



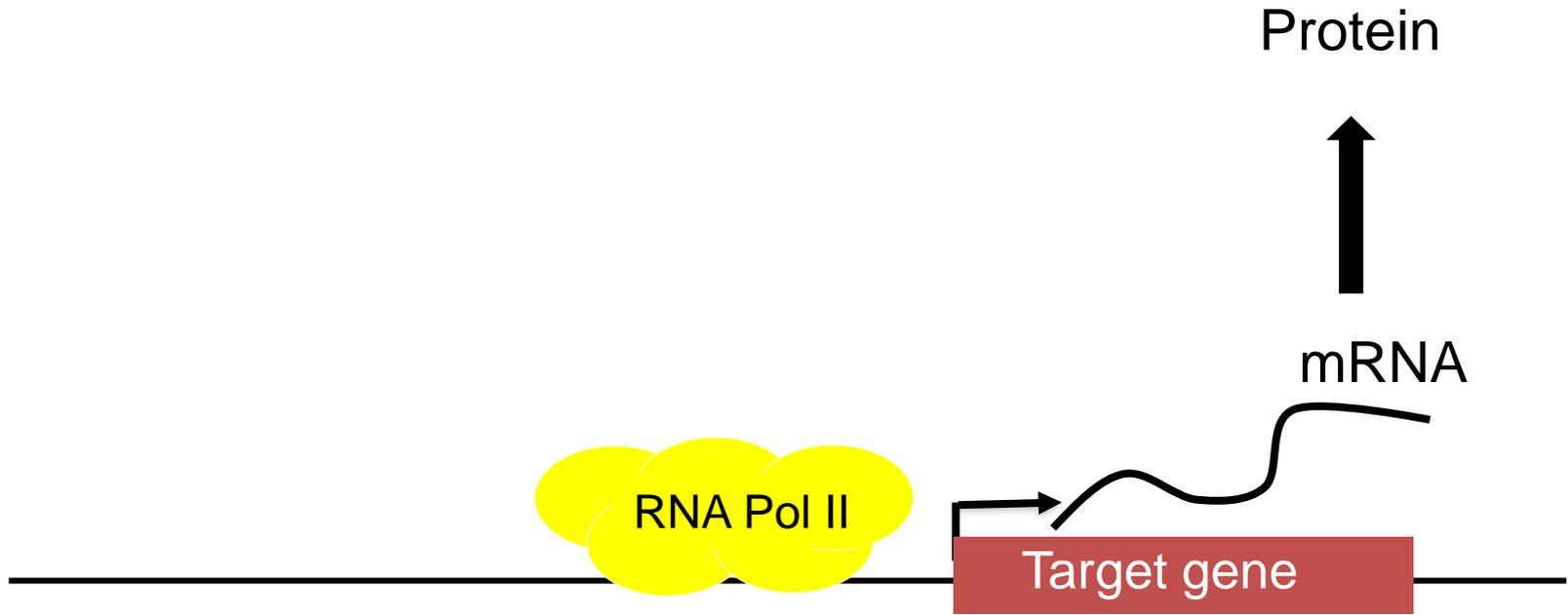
UNIVERSITY OF
CAMBRIDGE

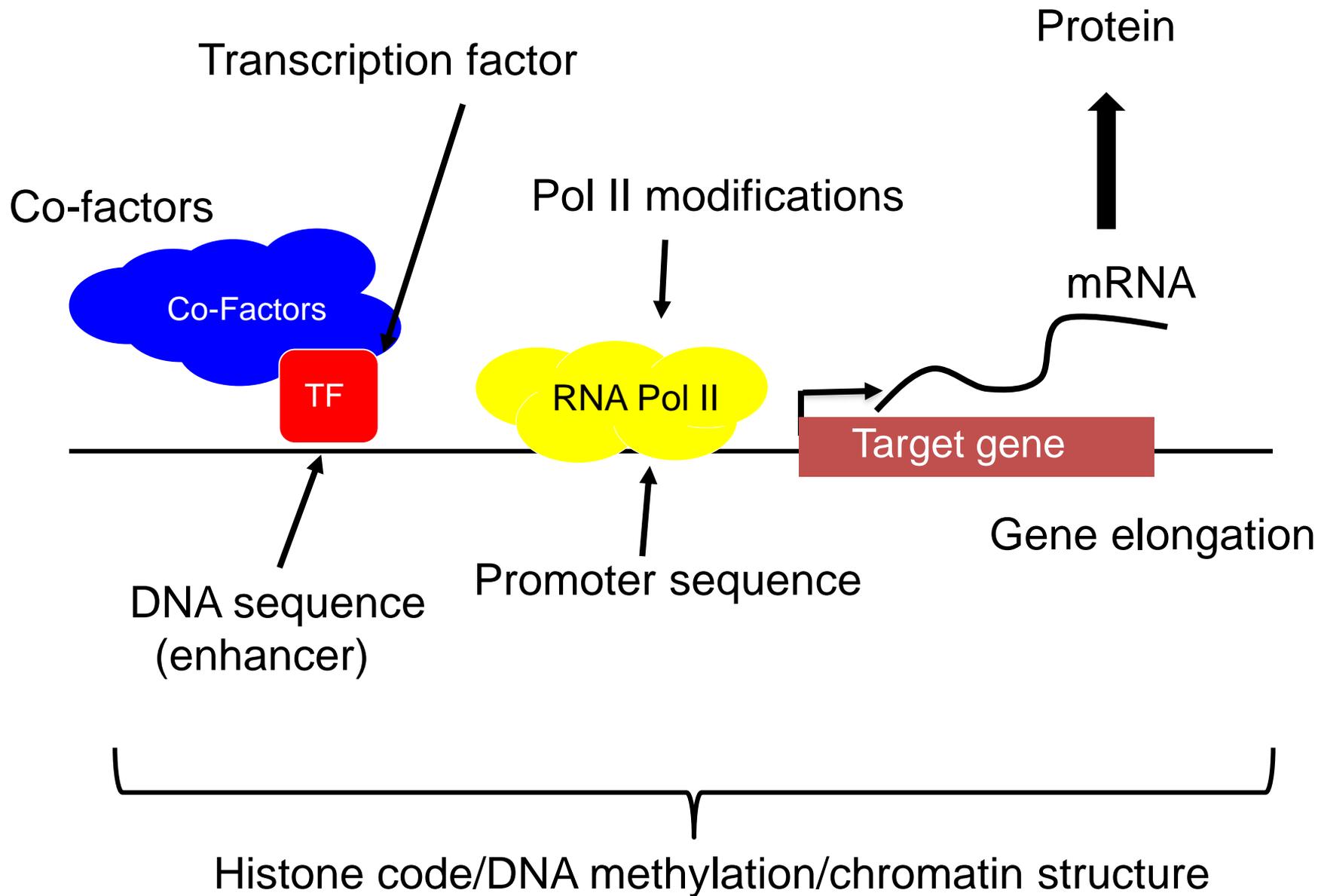


CANCER
RESEARCH
UK

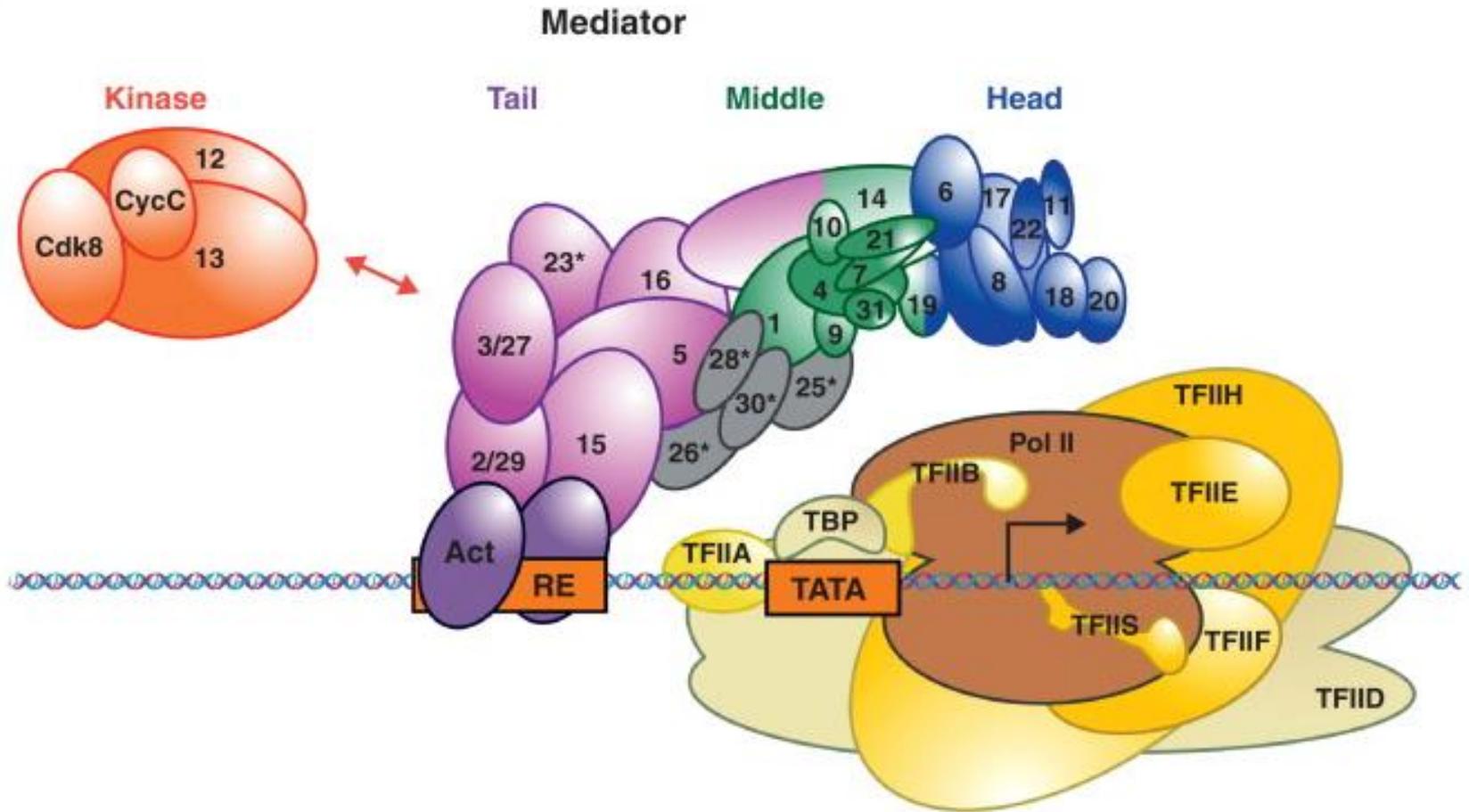
Transcription in cancer

Jason Carroll





