nucleation[36, 81]. Additionally, TAX1BP1 interacts with Myosin VI to facilitate autophagosome transport along actin filaments toward lysosomes[39, 82]. Therefore, insufficient TAX1BP1 expression or function in AKI may impair substrate recognition, reduce autophagosome formation, and disrupt autophagosome-lysosome fusion, collectively worsening autophagy flux impairment.

#### **4. TAX1BP1 regulation of inflammation and cell death in AKI**

##### ***4.1 Inflammatory Cascade and Programmed Cell Death in AKI***

The pathological hallmarks of AKI comprise sterile inflammation and extensive tubular epithelial cell death[79, 83]. Ischemia or toxins induce apoptosis, necroptosis, or ferroptosis in renal tubular epithelial cells (RTECs), releasing damage-associated molecular patterns (DAMPs) such as HMGB1, mtDNA, and ATP[84–86]. These DAMPs activate pattern recognition receptors (TLRs, RAGE, NLRP3) on neighboring and immune cells, triggering NF- $\kappa$ B-mediated production of pro-inflammatory cytokines (TNF- $\alpha$ , IL-6, IL-1 $\beta$ ) and chemokines that recruit neutrophils and monocytes, further worsening RTEC injury[84]. Among cell death forms, apoptosis is non-lytic and less inflammatory, whereas necroptosis and ferroptosis cause membrane rupture and content release, provoking strong inflammatory responses[87]. In AKI, these cell death pathways coexist and reinforce each other, forming a vicious cycle of "injury-inflammation-cell death"[88].

##### ***4.2 TAX1BP1 regulates NF- $\kappa$ B and RIPK1 signaling via the A20 complex***

###### ***4.2.1 Assembly and Function of the TAX1BP1-A20 Complex***

TAX1BP1 functions as the core scaffold for the A20 ubiquitin-editing complex [60]. In the context of AKI, pathogenic stimuli such as ischemia-reperfusion (I/R) or LPS activate TNF receptors or TLRs, triggering upstream kinases (IKK $\alpha/\beta$ ) to phosphorylate TAX1BP1[57]. This phosphorylation facilitates the recruitment of the A20 complex to key signaling hubs, including RIPK1, TRAF6, and NEMO[52]. By executing ubiquitin-editing on these substrates, the complex effectively terminates IKK and TAK1 activation, blocks NF- $\kappa$ B nuclear translocation, and prevents excessive inflammatory damage in renal tissues [86, 91].

###### ***4.2.2 TAX1BP1 Dysfunction and Inflammatory Dysregulation***

Downregulation or functional defects in TAX1BP1 lead to failure in A20 complex assembly, resulting in loss of negative feedback regulation of the NF- $\kappa$ B signaling pathway[57, 52]. In AKI, this leads to persistent NF- $\kappa$ B activation. Studies in I/R-AKI mice showed elevated nuclear NF- $\kappa$ B p65 and increased IL-6 and TNF- $\alpha$  expression. TAX1BP1 knockdown further amplified NF- $\kappa$ B activation and cytokine production, while overexpression suppressed these effects[66]. TAX1BP1 also regulates RIPK1-dependent cell death[49, 52]. RIPK1 is a key branch point in TNF signaling: when K63-ubiquitinated, it activates NF- $\kappa$ B and promotes survival[89, 90]. When deubiquitinated, it triggers apoptosis via Caspase-8 cleavage or necroptosis via RIPK3 binding[91, 92]. The TAX1BP1-A20 complex controls RIPK1 ubiquitination status, and TAX1BP1 deficiency causes excessive RIPK1 deubiquitination, increasing susceptibility to necroptosis.[28, 52]

