Molecular Organization of Cells

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INTRODUCTION

Multicellular tissues exist in one of two types of cellular arrangements, epithelial or mesenchymal. Epithelial cells adhere tightly to each other at their lateral surfaces and to an organized extracellular matrix (ECM) at their basal domain, thereby producing a sheet of cells resting on a basal lamina with an apical surface. Mesenchymal cells, in contrast, are individual cells with a bipolar morphology that are held together as a tissue within a three-dimensional ECM (see Figure 6.1). The conversion of epithelial cells into mesenchymal cells, an "epithelial-mesenchymal transition" (EMT), is central to many aspects of embryonic morphogenesis, adult tissue repair, as well as a number of disease states (Thiery et al., 2009; Hay, 2005; Nieto, 2011). The reverse process whereby mesenchymal cells coalesce into an epithelium is a "mesenchymal-epithelial transition" (MET). Understanding the molecules that regulate this transition between epithelial and mesenchymal states offers important insights into how cells and tissues are organized.

The early embryo is structured as one or more epithelia. An EMT allows the rearrangements of cells to create additional morphological features. Well-studied examples

of EMTs during embryonic development includes gastrulation in Drosophila (Baum et al., 2008), the emigration of primary mesenchyme cells (PMCs) in sea urchin embryos (Shook and Keller, 2003), and gastrulation in amniotes (reptiles, birds, and mammals) at the primitive streak (Hay, 2005). EMTs also occur later in vertebrate development, such as the emigration of neural crest cells from the neural tube (Sauka-Spengler and Bronner-Fraser, 2008), the formation of the sclerotome from epithelial somites, and during palate fusion (Hay, 2005). The reverse process of MET is likewise crucial to development, and examples include the condensation of mesenchymal cells to form the notochord and somites (Thiery et al., 2009), kidney tubule formation from nephrogenic mesenchyme (Schmidt-Ott et al., 2006), and the creation of heart valves from cardiac mesenchyme (Nakajima et al., 2000). In the adult organism, EMTs and METs occur during wound healing and tissue remodeling (Hay, 2005; Kalluri and Weinberg, 2009). The conversion of neoplastic epithelial cells into invasive cancer cells has long been considered an EMT process (Thiery et al., 2009). However, there are also examples of tumor cells that have functional cell-cell adhesion junctions, yet are still migratory and invasive as

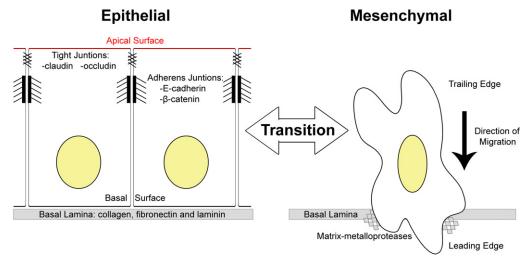


FIGURE 6.1 Epithelial vs. mesenchymal. Epithelial cells adhere tightly together by tight junctions and adherens junctions localized near the apical surface. Epithelial cells also have a basal surface that rests on a basal lamina (ECM). Mesenchymal cells in contrast do not have well-defined cell—cell adhesion complexes, have front-end/back-end polarity instead of apical/basal polarity, and mesenchymal cells are characterized by their ability to invade the basal lamina.

a group (Rørth, 2009). This "collective migration" also occurs during development (Nieto, 2011). Hence, there is debate about whether an EMT model accurately describes all epithelial metastatic cancers. Similarly, the fibrosis of cardiac, kidney, lens, and liver epithelial tissue has also long been categorized as an EMT event (Hay, 2005; Iwano et al., 2002). However, recent research in the kidney *in vivo* shows that the myofibroblasts induced following kidney injury are derived from mesenchymal pericytes, rather than the proximal epithelial cells (Humphreys et al., 2010). Therefore, the origin of the cells that contribute to fibrotic tissue scarring (epithelial or otherwise) may need to be carefully re-examined.

The focus of this chapter is on the molecules that regulate the organization of cells into epithelium or mesenchyme. We will first discuss the cellular changes that occur during an EMT, including changes in cell—cell and cell—ECM adhesions, changes in cell polarity, and the stimulation of invasive cell motility. Then we will consider the molecules and mechanisms that control the EMT or MET, including the structural molecules, transcription factors and signaling pathways that regulate EMTs.

MOLECULES THAT ORGANIZE CELLS

The conversion of an epithelial sheet into individual migratory cells and back again requires the coordinated changes of many distinct families of molecules.