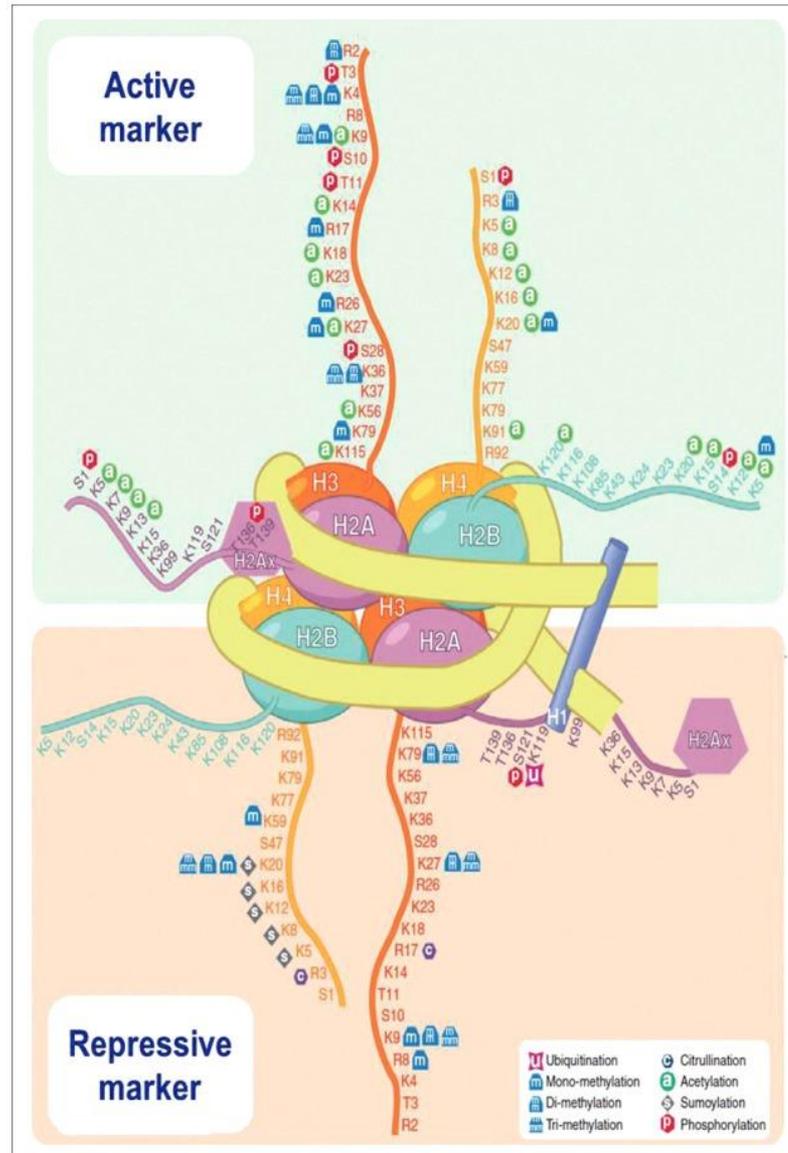
Properties of transcription machinery



General Pol II machinery

(44 core proteins)

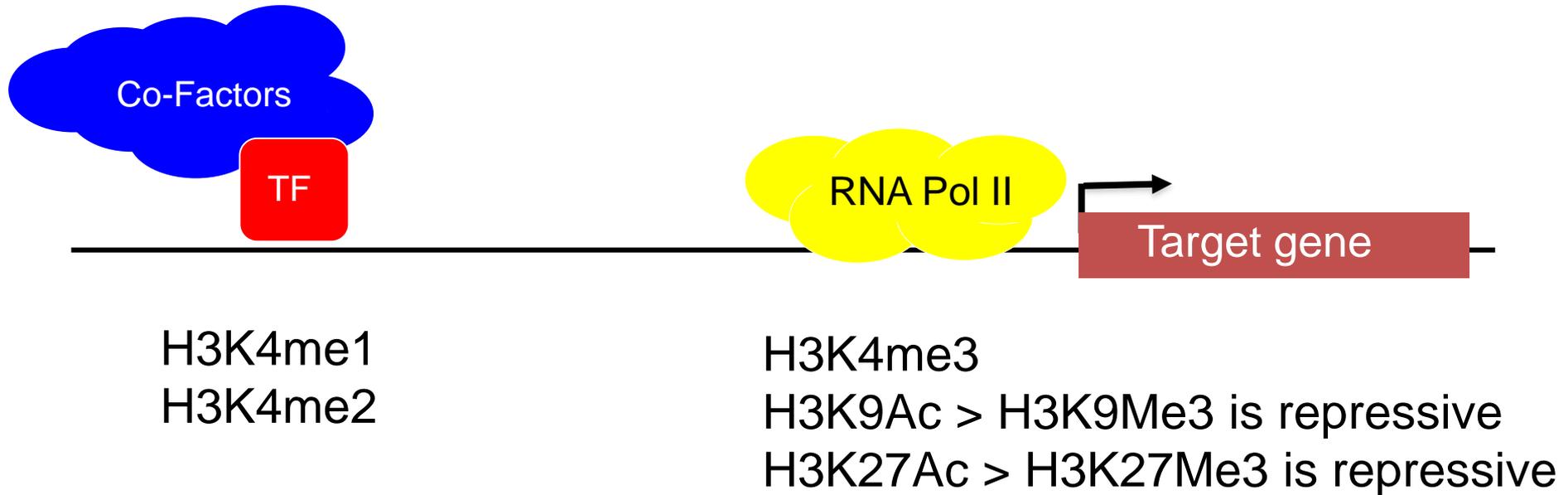
DNA: Histone modifications



DNA: Histone modifications

Enhancers
(TF binding sites)