##### ***4.3 TAX1BP1 regulates apoptosis in renal tubular epithelial cells***

###### ***4.3.1 NF- $\kappa$ B/PMAIP1 pathway***

PMAIP1 (NOXA), a BH3-only protein, is a direct transcriptional target of NF- $\kappa$ B[93–95]. It binds and neutralizes anti-apoptotic proteins Mcl-1 and A1, releasing Bax/Bak to trigger mitochondrial cytochrome c release and caspase activation[96, 97]. Studies in I/R-AKI models revealed that TAX1BP1 regulates RTEC apoptosis through this pathway [66]. TAX1BP1 knockdown increased NF- $\kappa$ B p65 nuclear translocation and PMAIP1 expression, leading to more TUNEL-positive cells and elevated cleaved Caspase-3. ChIP assays confirmed enhanced NF- $\kappa$ B p65 binding to the PMAIP1 promoter. Conversely, TAX1BP1 overexpression suppressed NF- $\kappa$ B activation, reduced PMAIP1 levels, and decreased apoptosis. In vivo, TAX1BP1-knockdown mice showed elevated tubular PMAIP1, increased apoptosis, and worsened renal function after I/R, while TAX1BP1-overexpressing mice exhibited opposite effects[66].

These findings establish a regulatory axis: TAX1BP1 deficiency → NF-κB activation → PMAIP1 upregulation → RTEC apoptosis, representing an autophagy-independent protective mechanism (Figure 4).

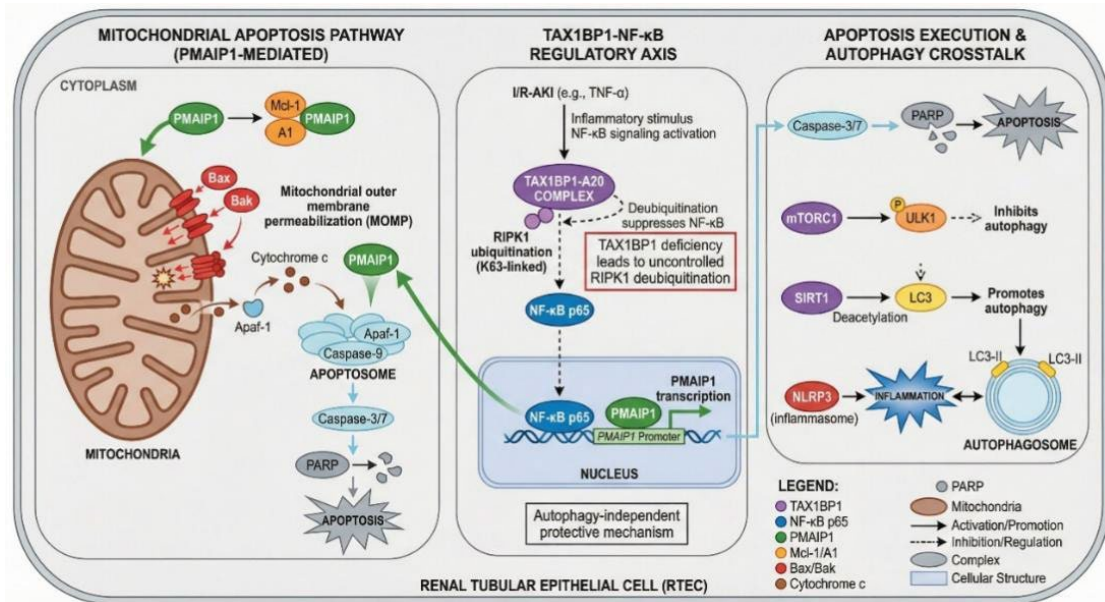


Figure 4. TAX1BP1–NF-κB–PMAIP1 regulatory axis in renal tubular epithelial cell apoptosis. In renal tubular epithelial cells, the TAX1BP1–A20 complex suppresses RIPK1/NF-κB signaling and limits PMAIP1 transcription. When TAX1BP1 is deficient, enhanced NF-κB activation increases PMAIP1 expression, which promotes mitochondrial apoptosis through Bax/Bak activation, cytochrome c release, apoptosome formation, and downstream caspase-3/7 and PARP cleavage. The right panel shows the execution phase of apoptosis and its crosstalk with autophagy- and inflammation-related pathways, including mTORC1, SIRT1, LC3, and NLRP3. Overall, TAX1BP1 protects renal tubular epithelial cells through an autophagy-independent anti-apoptotic mechanism.

