

Editorial

Collaborating Pathways that Functionally Amplify NOTCH1 Signals in T-Cell Acute Lymphoblastic Leukemia

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INTRODUCTION

T-cell acute lymphoblastic leukemia (T-ALL) accounts for 15% of pediatric and 25% of adult ALL. With cure rates of ~80% in children and ~40% in adults, there is an urgent need to identify and understand the signaling pathways in T-ALL in order to develop the first targeted therapies for this cancer. The most prevalent oncogene is *NOTCH1*, which is mutated in about 60% of patient samples [1]. Normally, Notch is restrained by the heterodimerization domain (HD, Figure 1). Notch becomes activated once it engages ligand. γ -secretase cleaves Notch, thus releasing the intracellular domain of Notch (ICN). ICN binds Rbpj and Maml to activate transcription. ICN has a short half-life as phosphodegrom motifs in its PEST domain are recognized by the ubiquitin ligase Fbxw7, which targets it for destruction [2,3]. PEST domain deletions improve ICN stability [4]. Mutations in the HD domain trigger ligand-independent activation [5,6]. Target genes of *NOTCH1* that drive leukemia include *MYC* [7-9], *HES1* [10], *IGF-1R* [11], *TRIB2* [12], and *IL7R* [13]. Notch also activates the PI3K/Akt/mTor pathway [11,14,15].

Collaborative pathways confer resistance to NOTCH inhibitors

γ -secretase inhibitors (GSIs) block Notch signaling (Figure 1). GSIs are being tested in clinical trials in T-ALL and other NOTCH-driven cancers [16-18]. Initial reports show promising activity. However, resistance is an emerging problem. Approximately two-thirds of human T-ALL cell lines are resistant to GSI [1]. GSI depletes ICN in resistant cells just as it does in sensitive cells [7,15]. Thus, cancers resist GSI by activating collaborating pathways to bypass the effects of *NOTCH1* inhibition. We previously showed that *NOTCH1* mutations are moderate oncogenes in mouse models [19]. Collaborating oncogenic networks are essential to functionally enhance *NOTCH1* signaling to leukemogenic levels. These findings have shifted the field toward identifying pathways that collaborate with the NOTCH pathway.

Collaborators that act as NOTCH1 co activators

A recent mass spectrometry screen identified coactivators

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that physically interact with the *NOTCH1* complex such as the SWI/SNF remodeling complex PBAF, AF4p¹², and the histone demethylases LSD1 and PHF8 [20]. These coactivators supported transactivation of classical *NOTCH1* target genes and leukemic growth. Also identified were master regulatory transcription factors IKAROS, HEB, BCL11B, and RUNX1. Ikaros proteins antagonize Notch-transcriptional activity. Dominant-negative