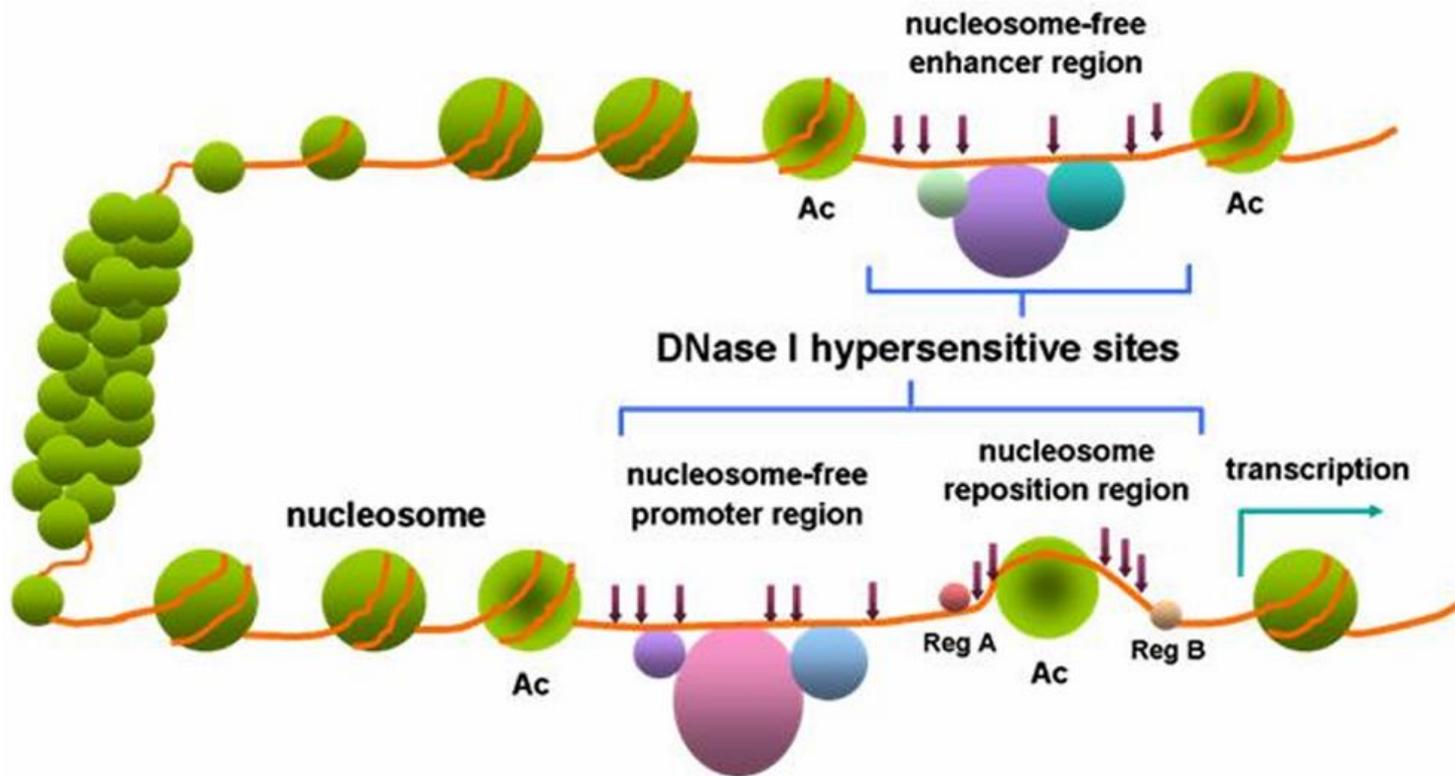
Promoters



Required for gene expression

Chromatin structure

- Enhancers (where TF bind) tend to be euchromatic



- Can identify using DNase I hypersensitivity (DHS)
- An enzyme that digests DNA at 'open' regions

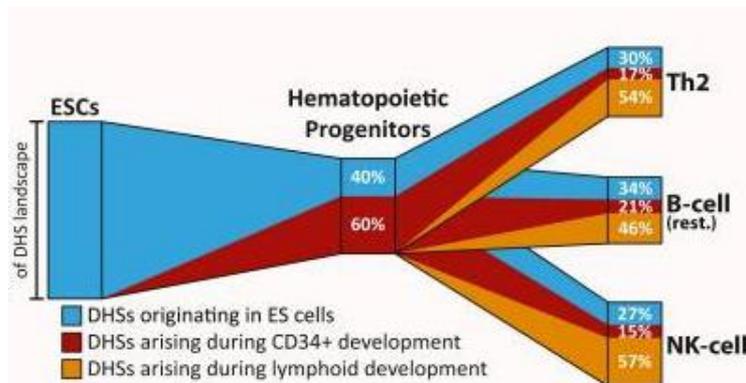
A limited set of putative enhancers exist in the genome

Cell. 2013 August 15; 154(4): 888–903. doi:10.1016/j.cell.2013.07.020.

Developmental Fate and Cellular Maturity Encoded in Human Regulatory DNA Landscapes

Andrew B. Stergachis^{#1}, Shane Neph^{#1}, Alex Reynolds¹, Richard Humbert¹, Brady Miller^{1,5}, Sharon L. Paige^{2,3}, Benjamin Vernot¹, Jeffrey B. Cheng⁹, Robert E. Thurman¹, Richard Sandstrom¹, Eric Haugen¹, Shelly Heimfeld⁸, Charles E. Murry^{2,3,4,6}, Joshua M. Akey¹, and John A. Stamatoyannopoulos^{1,7,4}

- Embryonic stem cells have a ‘universe’ of ~200,000 DHS regions
- ~3% of the genome can be an enhancer
- These close down as cells differentiate