Changes in Cell-Cell Adhesion

Epithelial cells are held together by specialized cell—cell junctions, including adherens junctions, desmosomes, and

tight junctions (Giepmans and van Ijzendoorn, 2009). These junctions are localized in the lateral domain near the apical surface and establish the apical polarity of the epithelium. In order for an epithelial sheet to produce individual mesenchymal cells, cell—cell adhesions must be disrupted. The principal transmembrane proteins that mediate cell-cell adhesions are members of the cadherin superfamily (Stepniak et al., 2009). E-cadherin and N-cadherin are classical cadherins that interact homotypically through their extracellular IgG domains with likecadherins on adjacent cells. Cadherins are important mediators of cell-cell adhesion. For example, misexpression of E-cadherin is sufficient for promoting cell—cell adhesion and assembly of adherens junctions in fibroblasts (Nagafuchi et al., 1987). In epithelial cancers (carcinomas), E-cadherin acts as a tumor suppressor (Thiery, 2002). In a mouse model for β-cell pancreatic cancer, the loss of E-cadherin is the rate-limiting step for transformed epithelial cells to become invasive (Perl et al., 1998). Although the loss of cadherin-mediated cell-cell adhesion is necessary for an EMT, the loss of cadherins is not always sufficient to generate a complete EMT in vivo. For example, the neural tube epithelium in mice expresses N-cadherin, but in the N-cadherin knockout mouse an EMT is not induced in the neural tube (Radice et al., 1997). Hence, cadherins are essential for maintaining epithelial integrity, and the loss of cell-cell adhesion due to the reduction of cadherin function is an important step for an EMT.

One characteristic of an EMT is "cadherin switching." Often, epithelia that express E-cadherin will downregulate E-cadherin expression at the time of the EMT, and express different cadherins such as N-cadherin (Christofori, 2003). Cadherin switching may promote motility. For instance, in

mammary epithelial cell lines, the misexpression of N-cadherin is sufficient for increased cell motility, and blocking N-cadherin expression results in less motility. However, the misexpression of N-cadherin does not result in the complete loss of epithelial morphology. Hence, cadherin switching may be necessary for cell motility, but cadherin switching alone is not sufficient to bring about a complete EMT (Maeda et al., 2005).

There are several ways that cadherin expression and function are regulated. Transcription factors that are central to most EMTs such as Snail-1, Snail-2, Zeb1, Zeb2, Twist, and E2A, all bind to E-boxes on the *E-cadherin* promoter and repress the transcription of *E-cadherin* (De Craene et al., 2005). Post-transcriptionally, the E-cadherin protein is ubiquitinated by the E3-ligase, Hakai, which targets E-cadherin to the proteasome (Fujita et al., 2002). E-cadherin turnover at the membrane is regulated by either caveolae-dependent endocytosis or clathrin-dependent endocytosis (Bryant and Stow, 2004), and p120-catenin prevents endocytosis of E-cadherin at the membrane (Xiao et al., 2007). E-cadherin function can also be disrupted by matrix metalloproteases, which degrade the extracellular domain of E-cadherin (Egeblad and Werb, 2002). Some or all of these mechanisms may occur during an EMT to disrupt cell-cell adhesion.

In summary, cell—cell adhesion is maintained principally by cadherins, and changes in cadherin expression are typical of an EMT.

Changes in Cell-ECM Adhesion

Altering the way that a cell interacts with the ECM is also important in EMTs. For example, at the time that sea urchin PMCs ingress, the cells have increased adhesiveness for ECM (Shook and Keller, 2003). Cell-ECM adhesion is mediated principally by integrins. Integrins are transmembrane proteins composed of two non-covalently linked subunits, α and β , that bind to ECM components such as fibronectin, laminin, and collagen. The cytoplasmic domain of integrins links to the cytoskeleton and interacts with signaling molecules. Changes in integrin function are required for many EMTs, including neural crest emigration (Delannet and Duband, 1992), mouse primitive streak formation (Hay, 2005), and cancer metastasis (Desgrosellier and Cheresh, 2010). However, the misexpression of integrin subunits is not sufficient to bring about a full EMT in vitro (Valles et al., 1996) or in vivo (Carroll et al., 1998).

The presence and function of integrins is modulated in several ways. For example, the promoter of the *integrin* $\beta 6$ gene is activated by the transcription factor Ets-1 during colon carcinoma metastasis (Bates, 2005). Most integrins can also cycle between "On" (high affinity) or "Off" (low affinity) states. This "inside-out" regulation of integrin

adhesion occurs at the integrin cytoplasmic tail (Hood and Cheresh, 2002). In addition to integrin activation, the "clustering" of integrins on the cell surface also affects the overall strength of integrin—ECM interactions. The increased adhesiveness of integrins due to clustering, known as avidity, can be activated by chemokines, and is dependent on RhoA and phosphatidylinositol 3′ kinase (PI3K) activity (Hood and Cheresh, 2002).

In summary, changes in ECM adhesion are required for an EMT. Cell—ECM adhesions are maintained by integrins, and integrins have varying degrees of adhesiveness dependent upon the presence, activity, or avidity of the integrin subunits.

