Carcinogenesis & Nuclear Receptors

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Nuclear Receptor Super-Family

Distinction based to:

- (α) Activating ligand
- (β) Structure
- (γ) DNA binding domain

1. Steroid Nuclear Receptors

- ERs, PRs, ARs, GRs
- Homo-dimers
- DNA binding domain with reverse nucleotide sequence

2. Non-Steroid Nuclear Receptors

- RARs, RXRs, TRs, VDRs, PPARs, FXRs
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3. "Orphan" Nuclear Receptors



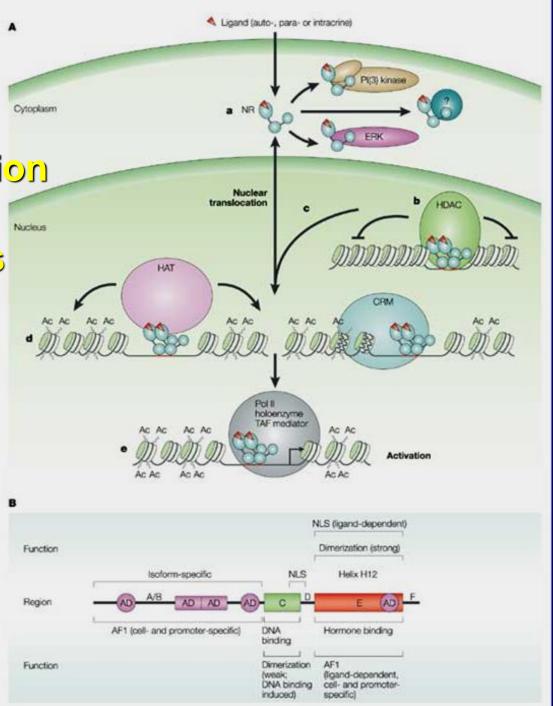
Nuclear Receptor Super-Family

DNA Binding Domain	(Hormone Response Element-HRE)	
Receptor	HRE	
AR (Androgen Receptor)	GG(A/T)ACAN₂TGTTCT	
GR (Glycocorticoid Receptor)	GGTACAN₂TGTTCT	
RAR (Retinoic Acid Receptor)	AGGTCAN ₂ AGGTCA	
VDR (Vitamin D Receptor)	AGGTCAN ₂ AGGTCA	
TR (Thyroid Receptor)	AGGTCAN ₂ AGGTCA	

https://www.youtube.com/watch?v=T0-fRSvNWjE



Mode of Action
Nuclear
Receptors

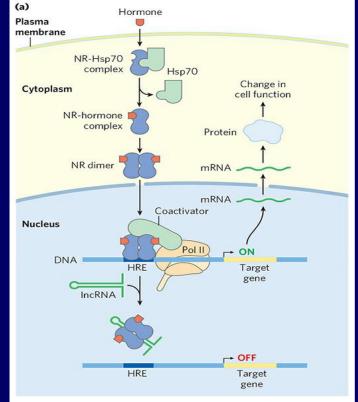


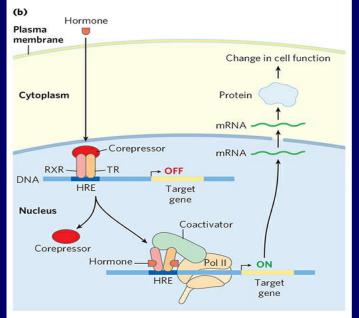
Gronemeyer et al. Nat Rev Drug Discovery, 3:950-64, 2004



Nuclear Receptors

FIGURE 28-33 Mechanisms of steroid hormone receptor function. There are two types of steroid-binding nuclear receptors. (a) Monomeric type I receptors (NR) are found in the cytoplasm, in a complex with the heat shock protein Hsp70. Receptors for estrogen, progesterone, androgens, and glucocorticoids are of this type. When the steroid hormone binds, the Hsp70 dissociates and the receptor dimerizes, exposing a nuclear localization signal. The dimeric receptor, with hormone bound, migrates to the nucleus, where it binds to a hormone response element (HRE) and acts as a transcription activator. The activity of the receptor can be repressed by binding to an lncRNA (such as GAS5), which competes directly with binding to the HRE. (b) Type II receptors, by contrast, are always in the nucleus, bound to an HRE in the DNA and to a corepressor that renders the receptor inactive. The thyroid hormone receptor (TR) is of this type. The hormone migrates through the cytoplasm and diffuses across the nuclear membrane. In the nucleus it binds to a heterodimer consisting of the thyroid hormone receptor and the retinoid X receptor (RXR). A conformation change leads to dissociation of the corepressor, and the receptor then functions as a transcription activator.







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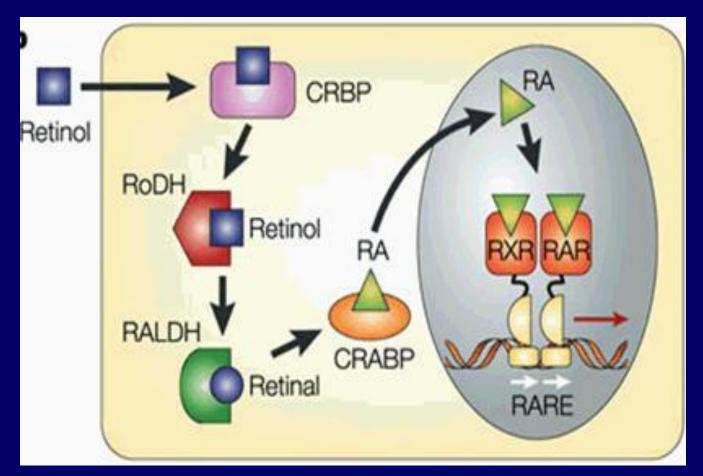
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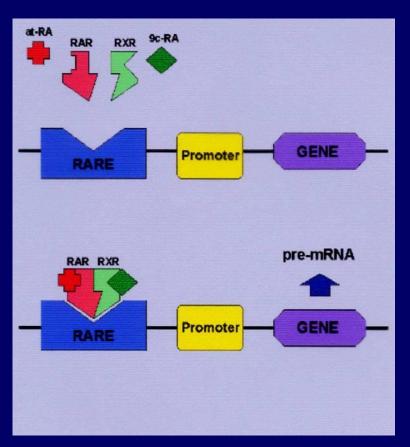
Retinoids' mode of action