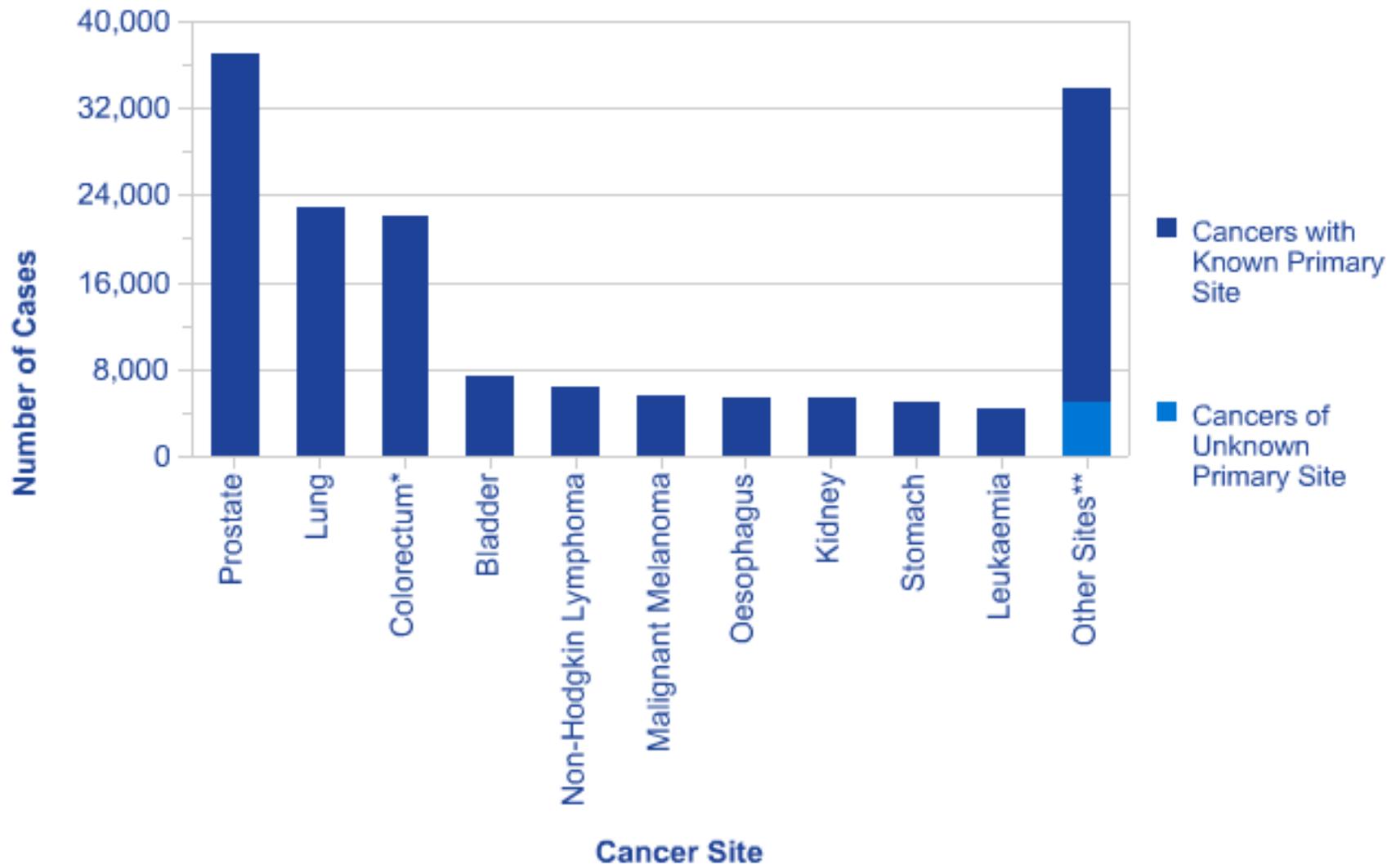


- Enhancers recruit transcription factors

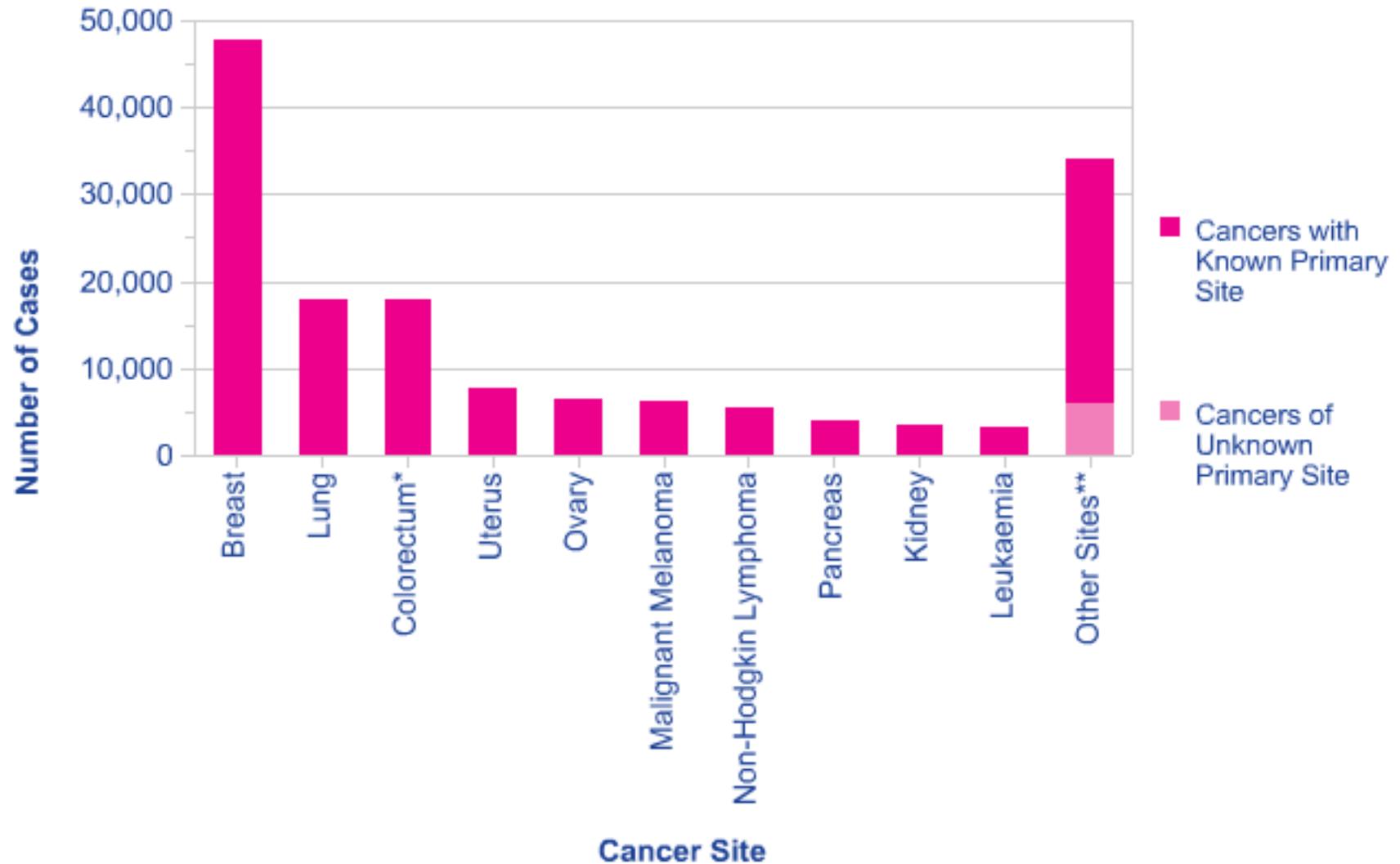
Nuclear receptors are important transcription factors

- Estrogen-Estrogen Receptor (ER) mediates cellular growth for mammary gland development
 - Two ER isoforms (ER-alpha and ER-beta)
- Androgen-AR mediate cellular growth for prostate development
- Glucocorticoids, progesterone, prolactin, mineralocorticoids etc are all important for normal physiology
- But they're key drivers in cancer!
 - *75% of breast cancer: Estrogen Receptor (ER) driven*
 - *Almost all prostate cancer: Androgen Receptor (AR) driven*
- ER/AR targeted drugs have changed survival rates