Changes in Cell Polarity and Stimulation of Cell Motility

Cellular polarity is defined by the distinct arrangement of cytoskeletal elements and organelles in epithelial versus mesenchymal cells. Epithelial polarity is characterized by cell-cell junctions found near the apical-lateral domain (non-adhesive surface), and a basal lamina opposite to the apical surface (adhesive surface). Mesenchymal cells in contrast do not have apical/basal polarity, but rather frontend/back-end polarity, with actin-rich lamellipodia and Golgi localized at the leading edge (Hay, 2005). Molecules that establish cell polarity include Cdc42, PAK1, PI3K, PTEN, Rac, Rho, and the PAR proteins (McCaffrey and Macara, 2009; Moreno-Bueno et al., 2008). Changes in cell polarity help to promote an EMT. In mammary epithelial cells, the activated TGF-\beta receptor II causes Par6 to activate the E3 ubiquitin ligase Smurf1, and Smurf1 then targets RhoA to the proteasome. The loss of RhoA activity results in the loss of cell-cell adhesion and epithelial cell polarity (Ozdamar et al., 2005).

In order for mesenchymal cells to leave the epithelium, they must become motile. Many of the same polarity (Crumbs, PAR, and Scribble complexes), structural (actin, microtubules), and regulatory molecules (Cdc42, Rac1, RhoA) that govern epithelial polarity are also central to cell motility (Nelson, 2009). Cell motility mechanisms also vary depending on whether the environment is 2D or 3D (Friedl and Wolf, 2010). Many mesenchymal cells express the intermediate filament vimentin, and vimentin may be responsible for several aspects of the EMT phenotype (Mendez et al., 2010).

In short, a wide variety of structural, polarity, and regulatory molecules must be reassigned as cells transition between epithelial polarity and mesenchymal migration.

Invasion of the Basal Lamina

In most EMTs the emerging mesenchymal cells must penetrate a basal lamina which consists of ECM components such as collagen type IV, fibronectin, and laminin. The basal lamina functions to stabilize the epithelium and is a barrier to migratory cells (Erickson, 1987). One mechanism that mesenchymal cells use to breach the basal lamina is to produce enzymes that degrade it. Plasminogen activator is one protease associated with a number of EMTs, including neural crest emigration (Erickson, 1987) and the formation of cardiac cushion cells during heart morphogenesis (McGuire and Alexander, 1993). The type II serine protease, TMPRSS4, also promotes an EMT and metastasis when overexpressed in vitro and in vivo (Jung et al., 2007). Matrixmetalloproteases (MMPs) are also important for many EMTs. When MMP-2 activity is blocked in the neural crest EMT, neural crest emigration is inhibited, but not neural crest motility (Duong and Erickson, 2004). In mouse mammary cells, MMP-3 overexpression is sufficient to induce an EMT in vitro and in vivo (Sternlicht et al., 1999). Misexpressing MMP-3 in cultured cells induces an alternatively spliced form of Rac1 (Rac1b), which then causes an increase in reactive oxygen species (ROS) intracellularly, and Snail-1 expression. Either Rac1b activity or ROS are necessary and sufficient for an MMP-3-induced EMT (Radisky et al., 2005). Hence, a number of extracellular proteases are important to bring about an EMT.

While epithelial cells undergoing an EMT do eventually lose cell—cell adhesion, apical—basal polarity, and gain invasive motility, the EMT program is not necessarily ordered or linear. For example, in a study where neural crest cells were labeled with cell-adhesion or polarity markers and individual live cells were observed undergoing the EMT in slice culture, neural crest cells changed epithelial polarity either before or after the complete loss of cell—cell adhesion, or lost cell—cell adhesions either before or after cell migration commenced (Ahlstrom and Erickson, 2009). Therefore, while an EMT does consist of several distinct phases, these steps may occur in different orders or combinations, some of which (e.g., the complete loss of cell—cell adhesion) may not always be necessary.

In summary, changes in a wide range of molecules are needed for an EMT as epithelial cells lose cell—cell adhesion, change cellular polarity, and gain invasive cell motility.

THE EMT TRANSCRIPTIONAL PROGRAM

At the foundation of every EMT or MET program are the transcription factors that regulate the gene expression required for these cellular transitions. While many of the transcription factors that regulate EMTs have been identified, the complex regulatory networks are still incomplete. Here we review the transcription factors that are known to promote the various phases of an EMT. Then we

examine how these EMT transcription factors themselves are regulated at the promoter and post-transcriptional levels.

