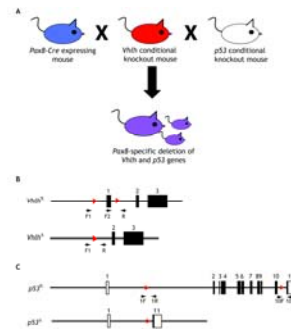
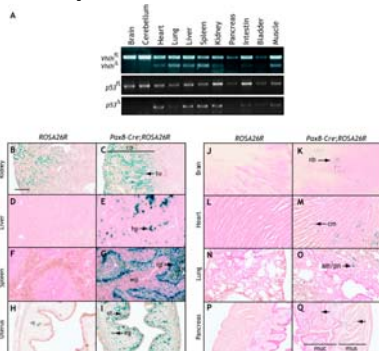


**Concomitant loss of VHL and p53
lead to a striking increase in HIF
levels and more prominent
vascular tumors**

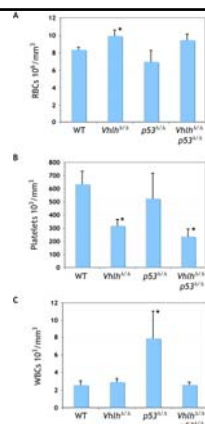
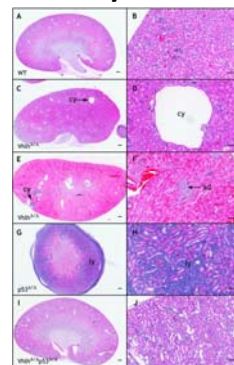
Generation of Pax8-Cre VHL, p53 and double knockout mice



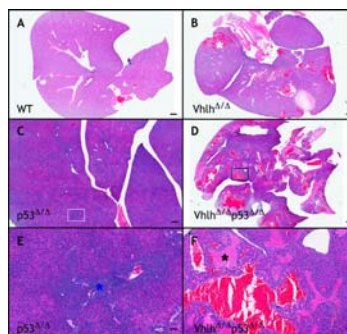
Expression of Pax8-Cre



Kidney lesions



Hepatic Hemangiomas



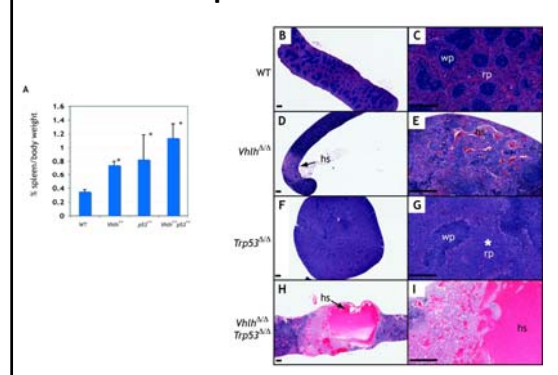
Incidence of hepatic lesions of mice between 4 and 7 months of age

	WT (n=7)	<i>Vhlh^{fl/d}</i> (n=8)	<i>p53^{fl/d}</i> (n=7)	<i>Vhlh^{fl/d}p53^{fl/d}</i> (n=13)
Angiectasis	0%	88%	0%	85%
Hemangiomas	0%	75%	0%	85%
Necrotizing hepatitis	0%	13%	0%	77%
Lymphoma	0%	0%	43%	0%
No lesions	100%	13%	57%	15%

Percentage of tissue involvement by the hepatic hemangiomas

	<i>Vhlh^{fl/d}</i>	<i>Vhlh^{fl/d}p53^{fl/d}</i>
1-25%	83%	41%
26-50%	17%	18%
> 50%	0%	41%