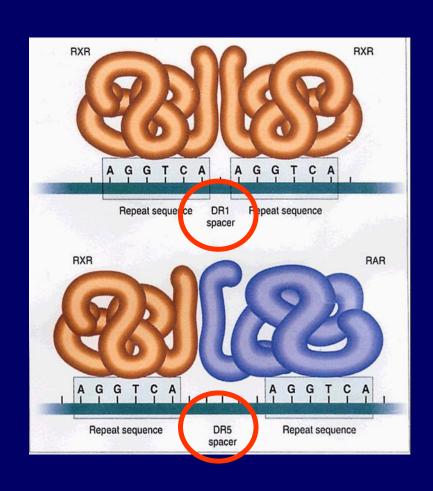


Pierre Chambon & Ronald M. Evans (1987)
Retinoids Receptors



Retinoids' mode of action





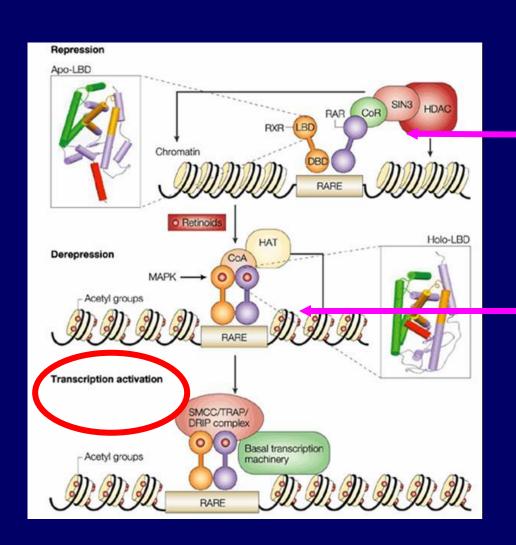
RAR (α, β, γ)

encoded by different genes at least 2 isoforms for each isotype (differential usage of promoters and/or alternative splicing)

RXR (α, β, γ)



Positive Transcriptional Activity



Co-repressors

Co-activators



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Steroid Nuclear Receptors

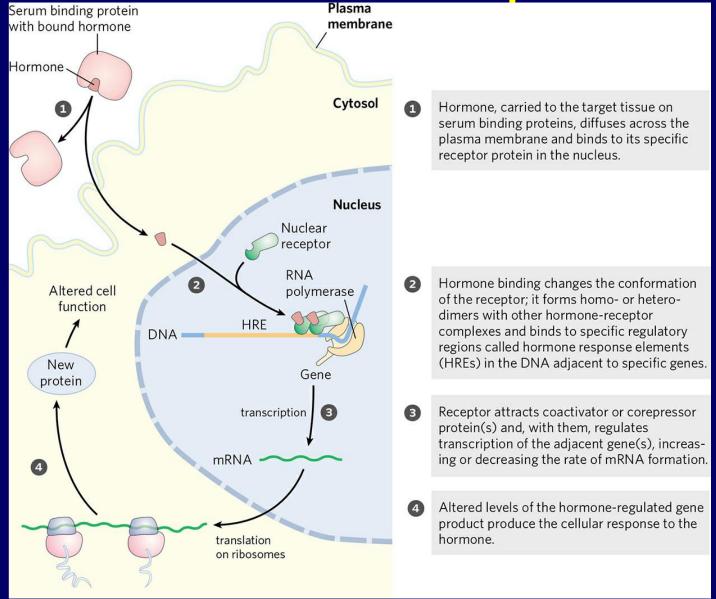


FIGURE 12-30 General mechanism by which steroid and thyroid hormones, retinoids, and vitamin D regulate gene expression. Some steroids also act through plasma membrane receptors by a completely different mechanism.



Structure Nuclear Receptors

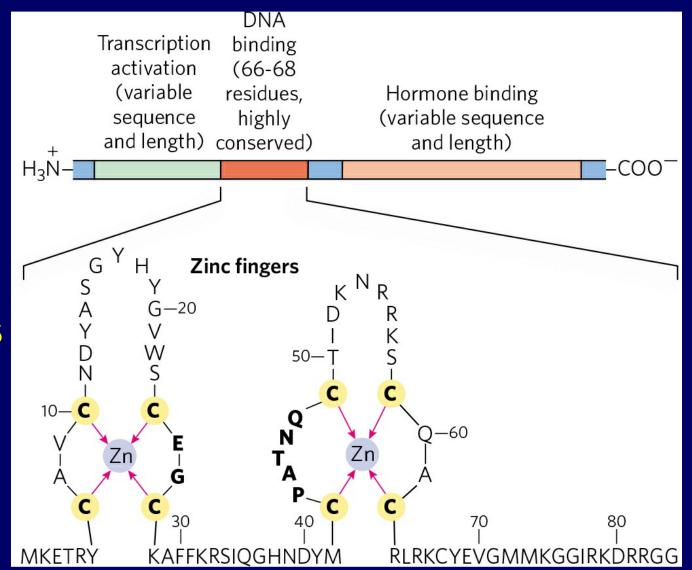
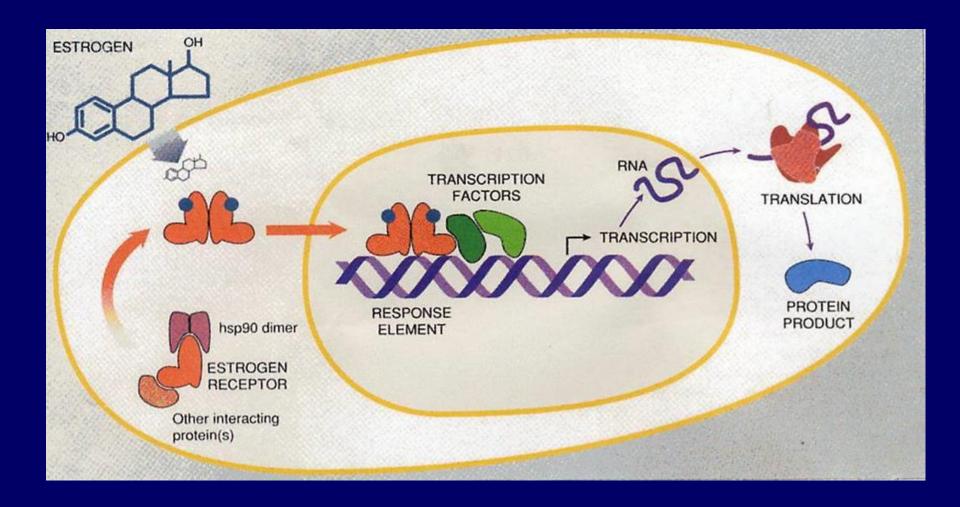
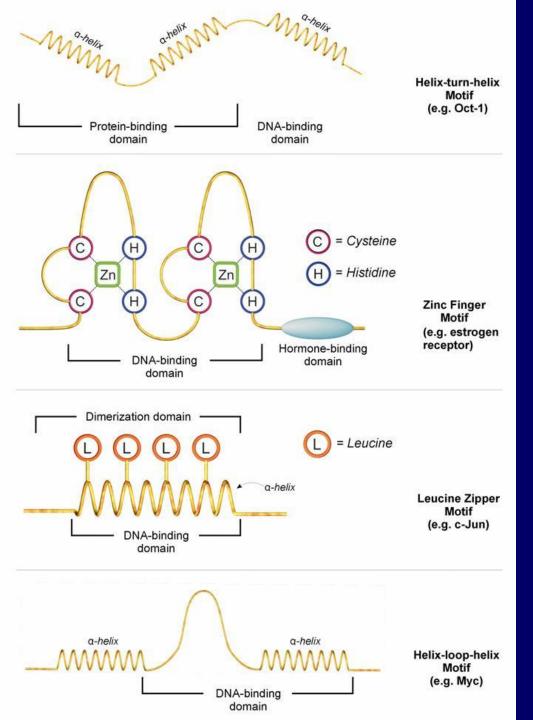


