

Transcriptional regulation of the human type III TGF β receptor.

Cooper SJ¹, Marlow LA¹, Maity T², Hempel N³, Margulis V², Blobe GC^{3,4}, Wood CG² and Copland JA¹

¹Department of Cancer Biology, Mayo Clinic Jacksonville, Jacksonville, Florida; ²Department of Urology, The University of Texas M.D. Anderson Cancer Center, Houston, Texas; ³Department of Medicine, ⁴and Pharmacology and Cancer Biology, Duke University Medical Center, Durham, North Carolina.



Abstract

Renal cell carcinoma (RCC) accounts for 3% of all malignancies reported each year and is the sixth leading cause of cancer death. Early diagnosis of this disease is essential for intervention and cure due to the lack of effective treatments available for later stages and metastatic disease. Previous publications from this laboratory have identified through the utilization of genomic profiling, that loss of the type II and III TGF β receptors in the progression of this disease lead to loss of TGF β responsiveness and suggests a role for dysregulated TGF β signaling in RCC progression and metastasis. Restoration of the type II and III receptors in cell lines derived from metastatic RCC restored TGF β -mediated responses, inhibited anchorage independent growth, decreased cell proliferation and completely blocked tumor growth in athymic nude mice (Copland *et al.* 2003). Restoration of TGF β receptor type III (T β RIII) alone demonstrated induction of apoptosis in RCC cell lines (Margulis *et al.* 2007). Therefore modulation of the expression level of T β RIII in RCC metastatic disease is an attractive method for intervention. Two promoters have been identified that regulate the expression of the T β RIII gene; the distal promoter and the proximal promoter which reside 45kB and 25k upstream of the transcriptional start site respectively. Examination of these promoters through deletion and point mutation analysis utilizing normal renal and RCC cell lines has identified a number of putative transcription factor binding sites with the potential to regulate T β RIII expression. One such site in the distal promoter accounts for more than 90% of the promoters activity. Further evaluation of these putative transcriptional regulators of T β RIII are being investigated utilizing ChIP and EMSA assays. Functionality is being tested by silencing putative transcription factors using lentiviral shRNA in normal renal epithelial cells with the expectation that T β RIII mRNA levels will be attenuated. Over-expression of transcriptional factors in RCC cell lines are being examined for their potential to restore T β RIII mRNA and protein levels. Inhibition of methyltransferases and HDACs in RCC cells lead to a 3-fold induction in T β RIII RNA expression suggesting that gene silencing is another process involved. Taken together, these investigations will identify novel molecular targets able to regulate the expression of T β RIII and allow for a better understanding of the events leading to its loss in RCC.

Background

Renal cell carcinoma (RCC) accounts for 3% of all malignancies reported each year and is the sixth leading cause of cancer death in the US

Risk factors include smoking, obesity, high-fat diet and genetic and hereditary history

Early diagnosis of this disease is essential for intervention and cure due to the lack of effective treatments available for later stage and metastatic disease.

Loss of responsiveness to TGF β signaling has been proposed to play a prominent role in RCC carcinogenesis and progression. Loss of the type III Transforming Growth Factor- β (T β RIII) receptor (Betaglycan) has been identified to cause a loss of TGF β responsiveness

T β RIII is a putative tumor suppressor and its expression had been identified to be lost or reduced in a number of cancers; prostate cancer¹, renal cell carcinoma (RCC)², ovarian cancer³, breast cancer⁴, non small cell lung cancer⁵

Loss of T β RIII has been hypothesized to be an early event in renal cell cancer (RCC)

A clearer understanding of the molecular events that lead to loss of T β RIII expression in renal cell cancer would allow for identification of putative therapeutic pathways that through manipulation would allow for re-expression of the type III receptor and the return of TGF β responsiveness

Representation of T β RIII promoter



Figure 1. Graphical representation of the human type III TGF β receptor.

Expression of T β RIII in experimental cell lines

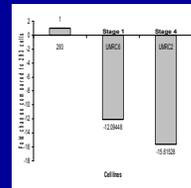


Figure 2. Real Time PCR analysis of T β RIII expression levels in experimental cell lines. Cells were grown to 90% confluence in 10% FBS, washed with PBS and RNA extracted using RNeasy. 20ng of RNA were used in the Real Time reaction and samples measured in triplicate. T β RIII expression levels are compared back to those of 293 cells.

Identification of transcription factor response elements in the T β RIII 0.58k distal promoter

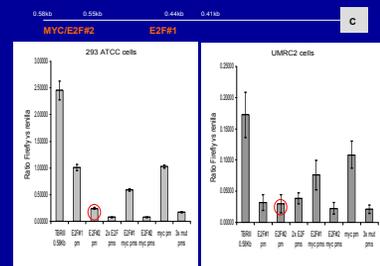


Figure 3. Point mutations of putative binding sites in the proximal promoter of T β RIII lead to decreased expression. 293 and UMR2C cells were grown to 70% confluence before undergoing Firefly transient transfection with full length and point mutated luciferase reporter constructs. Point mutation constructs were created using the Quickchange II XL site-directed mutagenesis kit (Stratagene). After a 24 hour incubation period proteins were collected and analyzed. Results are expressed as a ratio of Firefly activity normalized to the Tk renilla transfection control vector.