Transcription Factors that Regulate EMTs

The Snail family of zinc-finger transcription factors, including Snail-1 and Snail-2 (formerly Snail and Slug), are direct regulators of cell-cell adhesion and motility during EMTs (De Craene et al., 2005; Barrallo-Gimeno and Nieto, 2005). The knockout of *Snail-1* in mice is lethal early in gestation, and the presumptive primitive streak cells that normally undergo an EMT still retain apical/basal polarity, adherens junctions, and express E-cadherin mRNA (Carver et al., 2001). Snail-1 misexpression is sufficient for breast cancer recurrence in a mouse model in vivo, and high levels of Snail-1 predict the relapse of human breast cancer (Moody et al., 2005). Snail-2 is necessary for the chicken primitive streak and neural crest EMTs (Nieto et al., 1994). One way that Snail-1 or Snail-2 causes a decrease in cell-cell adhesion is by repressing the E-cadherin promoter (De Craene et al., 2005). This repression requires the mSin3A co-repressor complex, histone deacetylases, and components of the Polycomb 2 complex (Herranz et al., 2008). Snail-1 is also a transcriptional repressor of the tight junction genes *Claudin* and *Occludin* (De Craene et al., 2005) and the polarity gene Crumbs3 (Whiteman et al., 2008). The misexpression of Snail-1 and Snail-2 further leads to the transcription of proteins important for cell motility such as fibronectin, vimentin (Cano et al., 2000), and RhoB (Del Barrio and Nieto, 2002). Further, Snail-1 promotes invasion across the basal lamina. In Madin-Darby Canine Kidney (MDCK) cells, the misexpression of Snail-1 represses laminin (basement membrane) production (Haraguchi et al., 2008) and indirectly upregulates *mmp-9* transcription (Jorda et al., 2005). Snail and Twist also make cancer cells more resistant to senescence, chemotherapy, apoptosis, and endow cancer cells with "stem cell" properties (Thiery et al., 2009). Hence, Snail-1 or Snail-2 are necessary and sufficient for bringing about many of the steps of an EMT, including loss of cell-cell adhesion, changes in cell polarity, gain of cell motility, invasion of the basal lamina, and increased proliferation and survival.

Other zinc-finger transcription factors important for EMTs are zinc-finger E-box-binding homeobox 1 (Zeb1, also known as δ EF1), and Zeb2 (also known as Smadinteracting protein-1, Sip1). Both Zeb1 and Zeb2 bind to the *E-cadherin* promoter and repress transcription (De Craene et al., 2005). Zeb1 can also bind to and repress the transcription of the polarity proteins Crumbs3, Pals1-associated tight junction proteins (PATJ), and Lethal giant larvae 2 (Lgl2) (Spaderna et al., 2008). Zeb2 is structurally similar to Zeb1, and Zeb2 overexpression is sufficient to

downregulate E-cadherin, dissociate adherens junctions, and increase motility in MDCK cells (Comijn et al., 2001).

The Lymphoid Enhancer-binding Factor/ T-Cell Factor (LEF/TCF) transcription factors also play an important role in EMTs. For instance, the misexpression of Lef-1 in cultured colon cancer cells reversibly causes the loss of cell—cell adhesion (Kim et al., 2002). LEF/TCF transcription factors directly activate genes that regulate cell motility, such as the L1 adhesion molecule (Gavert et al., 2005), and the *fibronectin* gene (Gradl et al., 1999). LEF/TCF transcription factors also upregulate genes required for basal lamina invasion, including *mmp-3* and *mmp-7* (Gustavson et al., 2004).

Other transcription factors that have a role in promoting EMTs are the class I bHLH factors E2-2A and E2-2B (Sobrado et al., 2009), the forkhead box transcription factor FOXC2 (Mani et al., 2007), the homeobox protein Goosecoid (Hartwell et al., 2006), and the homeoprotein Six1 (Micalizzi et al., 2009; McCoy et al., 2009).

To summarize, transcription factors that regulate an EMT often do so by directly repressing cell adhesion and epithelial polarity molecules, and by upregulating genes required for cell motility and basal lamina invasion.

Regulation at the Promoter Level

Given the importance of the Snail, Zeb, and LEF/TCF transcription factors in orchestrating the various phases of an EMT, it is essential to understand the upstream events that regulate these EMT-promoting transcription factors.

The activation of Snail-1 transcription in Drosophila requires the transcription factors Dorsal (NF-κB) and Twist (De Craene et al., 2005). The human *Snail-1* promoter also has functional NF-κB sites (Barbera et al., 2004) and blocking NF-κB reduces Snail-1 transcription (Vargha et al., 2008). Additionally, a region of the Snail-1 promoter is responsive to integrin-linked kinase (ILK) (De Craene et al., 2005), and ILK can activate Snail-1 expression via poly-ADP-ribose polymerase (PARP) (Lee et al., 2006). In mouse mammary epithelial cells, high mobility group protein A2 (HMGA2) and Smads activate Snail-1 expression, and subsequently Snail-2, Twist, and Id2 transcription (Thuault et al., 2008). For Snail-2 expression, myocardinrelated transcription factors (MRTFs) interact with Smads to induce Snail-2 (Morita et al., 2007) and MRTFs may play a role in metastasis (Medikane et al., 2009) and fibrosis (Fan et al., 2007). There are also several Snail-1 transcriptional repressors. In breast cancer cell lines, metastasis-associated protein 3 (MTA3) binds directly to and represses the transcription of Snail-1 in combination with the Mi-2/NuRD complex (Fujita et al., 2003), as also does lysine-specific demethylase (LSD1) (Wang et al., 2009). The Ajuba LIM proteins (Ajuba, LIMD1, and WTIP) are additional transcriptional corepressors of the Snail family (Langer et al., 2008).