FIGURE 28-34 Typical steroid hormone receptors. These receptor proteins have a binding site for the hormone, a DNA-binding domain, and a region that activates transcription of the regulated gene. The highly conserved DNA-binding domain has two zinc fingers. The sequence shown here is that for the estrogen receptor, but the residues in bold type are common to all steroid hormone receptors

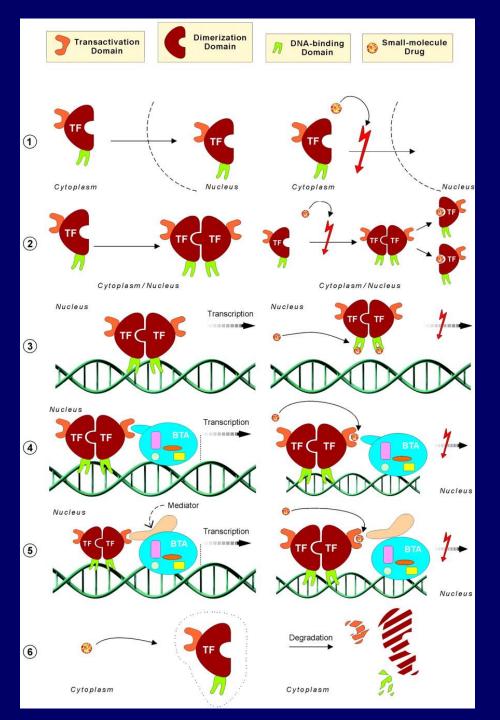


Action Model of Hormone Receptors





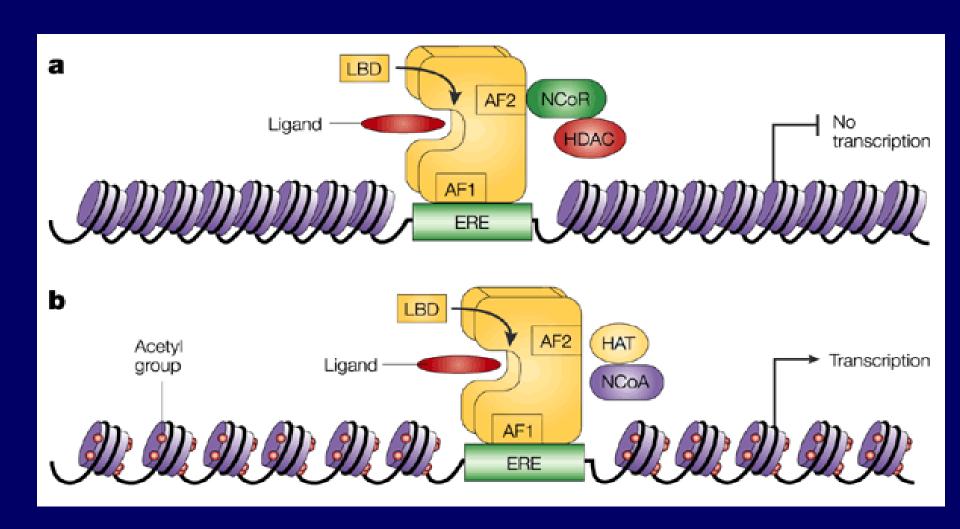
Specific Transcription Factors



Specific Transcription Factors & Carcinogenesis



Action Model of Hormone Receptors





Breast Cancer Treatment

1. Selective Modulators of Estrogen Receptors (SERMs)

Tamoxifen Raloxifen

2. Estrogen Receptors Competitors Fulvestrant

3. Aromatase Inhibitors

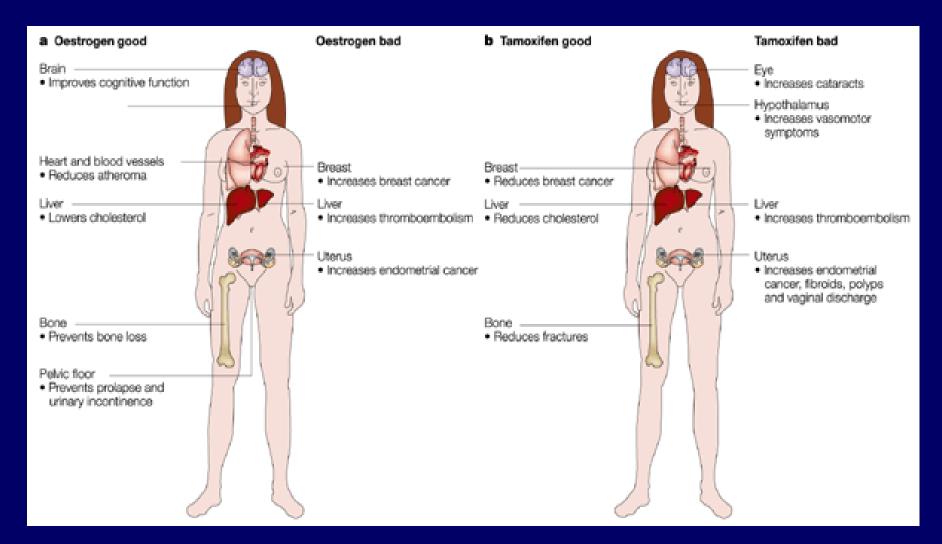
Anastrazole

Letrozole

Exemestane



Breast Cancer Treatment Tamoxifen