4.3.2 Regulation of Necroptosis

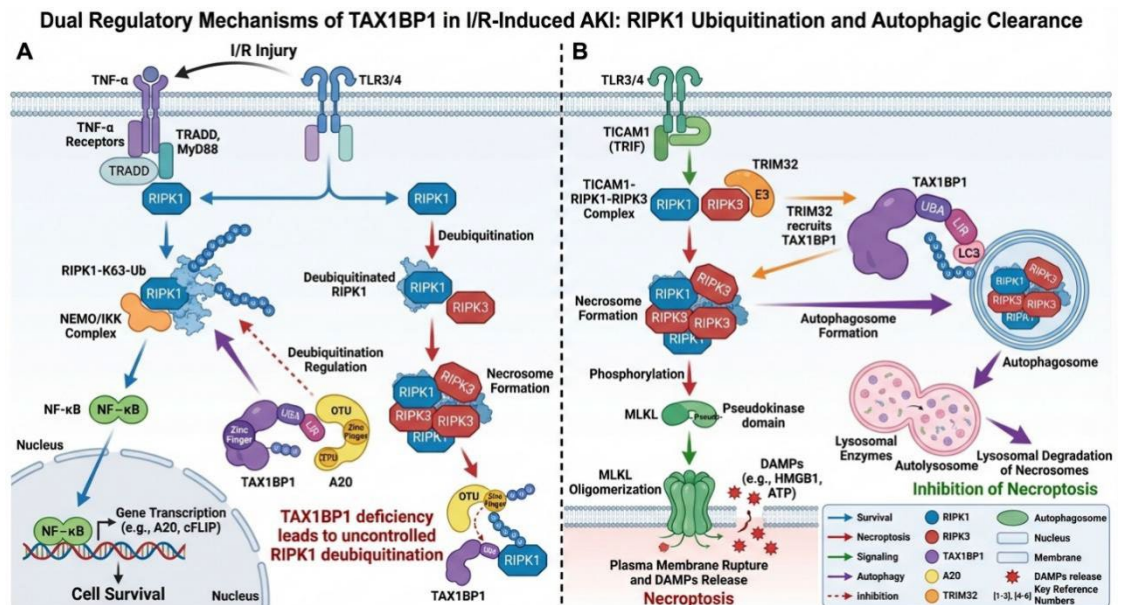


Figure 5. Dual regulatory roles of TAX1BP1 in ischemia–reperfusion-induced acute kidney injury. (A) In response to ischemia–reperfusion injury, TNF-α and TLR3/4 signaling regulate the balance between NF-κB-mediated survival and necroptosis through RIPK1. TAX1BP1, together with A20, controls RIPK1 ubiquitination and restrains the switch to necrosome formation. Loss of TAX1BP1 promotes RIPK1 deubiquitination, facilitates RIPK1–RIPK3 necrosome assembly, and enhances necroptosis. (B) TAX1BP1 also mediates selective autophagic clearance of necrosomes in the TLR3/4–TRIF pathway. Followi

ng TRIM32-dependent ubiquitination, TAX1BP1 recruits the necrosome to autophagosomes for lysosomal degradation, thereby preventing MLKL activation, membrane rupture, DAMPs release, and necroptosis.

Necroptosis plays a crucial role in I/R-induced AKI. TNF- $\alpha$  and other stimuli induce RIPK1-RIPK3 interaction via their RHIM domains to form necrosomes. RIPK3 then phosphorylates MLKL, which oligomerizes and translocates to the plasma membrane, causing membrane rupture[91, 92, 98, 99]. TAX1BP1 inhibits programmed necrosis through multiple mechanisms[100, 101]. The TAX1BP1-A20 complex regulates RIPK1 ubiquitination status[52, 102]. K63-ubiquitinated RIPK1 activates NF- $\kappa$ B and promotes survival, while deubiquitinated RIPK1 binds RIPK3 to initiate necroptosis[103, 104]. TAX1BP1 deficiency leads to uncontrolled RIPK1 deubiquitination, amplifying necrosis signals[101, 105]. Additionally, TAX1BP1 clears necrosome aggregates via autophagy[100]. TLR3/4 activation induces TICAM1-RIPK1-RIPK3 aggregation, and TAX1BP1 mediates their autophagic clearance[106]. Notably, TAX1BP1 deletion specifically enhances TLR3/4-induced necroptosis, while p62 or CALCOCO1 deletion does not, indicating a unique role for TAX1BP1 in necrosome clearance[100] (Figure 5). Although direct evidence in I/R-AKI is lacking, TAX1BP1 likely exerts similar protective effects, which warrants future investigation.