The transcription of LEF/TCF genes such as *Lef-1* are activated by Smads (Nawshad and Hay, 2003). The misexpression of Snail-1 results in the transcription of $\delta EF-1$ and *Lef-1* through a yet unknown mechanism (De Craene et al., 2005).

Post-Transcriptional Regulation of EMT Transcription Factors

The activity of EMT transcription factors is also regulated post-transcriptionally, where alternative splicing, translational control, protein stability (targeting to the proteasome), and nuclear localization can all regulate an EMT.

One newly discovered layer of EMT regulation is the epithelial- or mesenchymal-specific expression of alternatively spliced transcripts. For example, epithelial splicing regulatory proteins 1 and 2 (ESRP1 and ESRP2) are two RNA binding proteins that regulate the epithelial-specific expression of many molecules that are important to an EMT such as Rho regulators, integrins, and collagen (Warzecha et al., 2010). Blocking ESRP1 and 2 expression changes the pattern of alternatively spliced transcripts and causes cultured epithelial cells to upregulate vimentin and fibronectin, to reduce E-cadherin at cell—cell contacts, and to increase protease activity (Warzecha et al., 2010).

Non-coding RNAs are also emerging as important regulators of EMTs. In a breast cancer model, Myc activates the expression of microRNA-9 (miR-9), and miR-9 directly binds to and represses the *E-cadherin* promoter (Ma et al., 2010). Members of the miR-200 family repress the translation of *Zeb1*, and the expression of these miR-200 family members are repressed by Snail-1. Additionally, *Zeb2* transcription can be activated by naturally occurring RNA antisense transcripts (Beltran et al., 2008). It is not yet known if there are non-coding RNAs that regulate Snail family members. However, the Y-box binding protein-1 (YB-1) is important for the selective activation of *Snail-1* translation (Evdokimova et al., 2009).

Protein stability is another layer of EMT control. Snail-1 is phosphorylated by GSK-3β and targeted for destruction (Zhou et al., 2004). Therefore, the inhibition of GSK-3β activity by Wnt signaling may have multiple roles in an EMT, leading to the stabilization of both β-catenin and Snail-1. Some proteins that prevent GSK-3β-mediated phosphorylation (and thus promote Snail-1 activation) are lysyl-oxidase-like proteins LOXL2, LOXL3 (Peinado et al., 2007), and ILK (Delcommenne et al., 1998). A Snail-1-specific phosphatase (Snail-1 activator) is C-terminal domain phosphatase (SCP) (Wu et al., 2008). Snail-2 is targeted for degradation by the direct action of p53 and the ubiquitin ligase Mdm2 (Wang et al., 2009).

In addition to protein translation and stability, the function of Snail-1 also depends upon nuclear localization mediated by Snail-1's nuclear localization sequence. The phosphorylation of human Snail-1 by p21-activated kinase 1 (Pak1) promotes the nuclear localization of Snail-1 (and therefore Snail-1 activation) in breast cancer cells (Yang et al., 2005). In zebrafish, LIV-1 promotes the translocation of Snail-1 into the nucleus (Yamashita et al., 2004). Snail-1 also contains a nuclear export sequence (NES) that is dependent on the calreticulin (CalR) nuclear export pathway (Dominguez et al., 2003). This NES sequence is activated by the phosphorylation of the same lysine residues targeted by GSK-3\beta, which suggests a mechanism whereby phosphorylation of Snail-1 by GSK-3β results in the export of Snail-1 from the nucleus and subsequent degradation.

LEF/TCF activity is also regulated by other proteins. β -catenin is required as a co-factor for LEF/TCF-mediated activation of transcription, and Lef-1 can also associate with co-factor Smads to activate the transcription of additional EMT genes (Labbe et al., 2000). In colon cancer cells, Thymosin β 4 stabilizes ILK activity (Huang et al., 2006).

In summary, EMT transcription factors such as Snail-1, Zeb1, and Lef-1 are regulated by a variety of mechanisms, both at the transcriptional level and post-transcriptional level by alternative splicing, non-coding RNA translation control, protein degradation, nuclear localization, and cofactors such as β -catenin.