Breast Cancer Treatment

1. Selective Modulators of Estrogen Receptors (SERMs)

Tamoxifen Raloxifen

2. Estrogen Receptors Competitors

Fulvestrant

https://www.youtube.com/watch?v=hB9RxqGSAY

3. Aromatase Inhibitors

Anastrazole

Letrozole

Exemestane

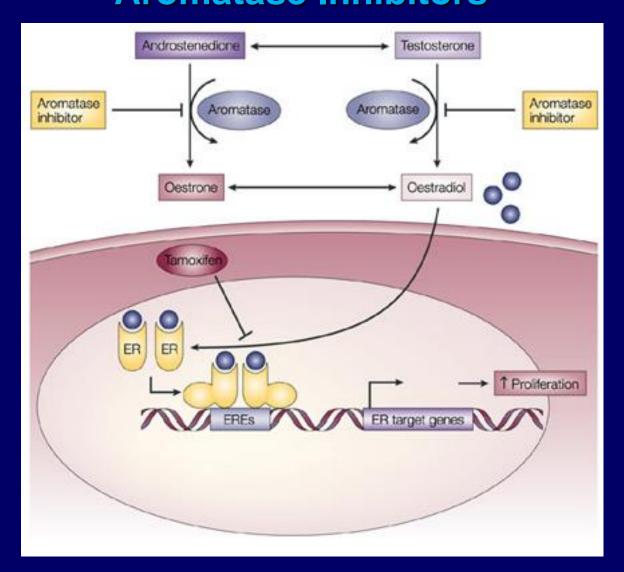


Breast Cancer Treatment Aromatase Inhibitors

	Nonste Aromatase		Steroidal Aromatase Inhibitor
First- Generation	ON C2H5	NH ₂	
	Aminoglute	thimide	
Second- Generation	CN CI	CH CH	CH OH
	Fadrozole	Vorozole	Formestane
Third- Generation	NC CN	NC CH2	المنافعة
	Letrozole	Anastrozole	Exemestane

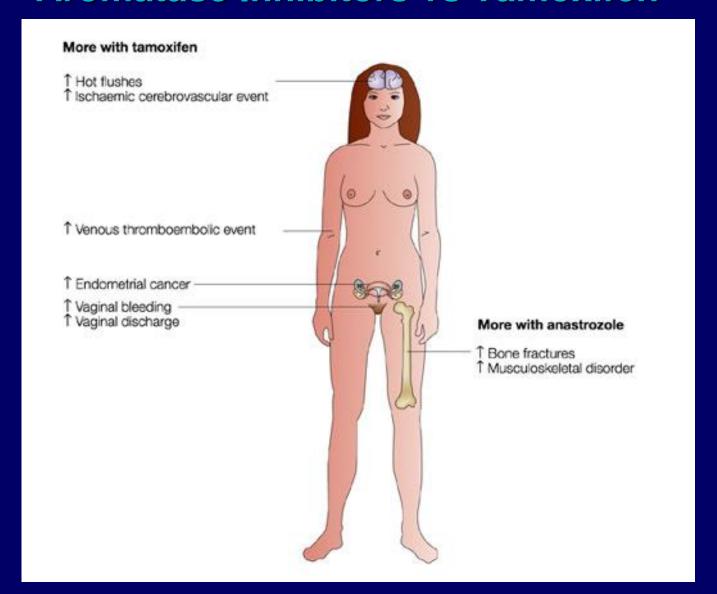


Breast Cancer Treatment Aromatase Inhibitors





Breast Cancer Treatment Aromatase Inhibitors vs Tamoxifen





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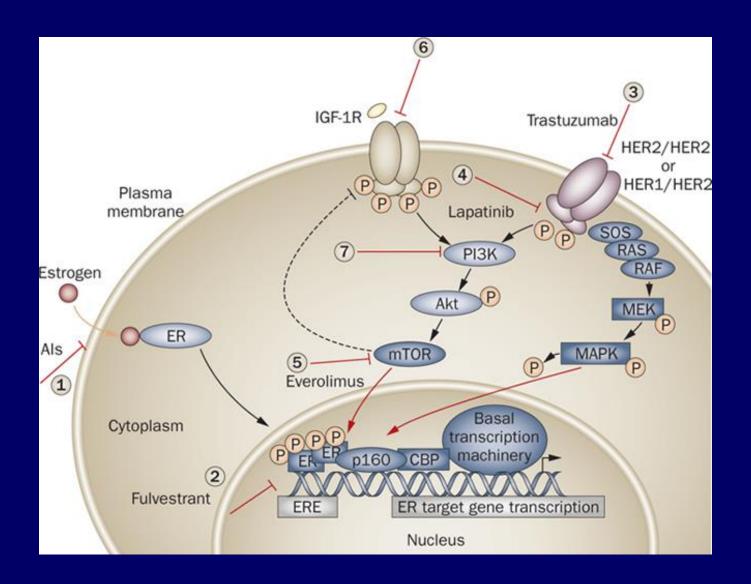
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Resistance in Hormone Tx