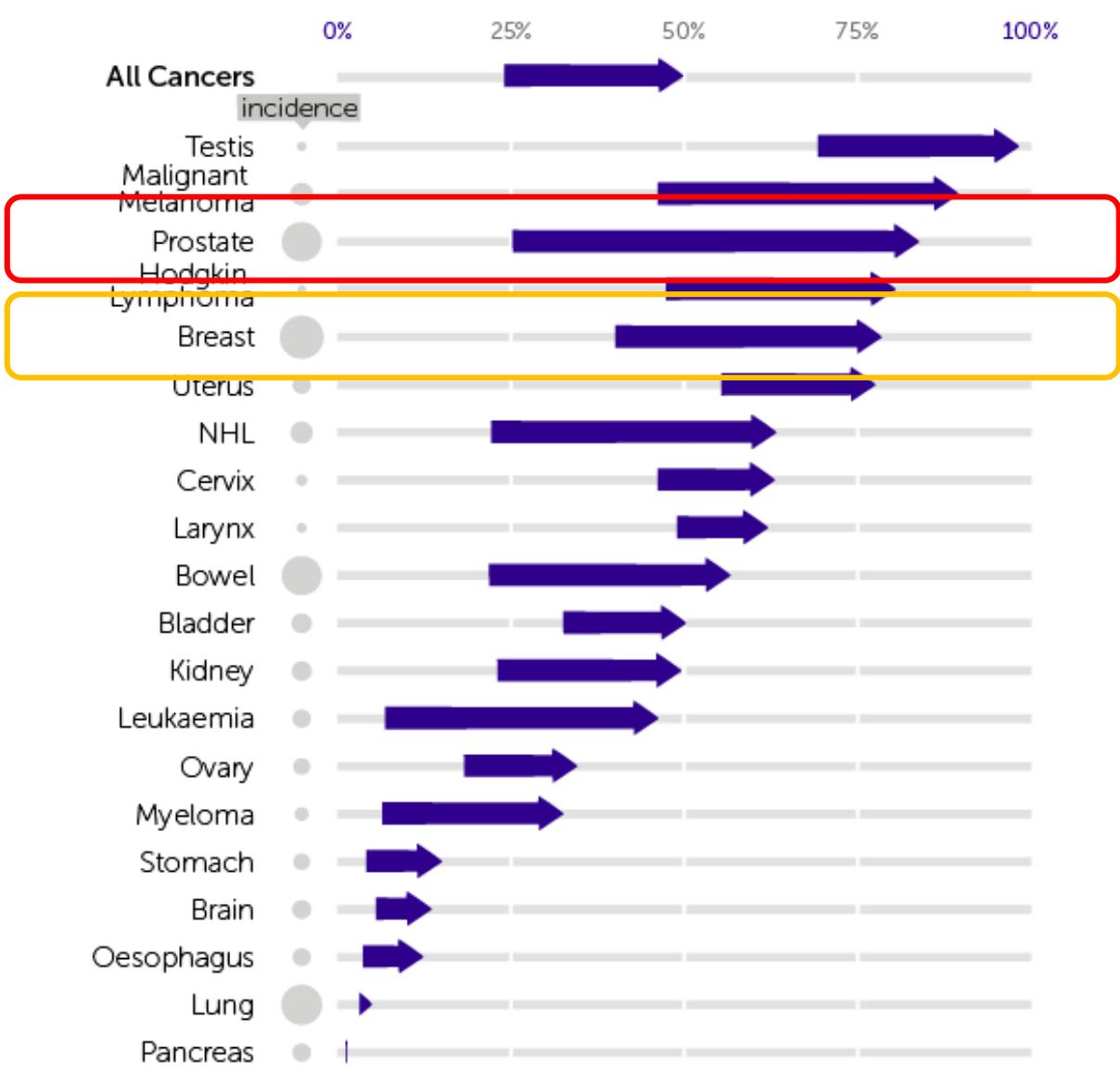
Major cancers in men in the UK

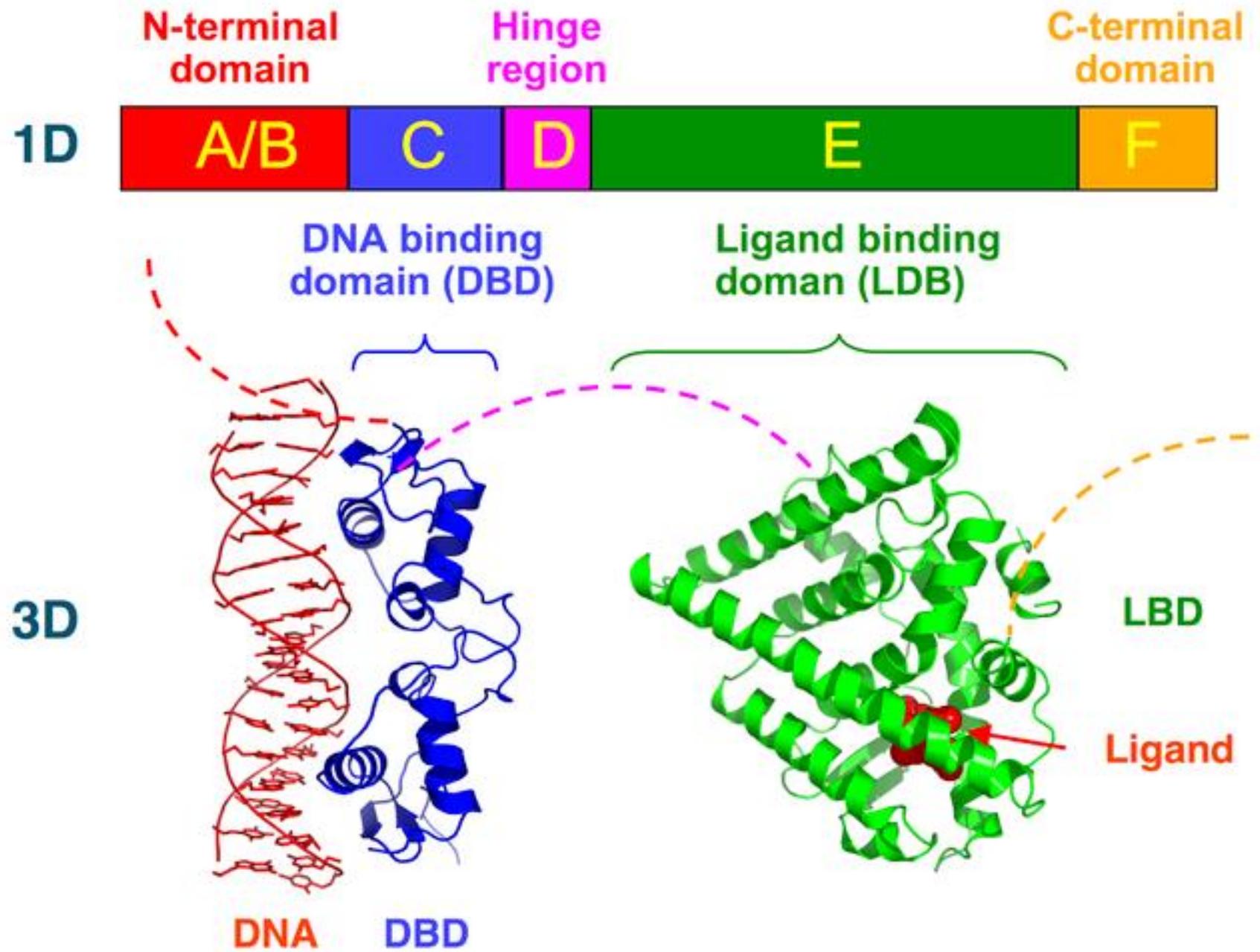


Major cancers in women in the UK

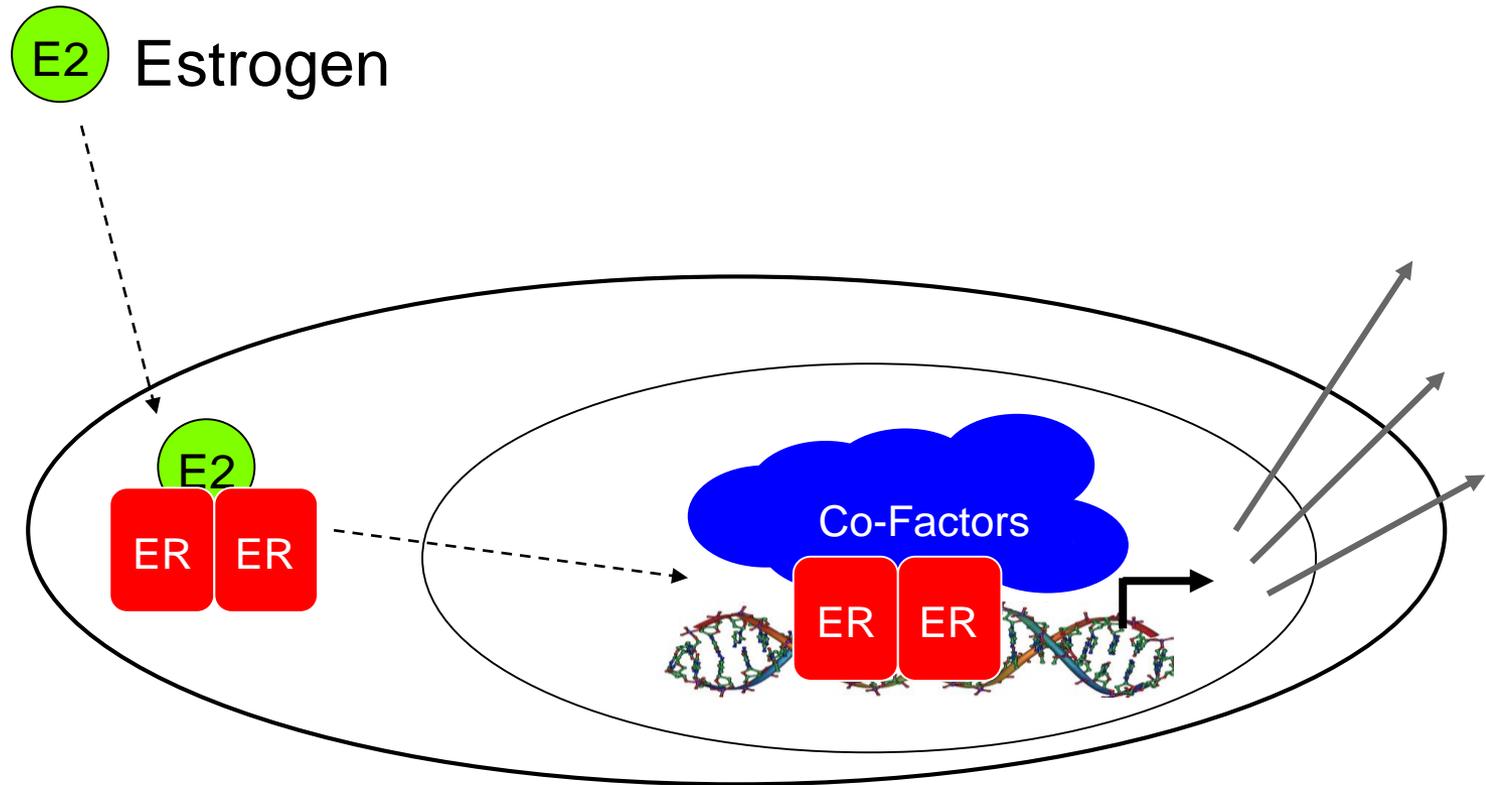


changes in survival, 1971-72 to 2010-11



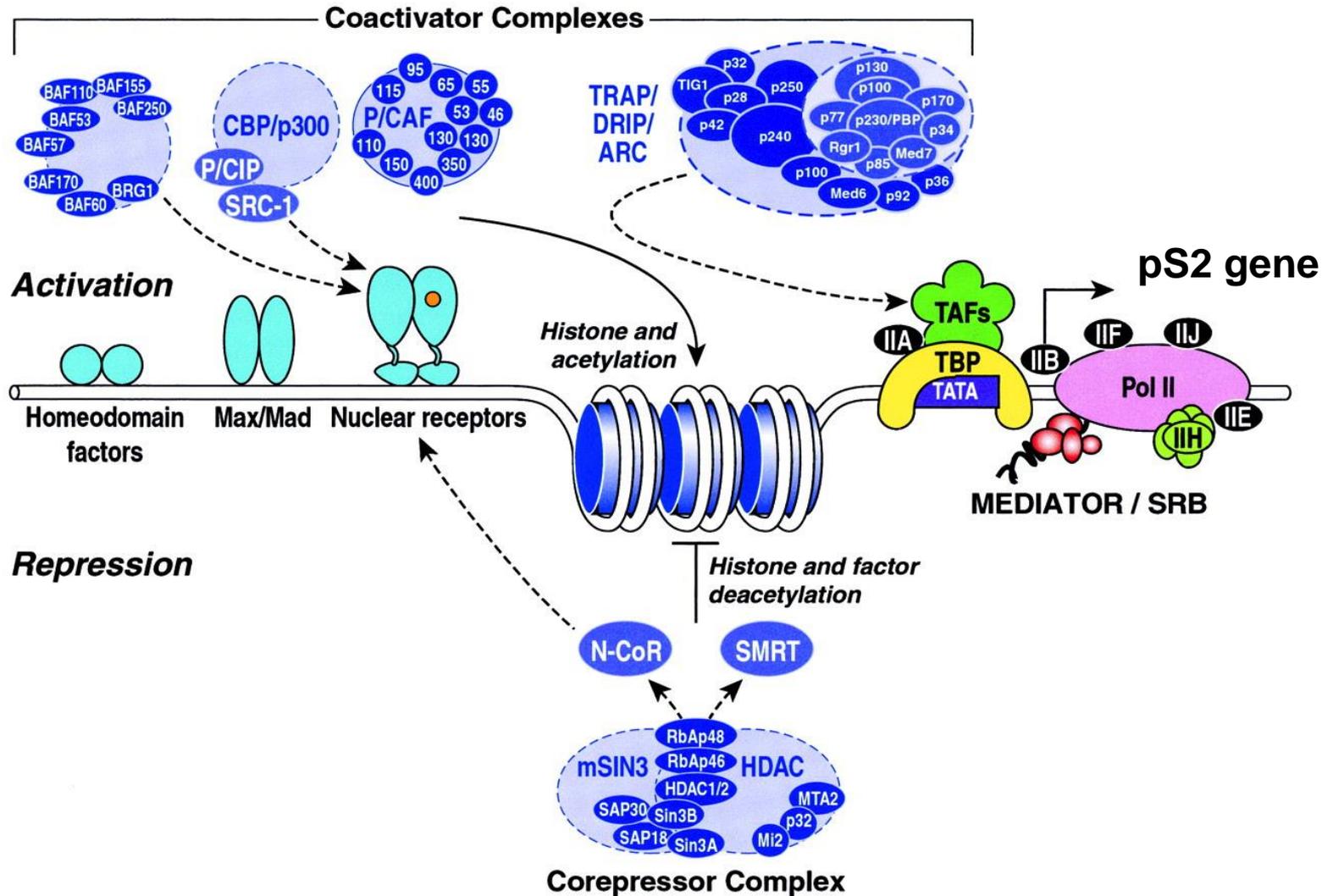


Ligand activation mediates ER (and AR) activity



- Drugs block ligand binding domain, or ligand (estrogen) levels

Known nuclear receptor (TF) co-factors



Multiplatform Analysis of 12 Cancer Types Reveals Molecular Classification within and across Tissues of Origin

Katherine A. Hoadley,^{1,20} Christina Yau,^{2,20} Denise M. Wolf,^{3,20} Andrew D. Cherniack,^{4,20} David Tamborero,⁵ Sam Ng,⁶ Max D.M. Leiserson,⁷ Beifang Niu,⁸ Michael D. McLellan,⁸ Vladislav Uzunangelov,⁶ Jiashan Zhang,⁹ Cyriac Kandoth,⁸ Rehan Akbani,¹⁰ Hui Shen,^{11,22} Larsson Omberg,¹² Andy Chu,¹³ Adam A. Margolin,^{12,21} Laura J. van't Veer,³ Nuria Lopez-Bigas,^{5,14} Peter W. Laird,^{11,22} Benjamin J. Raphael,⁷ Li Ding,⁸ A. Gordon Robertson,¹³ Lauren A. Byers,¹⁰ Gordon B. Mills,¹⁰ John N. Weinstein,¹⁰ Carter Van Waes,¹⁸ Zhong Chen,¹⁹ Eric A. Collisson,¹⁵ The Cancer Genome Atlas Research Network, Christopher C. Benz,^{2,*} Charles M. Perou,^{1,16,17,*} and Joshua M. Stuart^{6,*}