MOLECULAR CONTROL OF THE EMT

The initiation of an EMT or MET is a tightly regulated event during development and tissue repair because deregulation of cellular organization is disastrous to the organism. A variety of external and internal signaling mechanisms coordinate the complex events of the EMT, and these same signaling pathways are often disrupted or reactivated during disease. EMTs or METs can be induced by either diffusible signaling molecules or ECM components. Below we discuss the role of signaling molecules and ECM in triggering an EMT, and then present a summary model for EMT induction.

Ligand-Receptor Signaling

During development, five main ligand-receptor signaling pathways are employed, namely TGF- β , Wnt, RTK, Notch, and Hedgehog. These pathways, among others, all have a role in triggering EMTs. While the activation of a single signaling pathway can be sufficient for an EMT, in most cases an EMT or MET is initiated by multiple signaling pathways acting in concert.

TGF-β Pathway

The transforming growth factor-beta (TGF-β) superfamily includes TGF-β, activin, and bone morphogenetic protein (BMP) families. These ligands operate through receptor serine/threonine kinases to activate a variety of signaling molecules including Smads, MAPK, PI3K, and ILK. Most of the EMTs studied to date are induced in part, or solely, by TGF-B superfamily members (Zavadil and Bottinger, 2005). During embryonic heart development, TGF-β2 and TGF-β3 have sequential and necessary roles in activating the endocardium to invade the cardiac jelly and from the endocardial cushions (Camenisch et al., 2002). In the avian neural crest, BMP4 induces Snail-2 expression (Liem Karel et al., 1995). In the EMT that transforms epithelial tissue into metastatic cancer cells, TGF-\beta acts as a tumor suppressor during early stages of tumor development, but as a tumor/EMT inducer at later stages (Zavadil and Bottinger, 2005; Cui et al., 1996). TGF-β signaling may combine with other signaling pathways to induce an EMT. For example, in cultured breast cancer cells, activated Ras and TGF-β induce an irreversible EMT (Janda et al., 2002), and in pig thyroid epithelial cells, TGF-β and epidermal growth factor (EGF) synergistically stimulate the EMT (Grande et al., 2002).

One outcome of TGF- β signaling is to immediately change epithelial cell polarity. In a TGF- β -induced EMT of mammary epithelial cells, TGF- β R II directly phosphorylates the polarity protein, Par6, leading to the dissolution of tight junctions (Ozdamar et al., 2005). TGF- β signaling also regulates gene expression through the phosphorylation and activation of Smads. Smads are important co-factors in the stimulation of an EMT. For example, Smad3 is necessary for a TGF- β -induced EMT in lens and kidney tissue *in vivo* (Roberts et al., 2006). The Smad3/4 also complexes with Snail-1 and co-represses the promoters of cell—cell adhesion molecules (Vincent et al., 2009). Further, TGF- β R I directly binds to and activates PI3K (Yi et al., 2005), which in turn activates ILK and downstream pathways.

ILK is emerging as an important positive regulator of EMTs (Larue and Bellacosa, 2005). ILK interacts directly with growth factor receptors (TGF- β , Wnt, or RTK), integrins, the actin skeleton, PI3K, and focal adhesion complexes. ILK directly phosphorylates Akt and GSK-3 β , and results in the subsequent activation of transcription factors such as AP-1, NF- κ B, and Lef-1. Overexpression of ILK in cultured cells causes the suppression of GSK-3 β activity (Delcommenne et al., 1998), translocation of β -catenin to the nucleus, activation of Lef-1/ β -catenin (Novak et al., 1998). Inhibition of ILK in cultured colon cancer cells leads to the stabilization of GSK-3 β activity, decreased nuclear β -catenin localization, the suppression of Lef-1 and Snail-1 transcription, and reduced invasive

behavior of colon cancer cells (Tan et al., 2001). ILK activity also results in Lef-1-mediated transcriptional upregulation of MMPs (Gustavson et al., 2004). Hence, ILK (inducible by TGF- β signaling) is capable of orchestrating most of the major events in an EMT, including the loss of cell—cell adhesion and invasion across the basal lamina.

Wnt Pathway

Many EMTs or METs are also regulated by Wnt signaling. Wnts signal through seven-pass transmembrane proteins of the Frizzled family, which activates G-proteins, PI3K, inhibits GSK-3 β , and promotes nuclear β -catenin signaling. For example, during zebrafish gastrulation, Wnt11 activates the GTPase Rab5c, which results in the endocytosis of E-cadherin (Ulrich et al., 2005). Wnt6 signaling is sufficient for increased transcription of *Snail-2* in the avian neural crest (Garcia-Castro et al., 2002). Snail-1 expression increases Wnt signaling (Stemmer et al., 2008), which suggests a positive feedback loop.