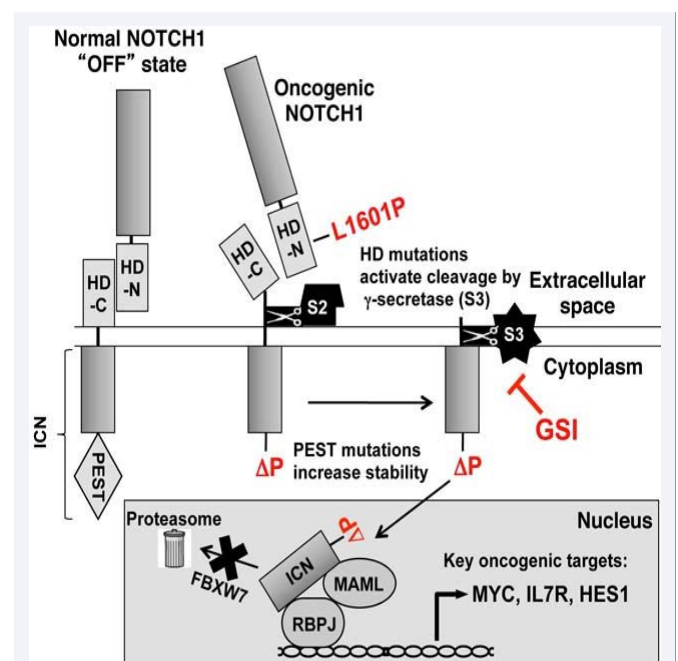


Figure 1 Model of oncogenic NOTCH1 signaling in T-ALL. NOTCH1 is normally locked in an "off" state, which blocks S2 cleavage. Mutations that disrupt the integrity of the heterodimerization domain (HD, e.g. L1601P) permit ligand-independent S2 cleavage, leading to formation of ICN, which translocates to the nucleus. ICN engages the DNA binding protein RBPJ/CSL and mastermind-like (MAML) cofactors to form a transcriptionally active complex. PEST mutations (represented by ΔP) improve protein stability by removing negative regulatory elements recognized by the ubiquitin ligase FBXW7 in the C-terminus that shorten the half-life of ICN.

IKAROS isoforms have been reported in human T-ALL [21,22] and collaborate with *NOTCH1* in mouse models [23,24]. Runx sites have been imputed adjacent to Rbpj sites [25]. Although Runx1 has been reported to act as a tumor suppressor [26-28], a recent abstract suggests that Runx factors and *NOTCH1* coordinately regulate oncogenic targets to drive proliferation in the majority of cases [29]. In addition, more than 90% of *NOTCH1*/RBPJ sites are co-bound with MYC, such as *IL7R* [30,31]. Although it has not been definitively tested whether these factors functionally collaborate with *NOTCH1* in leukemogenesis, retroviral insertional mutagenesis screens suggest that Myc and Runx1 can accelerate *NOTCH1*-induced leukemia in mice [32-34].

Collaborators that intersect with the *NOTCH1* pathway

Inactivating *FBXW7* mutations occur in approximately 20% of human T-ALL cases [2,3]. Besides Notch1, Fbxw7 degrades other cellular substrates such as Myc [35,36], Mcl1 [37,38], and mTOR [39]. In T-ALL, *FBXW7* mutations are mutually exclusive with PEST mutations, suggesting that they amplify *NOTCH1* signals by improving ICN stability. *FBXW7* mutations contribute to GSI resistance in cell lines likely by maintaining MYC protein levels despite loss of ICN. However, although MYC can rescue most human T-ALL cell lines treated with GSI, it cannot rescue all of them [7]. TAL1/SCL is a class II basic helix-loop-helix transcription factor that is over expressed in ~60% of human T-ALL cases [40]. TAL1 and *NOTCH1* collaborate in mouse models [41]. TAL1 may amplify the *NOTCH1* pathway in part by down regulating *FBXW7* through miR-223 [42] and by directly inducing the *NOTCH1* target gene *TRIB2* [43]. However, TAL1 does not appear to contribute to GSI resistance. Finally, *PTEN* mutations occur in about 10% of human T-ALL cases [44]. *PTEN* mutations are thought to amplify *NOTCH1* signals through the PI3K/AKT/mTOR pathway. Activation of PI3K/AKT/mTOR was shown to rescue the proliferation of some human T-ALL cell lines treated with GSI [45].

Collaborators with unknown mechanisms of interaction with the *NOTCH1* pathway

Several pathways collaborate with *NOTCH1* through unclear mechanisms. These pathways have typically been identified through mouse models of human T-ALL [46]. An example is the HOX family transcription factor TLX1 [47,48]. To determine if the *NOTCH1*-TLX1 collaboration was targetable, we developed a TLX1-initiated T-ALL mouse model in which the expression of TLX1 was repressed by doxycycline [48]. We treated these tumors with doxycycline, GSI, or both doxycycline and GSI (Figure 2A). Mice receiving combined TLX1 and *NOTCH1* suppression had the best response (Figure 2B-C). Our work suggests that targeting collaborator proteins can improve the efficacy of anti-NOTCH therapy. Retroviral or transposon-mediated insertional mutagenesis screens in mice have been particularly effective in identifying collaborative pathways. The *NOTCH1* locus is a frequent common insertion site. These insertions frequently lead to insertions in putative collaborators such as *Rasgrp1*, *Lfng*, *Akt2*, *Erg*, and *Zmiz1* [34,49]. *Zmiz1* is a co activator that is similar to Protein Inhibitor of Activated STAT (PIAS) family members. Our laboratory recently validated *Zmiz1* as a *NOTCH1* collaborator. Ectopic *ZMIZ1* and leukemia-associated *NOTCH1*