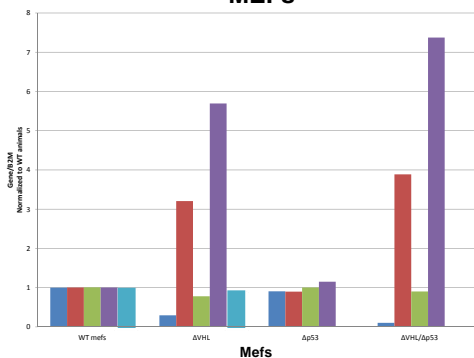
Spleen lesions



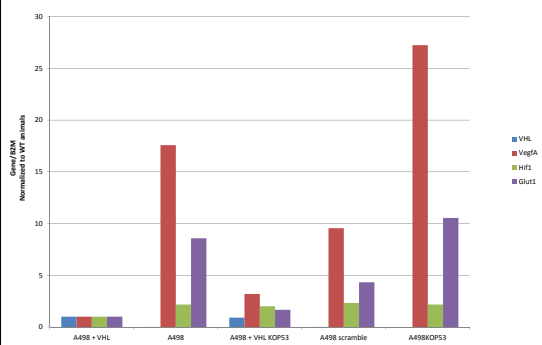
Incidence of splenic lesions

	WT (n=7)	<i>Vhlh^{fl/d}</i> (n=8)	<i>p53^{fl/d}</i> (n=7)	<i>Vhlh^{fl/d}p53^{fl/d}</i> (n=11)
Extramedullary hematopoiesis	0%	88%	0%	82%
Hemangioma	0%	0%	0%	9%
Hemangiosarcoma	0%	25%	0%	55%
Lymphoma	0%	0%	43%	0%
No lesions	100%	12%	57%	11%

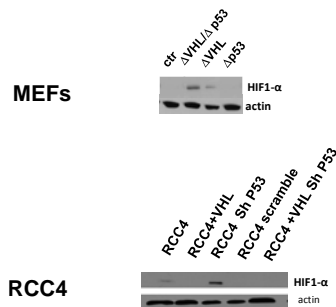
VEGF, HIF1a, GLUT 1, and p53 mRNA levels in MEFs



VEGF, HIF1a, GLUT1 mRNA levels in human RCC cells



Concomitant loss of VHL and p53 leads to a robust increase in HIF protein levels



Conclusions

- Loss of VHL and p53 together leads to more pronounced hemangiomas and hemangiosarcomas in spleen and liver as compared to VHL deletion alone
- HIF target genes are further increased in VHL/p53 mutants as compared to VHL mutants
- HIF protein levels and not RNA levels are increased upon loss of p53
- HIF regulation by p53 might occur at the level of translation (mTOR or miRNA)
- Loss of p53 results in lymphomas which are suppressed by VHL deletion

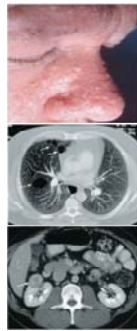
1) Establish mechanism of p53 mediated HIF regulation

2) Study HIF protein regulation in C.elegans

Functional Characterization of the FLCN Tumor Suppressor

Birt-Hogg-Dube Syndrome

- Is an inherited neoplasia syndrome
- It predisposes to melanoma, fibrofolliculomas, pneumothorax and renal cancer
- Higher risk of developing renal cancer of multiple subtypes.

**FLCN**

- The tumor suppressor gene responsible for this disease is *FLCN*
- Encodes folliculin (FLCN) a novel cytoplasmic protein.
- All mutations found in BHD patients result in a truncated or destabilized protein suggesting a loss of function mechanism leading to the syndrome development.
- FLCN has no significant sequence homology to any other known protein.
- AMPK was identified as a FLCN interacting protein (Baba et al., 2006)
- AMPK is activated when ATP levels drop, inhibits anabolic pathways and activates catabolic pathways.
- There is a FLCN ortholog in *C.elegans* (28% identity).

Controversy from different genetic models:

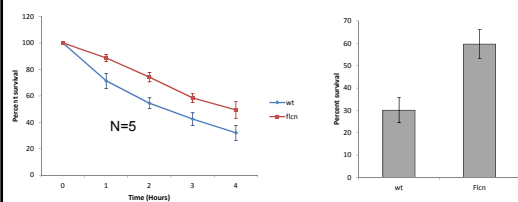
- Knockout of *FLCN* in mice results in:
 - Polycystic kidneys with elevated mTOR/AKT and ERK signaling (Baba et al., 2008, Chen et al., 2008)
 - renal cysts with lower mTOR signaling (Hartman et al., 2009)
 - renal cysts with either elevated or reduced levels of mTOR signaling. (Hudon et al., 2009)
- In *S.pombe* a *FLCN* ortholog representing only the N-terminal half activates mTOR signaling independent of TSC1/2 (Slegtenhorst et al. 2007)