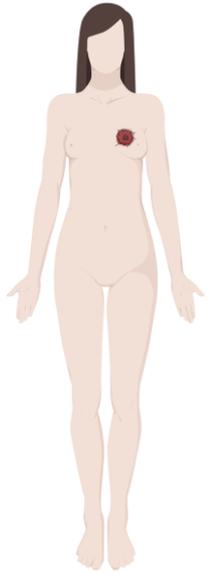
Transcription factors

- Myc
- Sox2
- p53
- GATA3
- SMAD2/4
- CEBPA

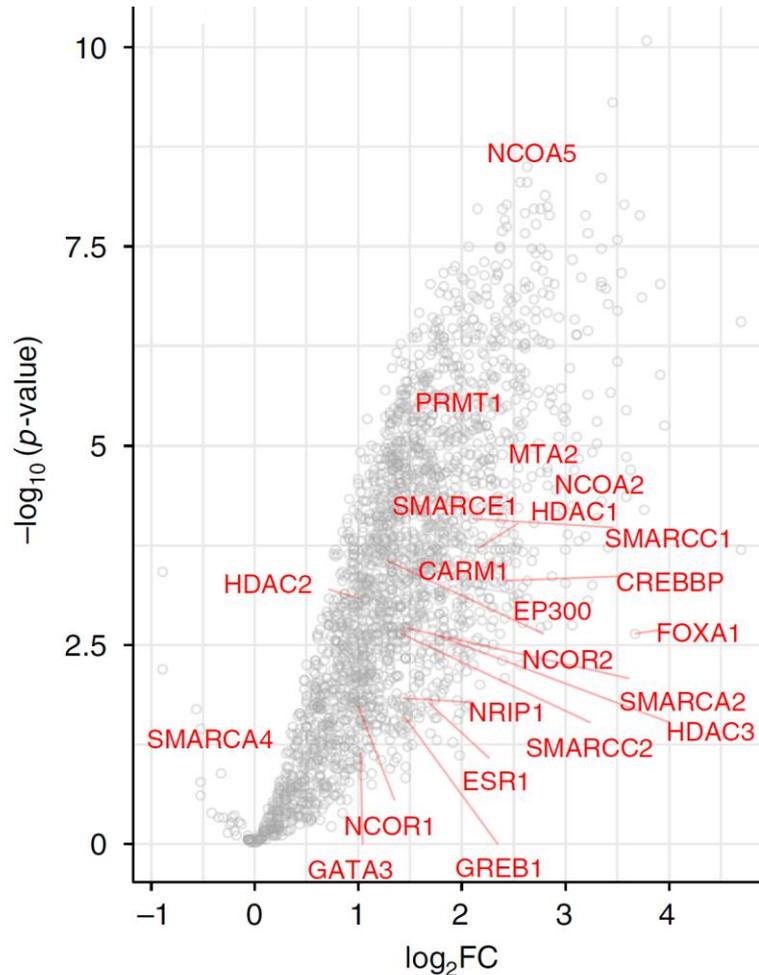
Co-factors

- MLL2/3
- p300
- KDM5C
- KDM6A
- ARID1A
- AIB1

How many ER co-factors are there?



ER qPLEX-RIME in ER+ tumours

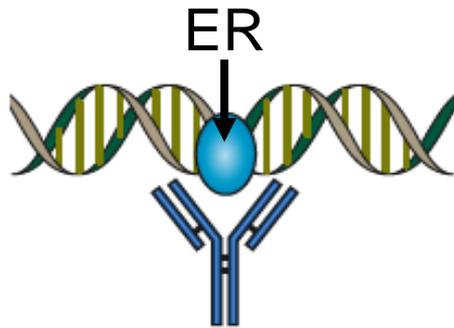


- 1,500 interactors
- Lots of subcomplexes
- They can't all be functional...
.....or can they?
- Some are structural, some are enzymes

- They are co-factors, they don't touch the DNA directly

How do you study where a transcription factor sits on DNA (chromatin)

Chromatin IP (ChIP)



**Control
(Input)**



Can you identify all DNA (even unknown sites)?

High-throughput sequencing technologies

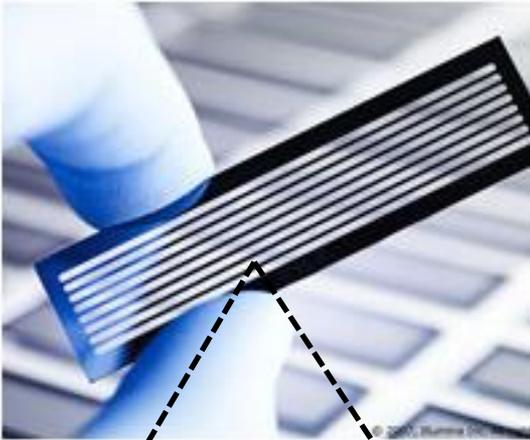
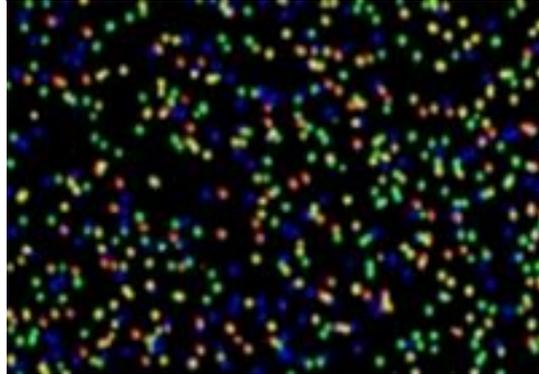
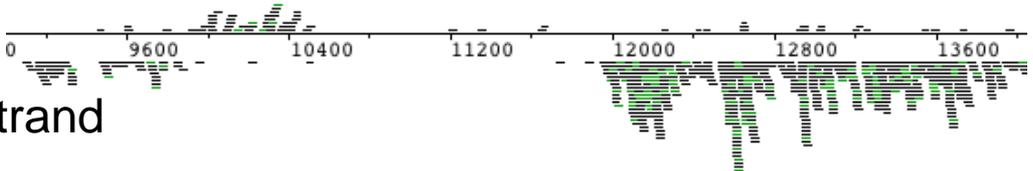


Image (cd-genomics.com)