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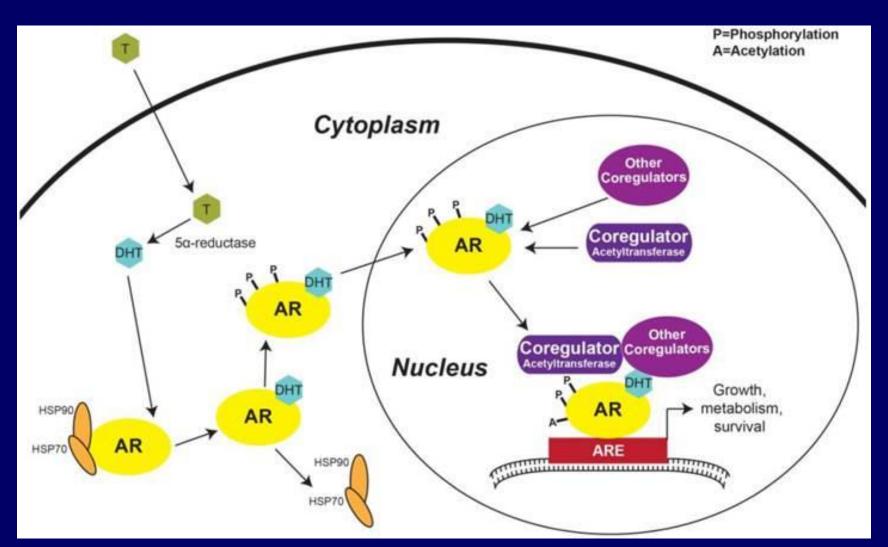
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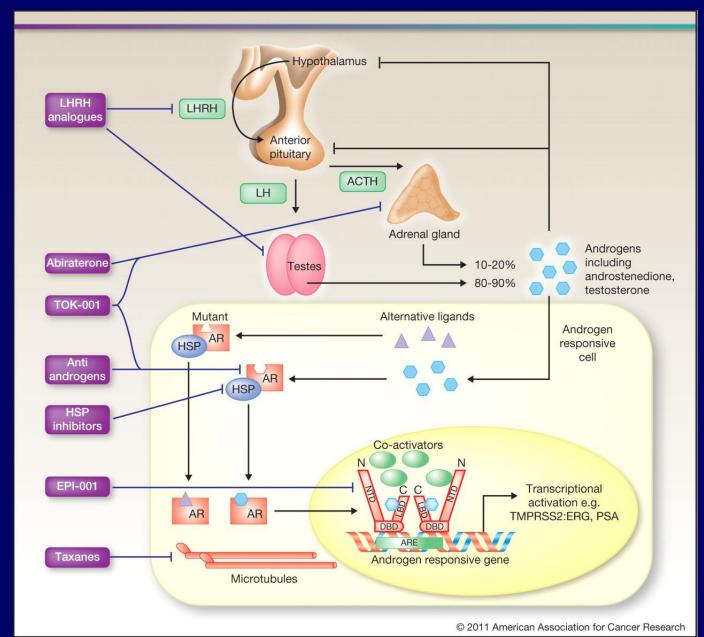


Action Model of Androgen Receptors



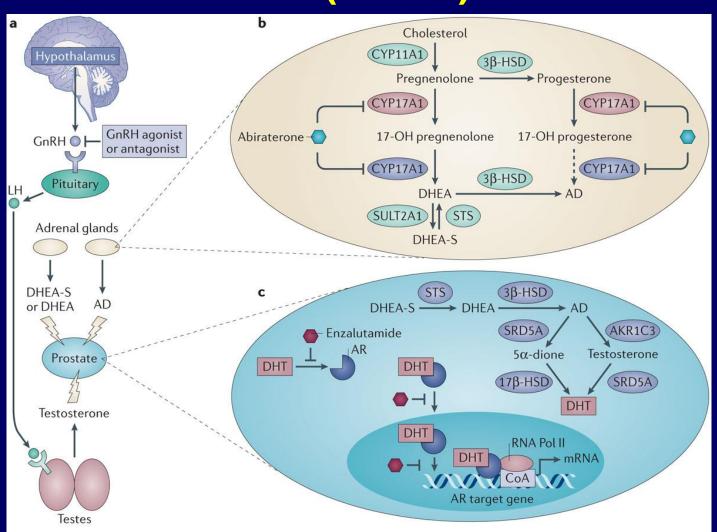


Androgen Receptor

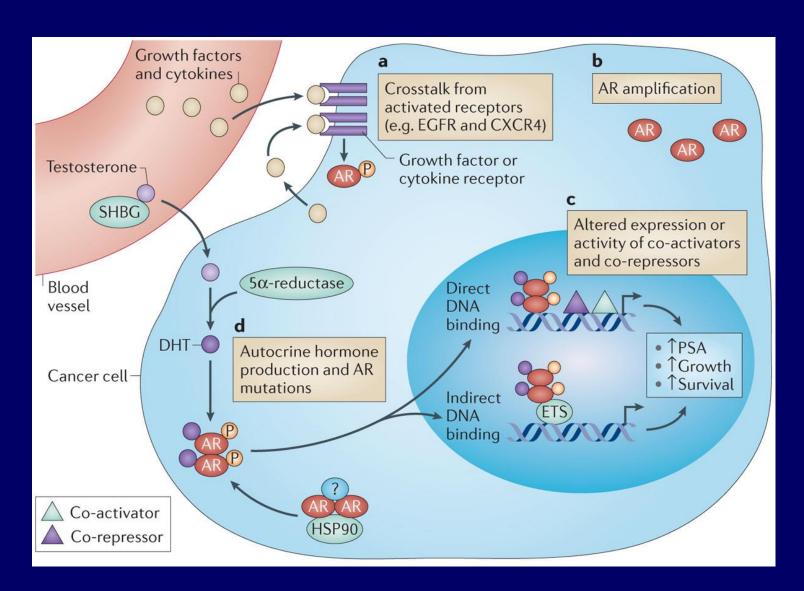




Castration-Resistant Prostate Cancer (CRPC)