#### 4.4 TAX1BP1 as a Hub in the "Autophagy-Inflammation-Death" Signalling Network

TAX1BP1 functions as a multifaceted regulator in AKI, integrating three major pathological processes: autophagy, inflammation, and cell death[28]. As a selective autophagy receptor, TAX1BP1 clears damaged mitochondria, lipid droplets, and inflammatory aggregates (TARM1, MAVS, TICAM1), maintaining intracellular homeostasis[19, 28, 50]. As a scaffold in the A20 complex, it suppresses NF- $\kappa$ B signaling and also degrades pro-inflammatory receptors via autophagy, achieving dual inhibition of inflammation[52, 107, 108]. For cell death, TAX1BP1 reduces apoptosis by inhibiting the NF- $\kappa$ B/PMAIP1 axis and suppresses programmed necrosis by regulating RIPK1 ubiquitination and necrosome clearance[66, 109]. When TAX1BP1 function is defected, all three pathways are disrupted: damaged organelles and toxic proteins accumulate, inflammatory signaling becomes uncontrolled, and cell death programs are overactivated[28, 52, 100](Figure 6). This combined dysfunction drives irreversible AKI injury and progression to CKD.

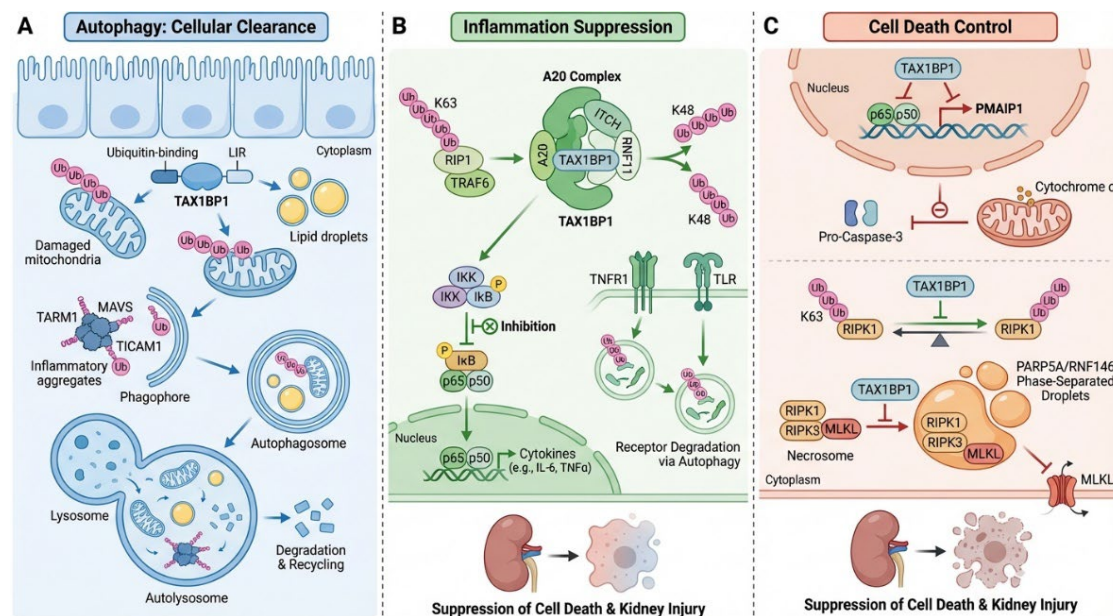


Figure 6. Multifaceted protective roles of TAX1BP1 in renal homeostasis and injury response. (A) TAX1BP1 functions as a selective autophagy receptor that recognizes ubiquitinated cargoes, including damaged mitochondria, lipid droplets, and inflammatory aggregates, and delivers them to autophagosomes for lysosomal degradation. (B) TAX1BP1 suppresses inflammation by serving as a scaffold for the A20 complex, thereby regulating RIP1 and TRAF6 ubiquitination, inhibiting IKK/NF- $\kappa$ B signaling, and reducing pro-inflammatory cytokine production. (C) TAX1BP1 also limits cell death by repressing PMAIP1-dependent apoptosis and by regulating RIPK1 signaling and necrosome clearance to suppress MLKL-dependent necroptosis. Together, these actions protect against kidney injury.

## 5. Prospects and Challenges of TAX1BP1 as a Therapeutic Target for AKI

### 5.1 Theoretical Basis for Targeting TAX1BP1 in AKI Therapy

Given TAX1BP1's multifaceted protective roles in AKI, targeting its upregulation or activation may represent a novel therapeutic strategy[66]. Upregulating TAX1BP1 may benefit AKI through multiple mechanisms. It promotes mitophagy to clear damaged mitochondria and reduce ROS production[110, 111]. It also accelerates autophagic degradation of pro-inflammatory molecules (TARM1, MAVS, TICAM1) while enhancing A20-mediated NF- $\kappa$ B suppression[26, 47, 53]. Additionally, it inhibits apoptosis via the NF- $\kappa$ B/PMAIP1 axis and necroptosis via RIPK1 regulation and necrosome clearance[66, 100, 101]. This strategy has been validated in animal studies, where AAV-mediated TAX1BP1 overexpression significantly improved renal function and reduced histological damage in I/R-induced AKI[53, 66].

