

**TABLE 1**

**pH<sub>i</sub> and pH<sub>e</sub> in normal and cancer cells: apoptosis and antiapoptosis**

<b>NORMAL CELLS</b> (pH <sub>i</sub> <pH <sub>e</sub> )	<b>CANCER CELLS</b> (pH <sub>i</sub> >pH <sub>e</sub> ) <i>(“proton gradient reversal”) (PGR)</i>
<b>Intracellular pH (pH<sub>i</sub>)</b> <b>6.99-7.05</b>	<b>Intracellular pH (pH<sub>i</sub>)</b> <b>7.2-7.8</b> <i>Pathological antiapoptosis</i>
<b>Extracellular/interstitial pH (pH<sub>e</sub>)</b> <b>7.35-7.45</b>	<b>Extracellular/interstitial pH (pH<sub>e</sub>)</b> <b>6.2-6.8</b> <i>Therapeutic apoptosis</i>

\*For further details, see text and refs [9, 15].

**TABLE 2**

**Factors that increase cell pH and/or stimulate NHE activity as mediators of high pH<sub>i</sub>-mediated carcinogenicity**

Proton transporters (PTs) and proton pumps (PPs)  
Virus (HPV E5, human polioma virus)  
Oncogenes and viral proteins (v-mos, Ha-Ras, HPV16 E7)  
Gene products (Bcl-2)  
p53 deficiency  
Genetic instability  
Chemicals carcinogens (arsenic salts, benzo(a)pyrene)  
Chronic hypoxia and HIF  
Different mitogens  
Hormones and cytokines (Insulin, growth hormone, prolactin, glucocorticoids, IGF-1, EGF, VEGF, PDGF, IL-1, IL-8, G-CSF, TGF-β, Angiotensin II, PGE2, Bombesin, Diferric transferrin)  
Glucose overload  
Time (ageing)

\* Modified from Harguindey et al. [9]. For further details, see text.

**TABLE 3**

**pHi, apoptosis and antiapoptosis in HNDDs and cancer**

	<b>HNDDs</b>	<b>Cancer</b>
<b>↑ pHi</b>	Therapeutic antiapoptosis	Pathological antiapoptosis
<b>↓ pHi</b>	Pathological apoptosis	Therapeutic apoptosis