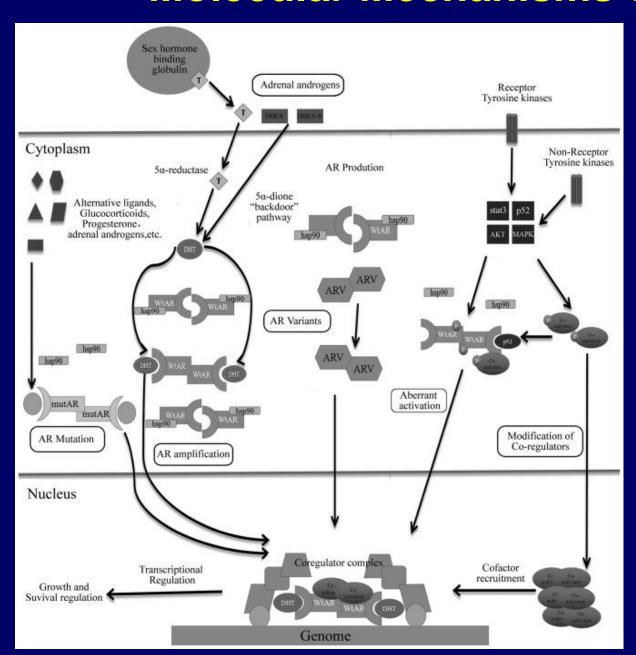






- AR-dependent pathways
- AR-independent pathways

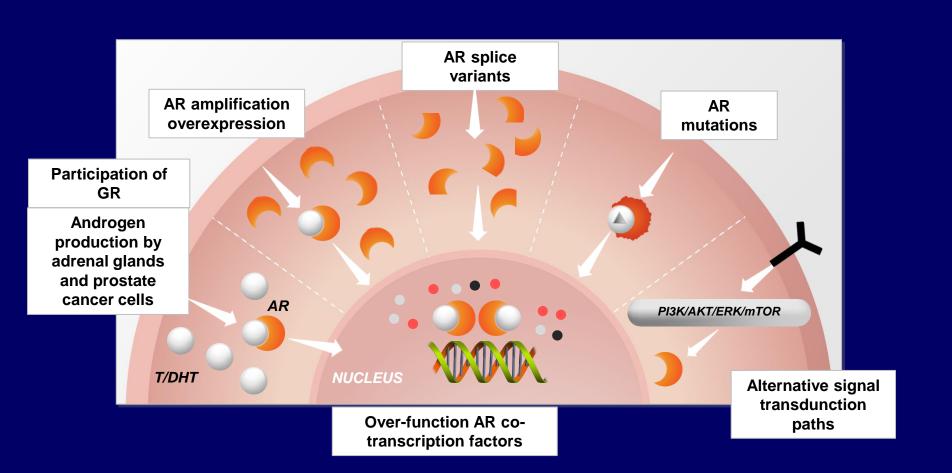




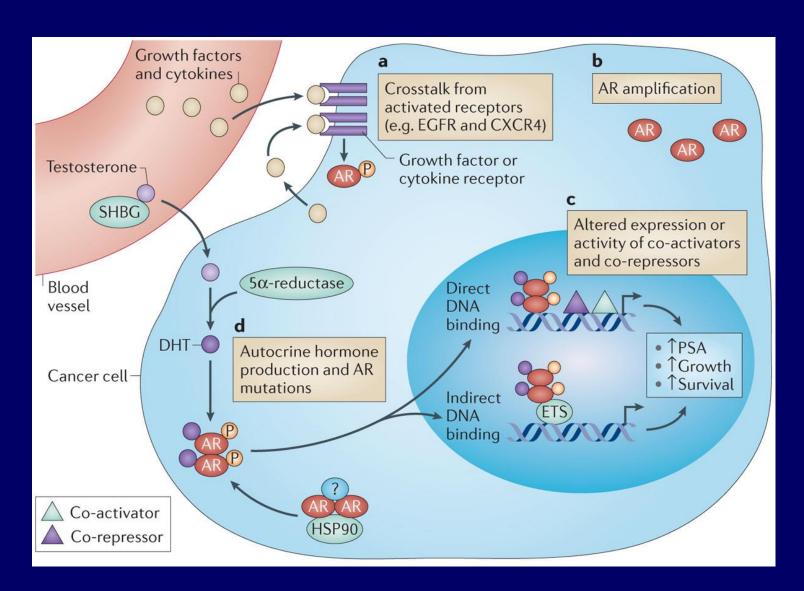
AR-dependent pathways

Huang et al. Oncol Let 2018;15:6063



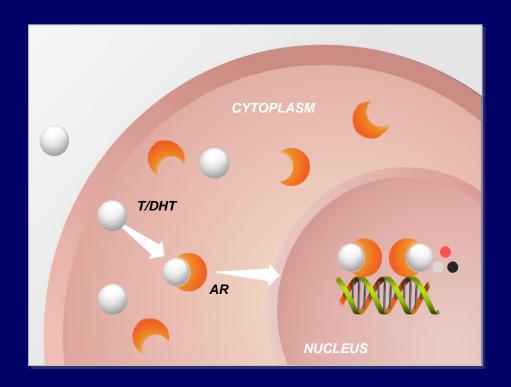






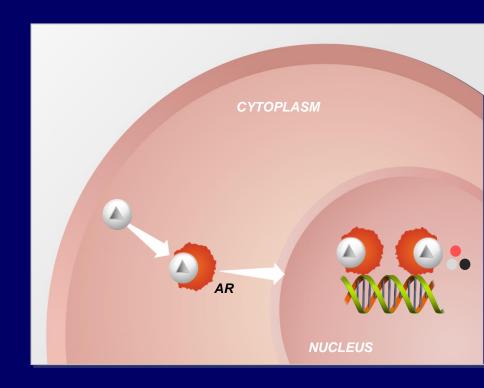


- Amplification of AR gene has been identified in 50–85% of CPRC patients
- AR over-expression results in:
 - Increased levels of AR protein
 - Enhanced response in low concentration of androgens



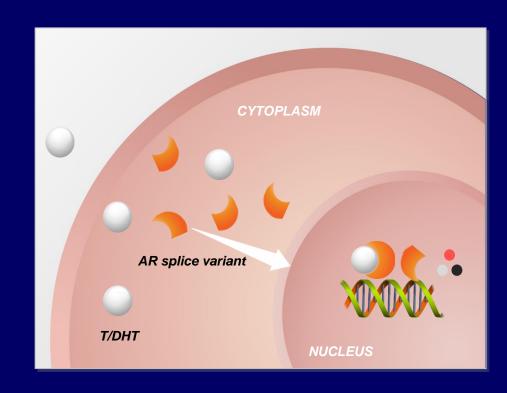


- The incidence of <u>AR mutations</u> increases with more advanced disease stages
 - Androgen deprivation enhances the chance of AR mutations
 - Almost 10% of CRPC have mutations
- Mutations in ligand-binding domain of AR increases the number of ligands that can activate it
- AR mutations may allow its' activation also from antiandrogen substances (agonist action)!!!