C.elegans FLCN

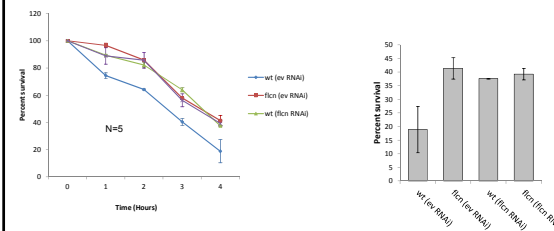
[illegible]

C.elegans AMPK (aak-2) mediates longevity and resistance to oxidative stress

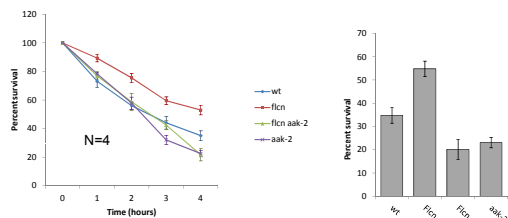
FLCN mutation enhances resistance to ROS



FLCN RNAi enhances resistance to ROS

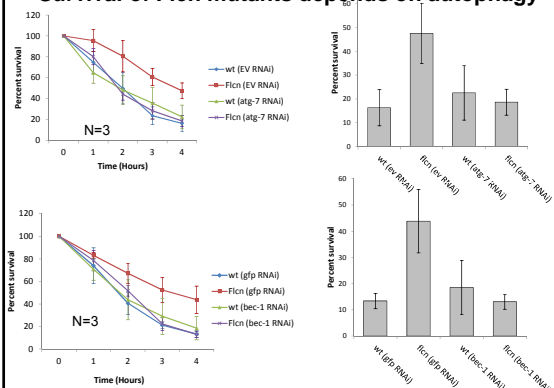


aak-2 mediates resistance to ROS in FLCN mutants

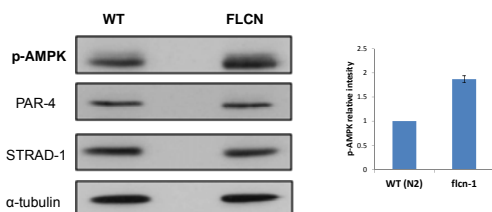


FLCN might act as negative regulator of aak-2 (no effect on aak-1)

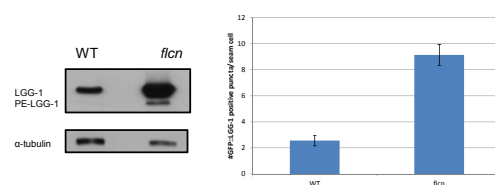
Survival of Flcn mutants depends on autophagy



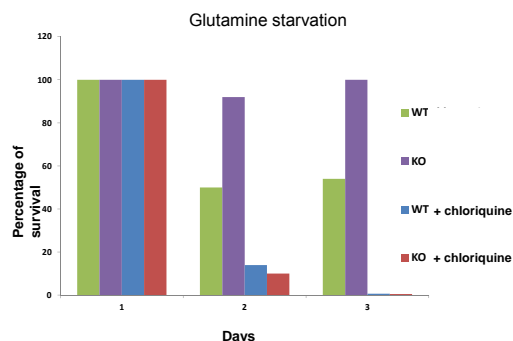
Elevated levels of p-AMPK in FLCN mutant



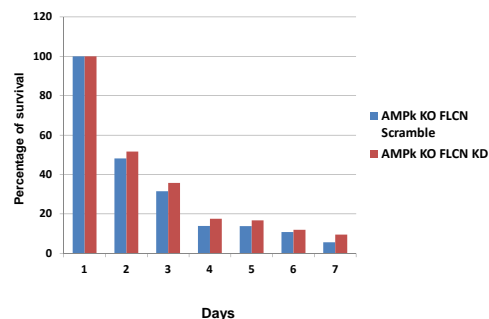
Higher levels of autophagy in FLCN knockout worms



Loss of folliculin in MEFs leads to autophagy-dependent survival during starvation



Starvation resistance is dependent on AMPK



Conclusions

- FLCN acts as a negative regulator of AMPK
- Loss of FLCN leads to AMPK dependent increase in ROS resistance
- Loss of FLCN leads to an increase in AMPK-dependent autophagy
- Autophagy mediates resistance to ROS
- Use of autophagy inhibitors for Tx of BHD lesions

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