One of the downstream signaling molecules activated by Wnt signaling is β-catenin. β-catenin is a structural component of adherens junctions. Nuclear β-catenin is also a limiting factor for the activation of LEF/TCF transcription factors. β-catenin is pivotal for regulating most EMTs. Interfering with nuclear β -catenin signaling blocks the ingression of sea urchin PMCs (Logan et al., 1999), and in β-catenin mouse knockouts, the primitive streak EMT does not occur, and no mesoderm is formed (Huelsken et al., 2000). β-catenin is also necessary for the EMT that occurs during cardiac cushion development (Liebner et al., 2004). In breast cancer, β-catenin expression is highly correlated with metastasis and poor survival (Cowin et al., 2005), and blocking β -catenin function in tumor cells inhibits invasion in vitro (Wong and Gumbiner, 2003). It is unclear if β-catenin overexpression alone is sufficient for all EMTs. If β-catenin is misexpressed in cultured cells, it causes apoptosis. However, the misexpression of a stabilized form of β-catenin in mouse epithelial cells in vivo results in metastatic skin tumors (Gat et al., 1998).

Signaling by RTK Ligands

The receptor tyrosine kinase (RTK) family of receptors and the growth factors that activate them also regulate EMTs or METs. Ligand binding promotes RTK dimerization and activation of the intracellular kinase domains by autophosphorylation of tyrosine residues. These phosphotyrosines act as docking sites for intracellular signaling molecules, which can activate signaling cascades such as Ras/MAPK, PI3K/Akt, JAK/STAT, or ILK. Below we cite a few examples of RTK signaling in EMTs and METs.

Hepatocyte growth factor (HGF, also known as scatter factor) acts through the RTK c-met. HGF is important for

the MET in the developing kidney (Woolf et al., 1995). HGF signaling is required for the EMT that produces myoblasts (limb muscle precursors) from somite tissue in the mouse (Thiery, 2002). In epithelial cells, HGF causes an EMT through MAPK and early growth response factor-1 (Egr-1) signaling (Grotegut et al., 2006).

Fibroblast growth factor (FGF) signaling regulates mouse primitive streak formation (Ciruna and Rossant, 2001). FGF signaling also stimulates cell motility and activates MMPs (Suyama et al., 2002; Billottet et al., 2008).

Epidermal growth factor (EGF) promotes the endocytosis of E-cadherin (Lu et al., 2003). EGF can also increase Snail-1 activity via the inactivation of GSK3- β (Lee et al., 2008) and EGF promotes increased *Twist* expression through a JAK/STAT3 pathway (Lo et al., 2007).

Insulin growth factor (IGF) signaling induces an EMT in breast cancer cell lines through the activation of Akt2 and suppression of Akt1 (Irie et al., 2005). In prostate cancer cells, IGF-1 promotes Zeb-1 expression (Graham et al., 2008). In fibroblast cells, constitutively activated IGF-IR increases NF- κ B activity and Snail-1 levels (Kim et al., 2007). In several cultured epithelial cell lines, IGFR1 is associated with the complex of E-cadherin and β -catenin, and the ligand IGF-II causes the redistribution of β -catenin from the membrane to the nucleus, activation of the transcription factor TCF-3, and a subsequent EMT (Morali et al., 2001).

Another RTK known for its role in EMTs is the ErbB2/HER-2/Neu receptor, whose ligand is heregulin/neuregulin. Overexpression of HER-2 occurs in 25% of human breast cancers, and the misexpression of HER-2 in mouse mammary tissue *in vivo* is sufficient to cause metastatic breast cancer (Muller et al., 1988). Herceptin[®] (antibody against the HER-2 receptor) treatment is effective in reducing the recurrence of HER-2-positive metastatic breast cancers. HER-2 signaling activates *Snail-1* expression in breast cancer through an unknown mechanism (Moody et al., 2005). The RTK Axl is also required for breast cancer carcinoma invasiveness (Gjerdrum et al., 2010).

Vascular endothelial growth factor (VEGF) signaling promotes Snail-1 activity by suppression of GSK3-β (Wanami et al., 2008), and results in increased levels of *Snail-1*, *Snail-2*, and *Twist* (Yang et al., 2006). Snail-1 can also activate the expression of VEGF (Peinado et al., 2004). In summary, RTK signaling is important for many EMTs.

Notch Pathway

The Notch signaling family also regulates EMTs. When the Notch receptor is activated by its ligand Delta, an intracellular portion of the Notch receptor ligand is cleaved and transported to the nucleus where it regulates target genes. Notch1 is required for cardiac endothelial cells to undergo

an EMT to make cardiac cushions, and the role of Notch may be to make cells competent to respond to TGF- β 2 (Timmerman et al., 2004). In the avian neural crest EMT, Notch signaling is required for the induction and/or maintenance of *BMP4* expression (Endo et al., 2002). Similarly, Notch signaling is required for the TGF- β -induced EMT of epithelial cell lines (Zavadil et al., 2004), and Notch promotes *Snail-2* expression in cardiac cushion cells (Niessen et al., 2008) and cultured cells (Leong et al., 2007).