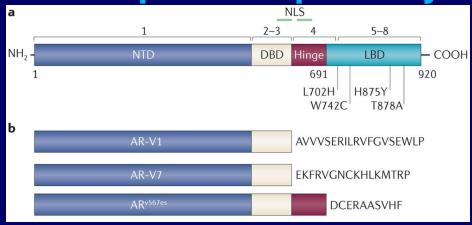


- Increased levels of AR splice variants have been found in CRPCs
- AR splice variants do not have ligand-binding domain and can be constantly activated
- AR signal transduction is active irrespective of androgen serum levels





Molecular Mechanisms of CRPC AR-dependent pathways

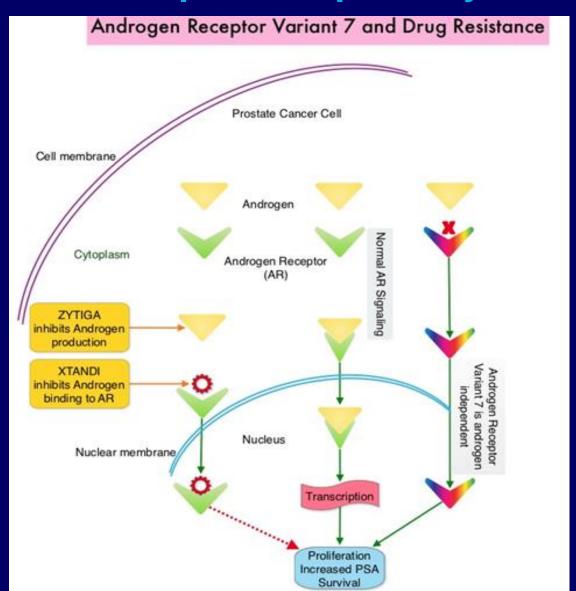


Variant	Protein Regions	Activity
ARV7 (AR3)	NTD, DBD	Ligand-independent, Nuclear
ARv567es	NTD, DBD, Hinge	Ligand-independent, Nuclear
ARV12	NTD, DBD, Hinge	Ligand-independent, Nuclear
AR1/2/2b (ARV3)	NTD, partial DBD	Ligand-independent
AR1/2/3/2b (ARV4, AR5)	NTD, DBD	Ligand-independent
ARV1 (AR4)	NTD, DBD	LNCaP: Ligand-independent, PC3: Inactive, Cytoplasmic
ARV9	NTD, DBD	LNCaP: Ligand-independent, PC3: Inactive, Cytoplasmic
ARV13	NTD, DBD, Hinge, partial LBD	Inactive
ARV2	NTD, DBD	Not determined
ARV5/V6	NTD, DBD	Not determined
ARV8/10/11	NTD, DBD	Not determined
ARV14	NTD, DBD, Hinge, partial LBD	Not determined
		W-1

Watson et al. Nat Rev Cancer 2015;15:701
Wadosky & Koochekpour. Oncotarget 2016;7:64447



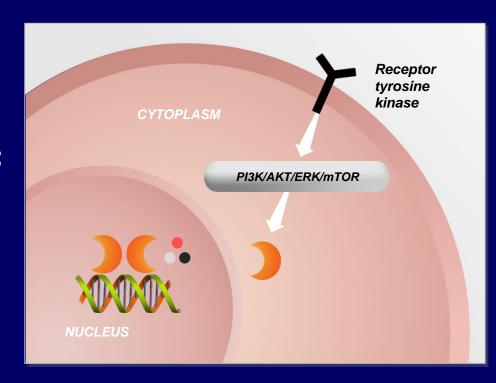
AR Splice Variants AR-dependent pathways

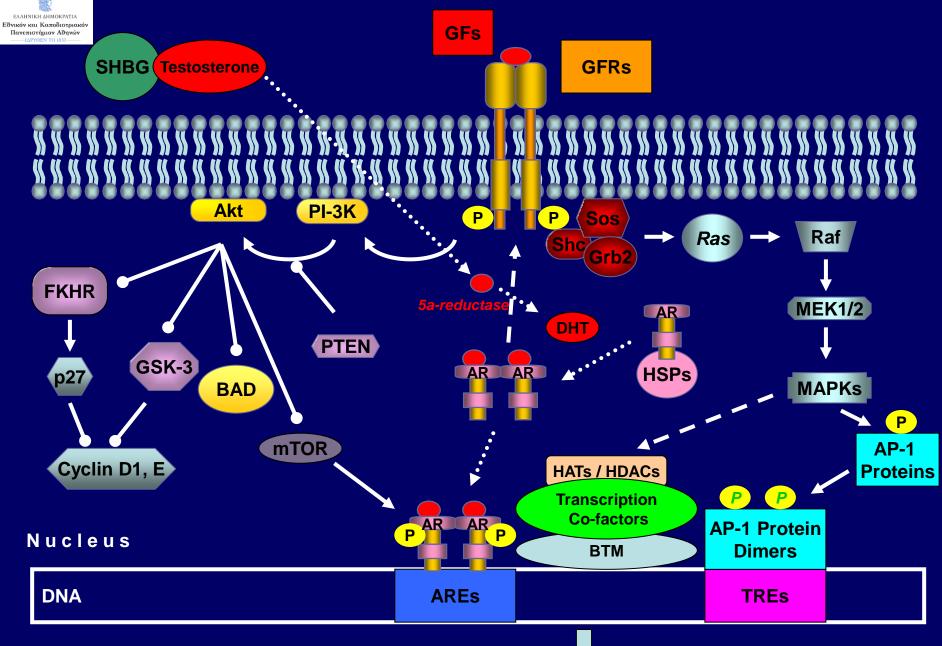




Cross-talk between different signal transduction pathways can activate AR

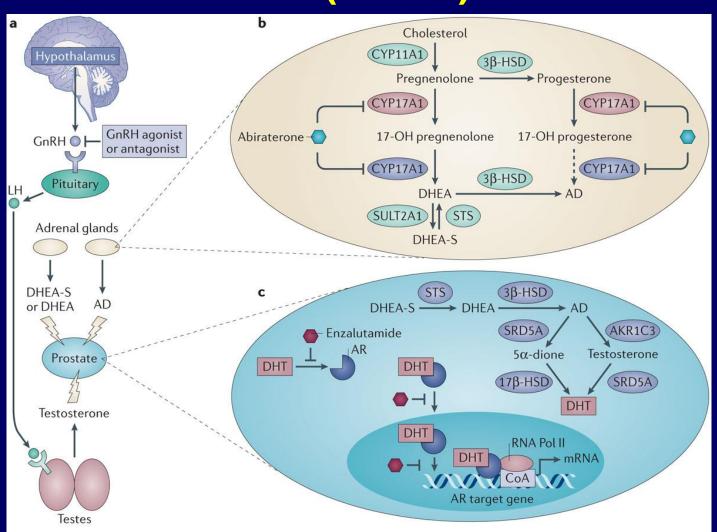
- Frequent involved pathways:
 - MAP-kinases
 - AKT PI3K mTOR