Analysis of the T β RIII proximal promoter

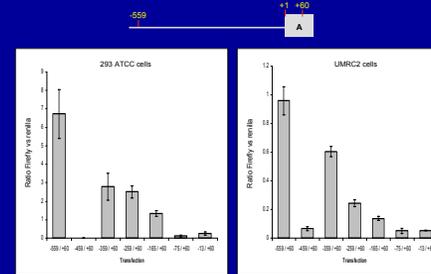
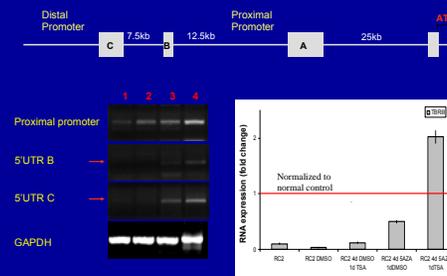


Figure 4. Identification of enhancer regions in the proximal T β RIII promoter. 293 and UMR2C cells were grown to 70% confluence in complete media before undergoing Firefly transient transfection with proximal promoter full length and deletion constructs. Cells were harvested 24 hours post transfection and luciferase activity analyzed. Results are expressed as a ratio of Firefly activity normalized to the Tk renilla transfection control vector.

Promoter regulation of endogenous T β RIII mRNA



1. UMR2C cells 4 day DMSO
2. UMR2C cells 4 day DMSO 1 day TSA
3. UMR2C cells 4 day 5'AZA 1 day DMSO
4. UMR2C cells 4 day 5'AZA 1 day TSA

Figure 5. Demethylation and inhibition of HDACs return expression of T β RIII promoter and RNA expression in the UMR2C RCC cell line. Cells were treated as described with TSA and 5'AZA at concentrations of 0.5 μ M and 10 μ M respectively. RNA was extracted using RNeasy (Ambion) and analyzed for proximal and distal promoter expression by RT-PCR. Analysis of expression levels of T β RIII compared to normal matched controls of UMR2C were also evaluated by Real Time PCR techniques. Results were normalized to the NK2 normal renal cell controls.

Conclusions

- Mutations of the E2F binding sites of the T β RIII distal promoter interferes with its expression suggesting a regulatory role for E2Fs.
- Silencing of E2F1 in the UMR2C RCC cell line leads to a two fold re-expression of T β RIII suggesting that E2F1 is working as a transcriptional repressor (Data not shown).
- However, expression of the T β RIII distal promoter is not observed in our normal renal cell model system.
- The proximal promoter sequence contains both activating and repressing elements. Proximal promoter expression is seen in our normal renal cell model system and in RCC and is also induced by TSA and 5'AZA treatment.
- DNA demethylation leads to re-expression of T β RIII message and in combination with histone deacetylation induces a 2-fold return of expression above normal patient matched T β RIII levels.

Future Directions

- Identification of transcription factor family members and other proteins that are binding to the -559/-459 region of the proximal promoter that are modulated between normal renal cells, tumor cells and 5'AZA/TSA treated tumor cells
- Creation of 50 and 25bp deletion mutants of the -559/-359 sequence of the proximal promoter to identify regions of transcriptional activation and repression
- shRNA silencing of T β RIII in normal renal tissue cultures to identify if the loss of T β RIII is sufficient to move cells towards a malignant phenotype and to identify downstream targets of T β RIII loss in normal renal cells.

Acknowledgements

This work was supported in part by NIH/NCI grant RO1 CA104505 awarded to JAC.

References

1. Sharifi *et al.* Transforming growth factor-beta receptor II downregulation in prostate cancer: its inhibition is a tumor suppressor in prostatic 7. *Mol Endocrinol*. 2003; 17:325-332. 2007
2. Copland *et al.* Genomic profiling identifies alterations in TGF β signaling through loss of TGF β receptor expression in human renal cell carcinoma progression. *Oncogene*. 22(39):8053-62. 2003
3. Hempel *et al.* Loss of betaglycan expression in ovarian cancer: role in motility and invasion. *Cancer Res*. 67(11):5231-8. 2007
4. Chakravarty *et al.* Expression and secretion of TGF- β isoforms and expression of TGF- β receptors I, II and III in normal and neoplastic human breast. *Int J Oncol*. 15(1):187-94. 1999
5. Finer *et al.* T β RIII suppresses non-small cell lung cancer invasiveness and tumorigenicity. *Carcinogenesis*. 29(3):528-36. 2008