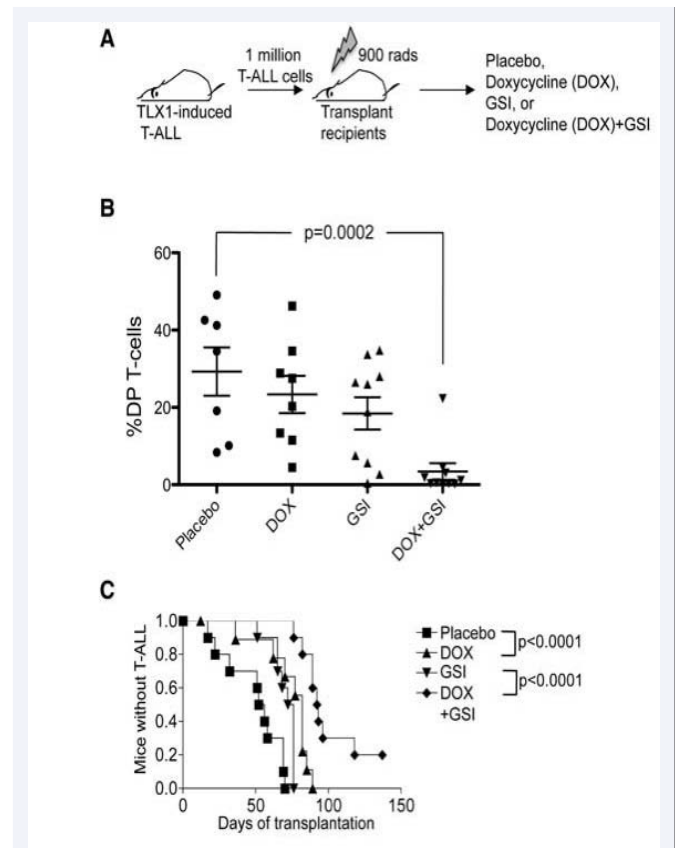


Figure 2 Long term responses with combined Notch/TLX1 inhibition in TLX1-induced T-ALL. (A) Schematic diagram of treatment regimens of murine TLX1-transgenic tumors. 1 million TLX1-transgenic T-ALL cells were injected into lethally irradiated recipients together with reconstituted syngeneic bone marrow cells. Recipients were treated with placebo, doxycycline (DOX), GSI, or DOX + GSI. To shut down TLX1 expression in the transgenic mouse model, mice were fed placebo (5% sucrose) or doxycycline (2g/L in 5% sucrose) in drinking water starting two days before transplantation. Starting at 3 weeks after transplant, mice were treated with DMSO or the Notch inhibitor GSI (10 μ mol/kg DBZ, EMD chemicals) for a total of 3 cycles. During each cycle, DMSO or GSI was injected daily for three days followed by 4 days of rest. (B) Peripheral blood T-lymphoblasts [CD4⁺ CD8⁺ Double positive (DP) cells] at 7 weeks after transplantation according to treatment regimen. (C) Kaplan-Meier curve showing survival of T-ALL mice according to treatment regimen.

alleles collaborated to induce T-ALL in mice [50]. *ZMIZ1* and activated *NOTCH1* were co-expressed in ~20% of patients across diverse oncogenomic subsets [50]. Inhibition of *ZMIZ1* in T-ALL cell lines slowed proliferation and overcame resistance to NOTCH inhibitors [50]. We identified *MYC* and *IL7R* as critical downstream target genes. However, the mechanism by which *Zmiz1* interacts with the Notch pathway remains unclear.

CONCLUSION

Recent studies have revealed several collaborative pathways that functionally interact with the *NOTCH1* pathway. As a result, clinical trials are underway combining GSI with agents that target collaborative pathways such as mTOR inhibitors [51,52]. However, none of the known collaborative pathways have been found to be sufficient to confer resistance [45,53]. The mechanism of many of these pathways remains elusive. Thus,

there is a critical need to identify and understand the signaling networks that functionally amplify *NOTCH1* signals. Therapeutic agents that target these networks will be required to increase the effectiveness of T-ALL therapy, including NOTCH inhibitors. In the absence of these agents, advancing the treatment of T-ALL will be difficult.

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