### 5.2 Key scientific questions requiring resolution

#### 5.2.1 Cell Type Specificity

Current research primarily focuses on renal tubular epithelial cells and macrophages[112]. However, AKI involves multiple cell types, and TAX1BP1's role in other cells remains unknown. In vascular endothelial cells, TAX1BP1 expression is downregulated due to promoter hypermethylation, leading to sustained NF- $\kappa$ B activation and endothelial dysfunction[60]. This is relevant because endothelial injury occurs early in AKI and contributes to increased vascular permeability and microthrombosis[113]. For pericytes and myofibroblasts, TAX1BP1 function has not been studied. Pericyte-to-myofibroblast transition is a key event in AKI-to-CKD progression, and myofibroblasts drive renal fibrosis[114, 115]. Myofibroblasts constitute the primary source of extracellular matrix, driving renal fibrosis, but the role of TAX1BP1 in these cells remains unexplored[115]. Notably, sustained autophagy activation is recognized as a pro-fibrotic factor[75, 116]. Future studies using cell-specific TAX1BP1 knockout or overexpression models are needed to clarify its functions across different renal cell populations[114].

#### 5.2.2 Disease stage specificity

The course of AKI can be divided into the initiation, prolongation, maintenance and recovery phase[117]. Existing research predominantly focuses on the acute injury phase (24–72 hours), but TAX1BP1 expression and function may differ across these stages[118]. During acute injury, autophagy activation protects cells from oxidative stress and inflammatory injury[119, 120], with TAX1BP1 upregulation exerting a protective effect[66]. However, in the repair/fibrosis phase, autophagy plays a more complex role[121]. Moderate autophagy promotes repair, but sustained autophagy activation may contribute to fibrosis[116, 122, 123]. Indeed, autophagy "stalling" rather than activation has been linked to aging- and obesity-associated nephropathy progression[124]. Whether TAX1BP1 exerts protective or detrimental effects at different AKI stages requires further investigation.

### 5.3 Drug Development Strategy

#### 5.3.1 Gene Therapy

AAV-mediated gene therapy has shown protective effects in animal models[125, 126]. AAV9 exhibiting pronounced tropism for renal tissue, enabling efficient transduction of renal tubular epithelial cells[127, 128]. Theoretically, prophylactic AAV-TAX1BP1 administration before high-risk procedures (e.g., cardiac surgery or contrast agent use) could upregulate renal TAX1BP1 and enhance kidney protection against subsequent injury[129–131].