Castration-Resistant Prostate Cancer (CRPC)





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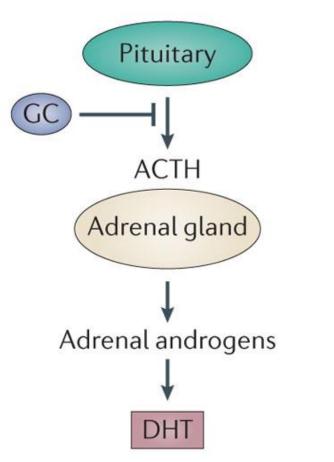
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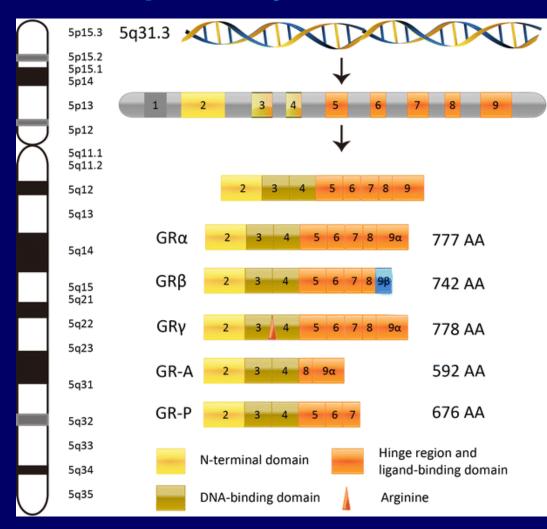
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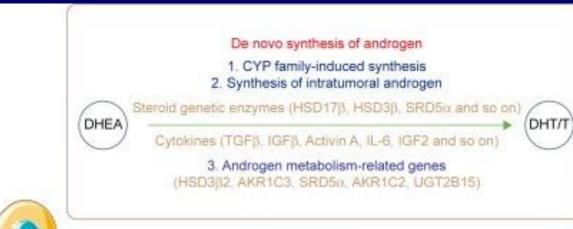
AR-independent pathways

Endocrine antitumour effects









AR-related pathway

1. Amplification †
2. Transcription †
(YB-1, E2. STAT3, NF-kB and so on)
3. ARVs
4. Interaction of AR with other molecules
(ID4, NuP62/CAMKK2)
5. AR molecular chaperone (HSP)
6. AR coregulatory factor
(NCOA1/NCOA2/NCOA3, FOXA1, FLII)



Kinase-dependent pathway

Inactivation of PTEN/PI3K
 RTK/SFK

DNA repair and cell cycle-related molecules

1, PARPs, BRCA1/2

Cell cycle molecules (Cdk2, cyclinA, skp2) EMT and cancer stem cells

AR, CCL2/CCR2-STAT3

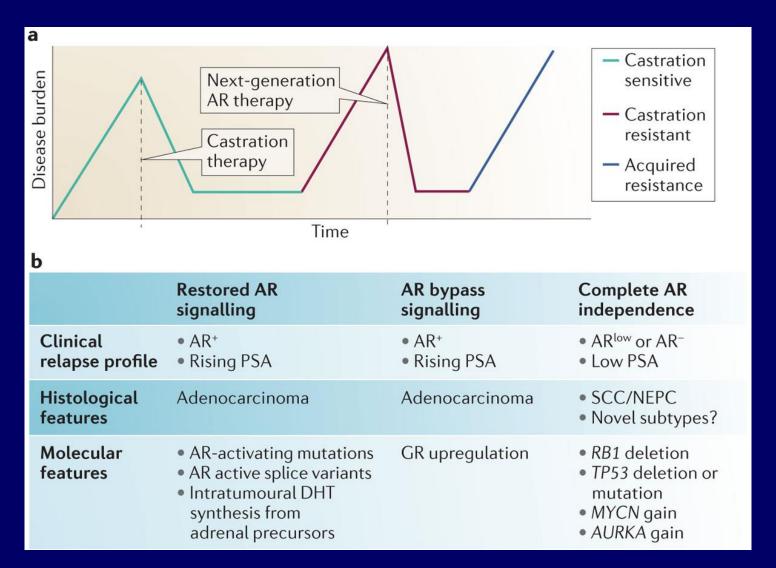
Hsp27-STAT3-Twist, and so on



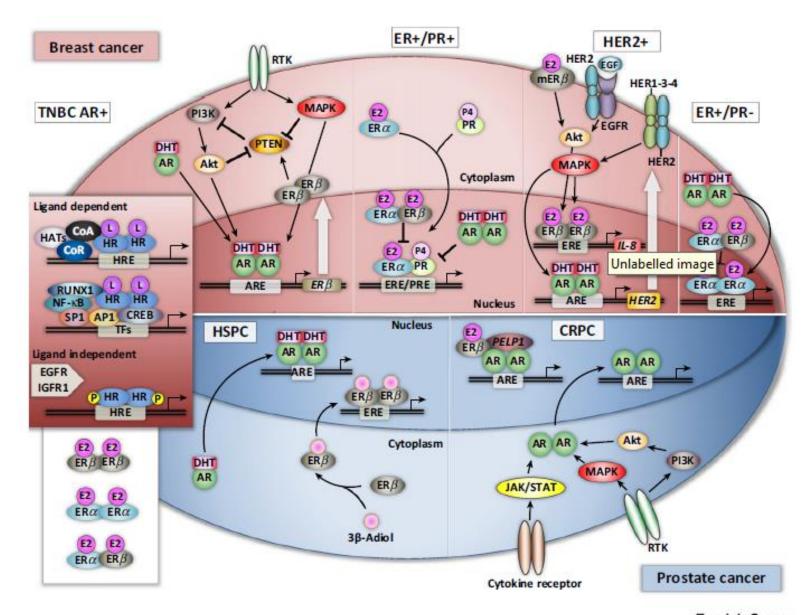
CSCs



Molecular Characteristics of CRPC clinical evolution







Trends in Cancer