Hedgehog Pathway

The hedgehog pathway is also involved in EMTs. Metastatic prostate cancer cells express high levels of hedgehog and *Snail-1*. If prostate cancer cell lines are treated with the hedgehog-pathway inhibitor, cyclopamine, levels of *Snail-1* are decreased. If the hedgehog-activated transcription factor, Gli, is misexpressed, *Snail-1* expression increases (Karhadkar et al., 2004).

Additional Signaling Pathways

Other signaling pathways that activate EMTs include inflammatory signaling molecules, lipid hormones, ROS species, and hypoxia. Interleukin-6 (inflammatory and immune response) can promote Snail-1 expression in breast cancer cells (Sullivan et al., 2009), and Snail-1 in turn can activate II-6 expression (Lyons et al., 2008), providing a link between inflammation and EMTs (López-Novoa and Nieto, 2009). The lipid hormone prostaglandin E2 (PGE2) induces

Zeb1 and Snail activity in lung cancer cells (Dohadwala et al., 2006), and Snail-1 can also induce PGE2 expression (Mann et al., 2006). ROS species can also activate EMTs by PKC and MAPK signaling (Yang et al., 2008). Hypoxia is important for initiating EMTs during development (Dunwoodie, 2009) and disease (López-Novoa and Nieto, 2009), often through hypoxia-inducible factor-1 (HIF-1), which directly activates *Twist* expression (Yang et al., 2008). Hypoxia also activates lysyl oxidases (LOX), which stabilize Snail-1 expression (Sahlgren et al., 2008) by inhibiting GSK-3β activity (Peinado et al., 2005).

In addition to diffusible signaling molecules, extracellular matrix molecules also regulate EMTs or METs. This was first dramatically demonstrated when lens or thyroid epithelium was embedded in collagen gels, and then promptly underwent an EMT (Hay, 2005). Integrin signaling appears to be important in this process (Zuk and Hay, 1994), and involves ILK-mediated activation of NF-κB, Snail-1, and Lef-1 (Koshikawa et al., 2000). Other ECM components that regulate EMTs include hyaluronan (Camenisch et al., 2002), the gamma-2 chain of laminin 5 (Koshikawa et al., 2000), periostin (Ruan et al., 2009), and podoplanin (Martin-Villar et al., 2006; Wicki et al., 2006). In summary, a variety of diffusible signals and ECM components can stimulate EMTs or METs.

A Model for EMT Induction

Many of the experimental studies on EMT mechanisms are piecework, and while great progress has been made in discovering EMT pathways, the entire signaling network

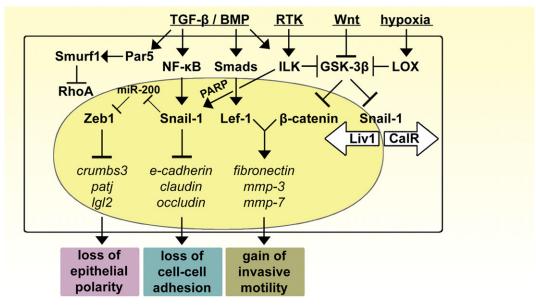


FIGURE 6.2 Induction of an EMT. This figure summarizes some of the important molecular pathways that bring about an EMT. Many of the signaling pathways converge on the activation of Snail-1 and nuclear β-catenin signaling to change gene expression, which results in the loss of epithelial cell polarity, the loss of cell—cell adhesion, and increased invasive cell motility.

is still incomplete. Figure 6.2 summarizes many of the various signaling mechanisms, although in actuality only a few of the inductive pathways will be utilized for a particular EMT. From experimental evidence to date, it appears that many of the EMT signaling pathways converge on ILK, the inhibition of GSK-3 β , and stimulation of nuclear β -catenin signaling to activate Snail and LEF/TCF transcription factors. Snail, Zeb, and LEF/TCF transcription factors then act on a variety of targets to suppress cell—cell adhesion, induce changes in cell polarity, stimulate cell motility, and promote invasion of the basal lamina.

CONCLUSION

Over the past 20+ years since the term "EMT" was coined (Greenburg and Hay, 1982), important insights have been made in this rapidly expanding field of research. EMT and MET events occur during development, tissue repair, and disease, and many molecules that regulate the various EMTs or METs have been characterized, thanks in large part to the advent of cell culture models. However, the EMT regulatory network as a whole is still incomplete. The improved understanding of EMT and MET pathways in the future will lead to novel therapeutic targets for the treatment of disease and more effective strategies for tissue engineering.

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