#### 5.3.2 Small-Molecule Modulators

Developing small-molecule drugs that directly target TAX1BP1 presents challenges, as TAX1BP1 primarily functions through protein-protein interactions and has traditionally been considered "undruggable"[36, 108, 132, 133]. However, several emerging strategies offer potential solutions. Molecular glues can stabilize TAX1BP1 binding with partners like RB1CC1, A20, and LC3 to enhance its function[36, 108, 134]. PROTAC technology can degrade negative regulators of TAX1BP1 (e.g., deubiquitinating enzymes or phosphatases), indirectly boosting its activity[135–137]. Targeting upstream kinases such as TBK1 is another option, though this requires careful consideration given TBK1's dual roles discussed earlier[26, 57]. Additionally, autophagy activators like rapamycin and rapalogs show protective effects in AKI models by inhibiting mTOR[138–140]. Combining these with TAX1BP1 upregulation may produce synergistic benefits.

### 5.4 Challenges in Clinical Translation

Several challenges remain between animal models and clinical application. Species differences between mice and humans in renal anatomy, physiology, and injury responses have caused many promising therapies to fail in clinical trials[141]. Using humanized mice, large animal models (porcine), or human kidney organoids may help bridge this gap[141–143]. AKI heterogeneity is another concern. Clinical AKI arises from diverse causes (ischemia, toxins, sepsis, etc.) with distinct mechanisms, and TAX1BP1's protective effect needs validation across multiple AKI models[144–146]. Safety is also critical. Gene therapies and novel drugs require careful evaluation, especially in critically ill patients. Clinical trials should begin with healthy volunteers before progressing to AKI patients. Finally, comorbidities must be considered. AKI patients often have diabetes, hypertension, or cancer[144]. Since TAX1BP1 may promote STING1 degradation and attenuate anti-tumor immunity[142]. Whether TAX1BP1 upregulation is safe in cancer patients needs further study.

### 6. Conclusions and Outlook

Acute kidney injury is a common and serious clinical condition involving oxidative stress, inflammation, mitochondrial dysfunction, and programmed cell death. Recent studies reveal that TAX1BP1, as a pivotal hub linking autophagy, inflammation, and cell death, exerts significant protective effects in AKI pathogenesis. TAX1BP1 exerts its protective effects through two pathways. As a selective autophagy receptor, TAX1BP1 recognizes and clears damaged mitochondria, lipid droplets, and inflammatory signaling platforms (such as TARM1 and MAVS), maintaining cellular homeostasis in renal tubular epithelial cells and macrophages. Simultaneously, as a core linker protein within the A20 ubiquitin-editing complex, it suppresses NF- $\kappa$ B signaling and regulates programmed cell death by remodeling ubiquitin chains on molecules like RIPK1. When TAX1BP1 function is impaired, both autophagy and inflammation become dysregulated. Damaged mitochondria and pro-inflammatory proteins accumulate, NF- $\kappa$ B activation leads to excessive cytokine release, and PMAIP1 upregulation and RIPK1 dysregulation promote tubular cell apoptosis and necrosis. This disruption of cellular homeostasis is a key driver of irreversible AKI and progression to CKD.

Understanding TAX1BP1's mechanisms gives new opportunities for AKI clinical treatment, but clinical translation remains challenging. Key questions include its roles in different cell types and disease stages, upstream regulatory mechanisms, and optimal therapeutic windows. From gene therapy to small molecule development, each approach faces technical and safety hurdles. Despite these challenges, TAX1BP1's protective impact has been confirmed in multiple studies. With advances in single-cell technologies, structural biology, and drug platforms like molecular glues and PROTACs, TAX1BP1-targeted therapies hold promise. By restoring the autophagy-inflammation balance early in disease, such therapies may prevent AKI-to-CKD progression and improve long-term patient outcomes.

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