Counting small (36bp) DNA reads

+ strand

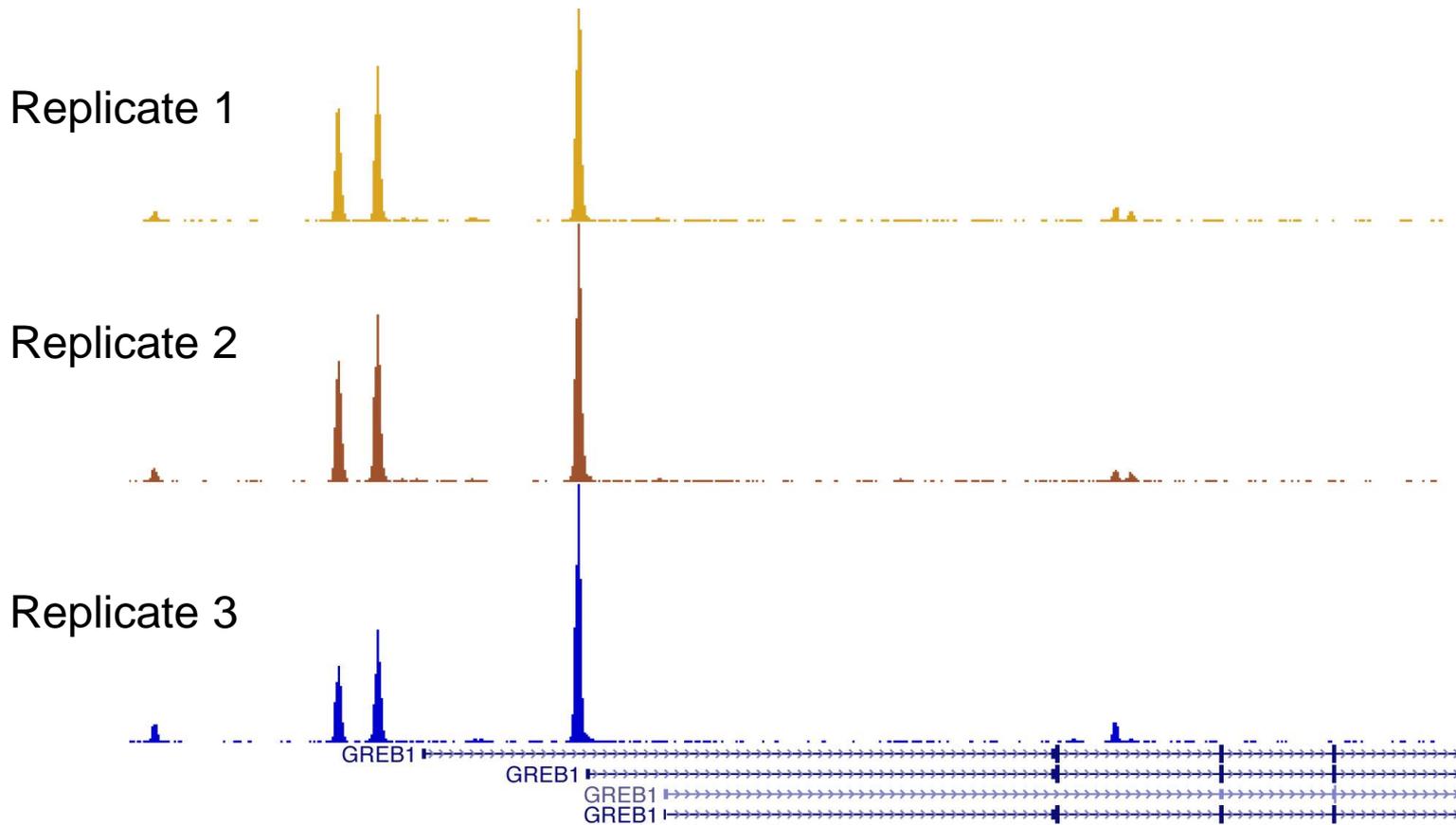


- strand



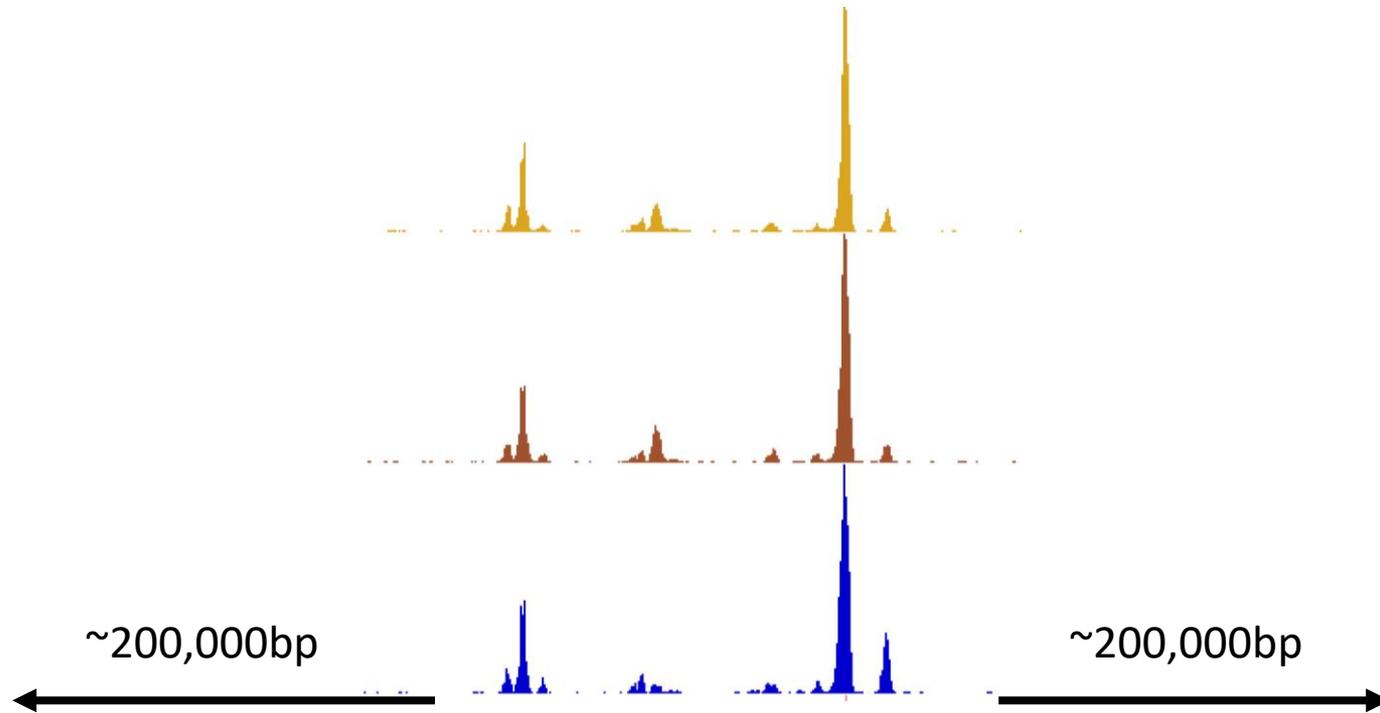
ER ChIP-seq (ChIP-seq) in breast cancer cells

ER binding profile



ER: The first TF mapped genome-wide

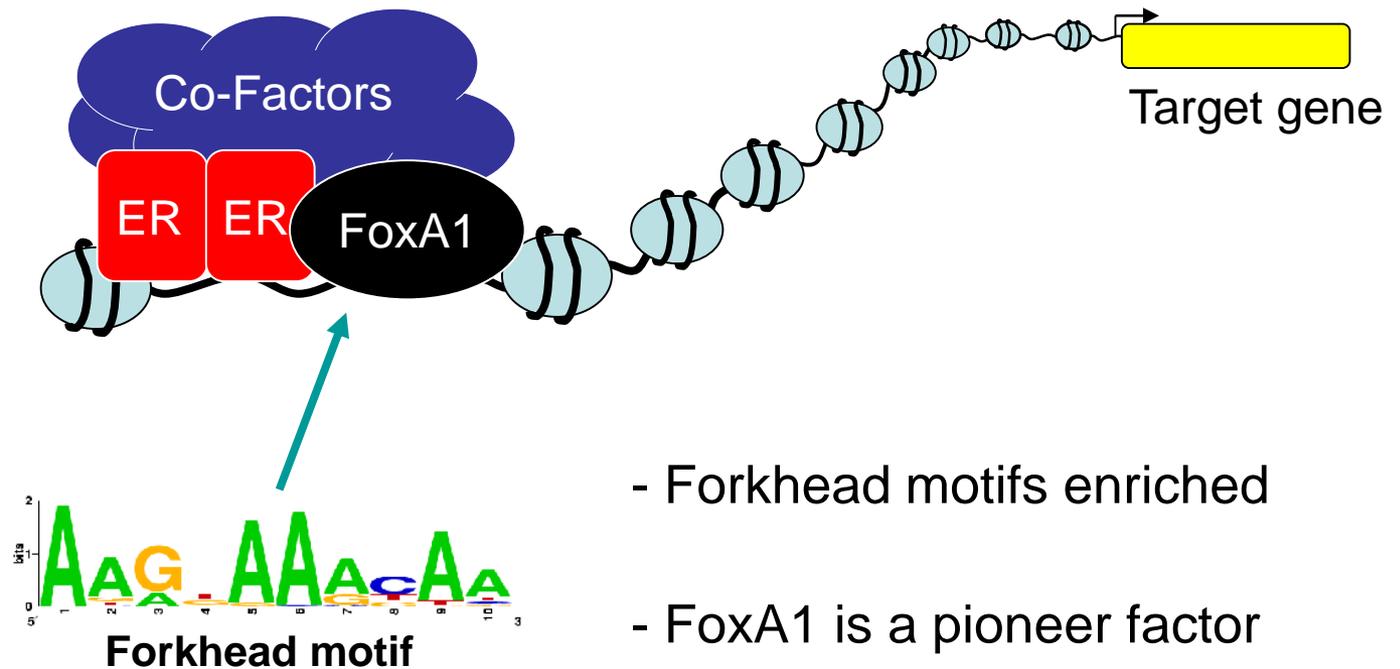
In most cases, binding is in the middle of nowhere



- What gene is it switching on or off?
- Are they all doing something?
- We will come back to this in a few slides

What did we learn from mapping ER binding sites?

- Thousands of ER binding events
- Very few promoters bound

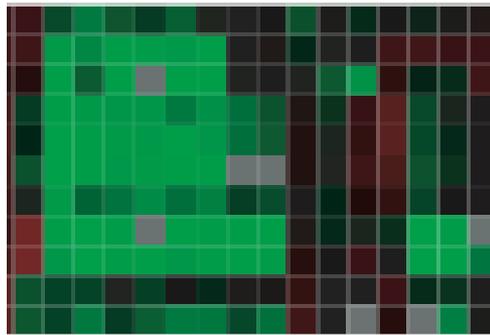


FoxA1 is a mandatory requirement for ER+ breast cancer

letters to nature

Molecular portraits of human breast tumours

Charles M. Perou[†], Therese Sørlie^{†‡}, Michael B. Eisen^{*},
Matt van de Rijn[§], Stefanie S. Jeffrey^{||}, Christian A. Rees^{*},
Jonathan R. Pollack[¶], Douglas T. Ross[¶], Hilde Johnsen[‡],
Lars A. Akslen[#], Øystein Fluge[☆], Alexander Pergamenschikov^{*},
Cheryl Williams^{*}, Shirley X. Zhu[§], Per E. Lønning^{**},
Anne-Lise Børresen-Dale[‡], Patrick O. Brown^{††} & David Botstein^{*}



HUMAN ENDOGENOUS RETROVIRUS ENVELOPE PL1
X-BOX BINDING PROTEIN 1
HEPATOCYTE NUCLEAR FACTOR 3, ALPHA
GATA-BINDING PROTEIN 3
GATA-BINDING PROTEIN 3
GATA-BINDING PROTEIN 3
GATA-BINDING PROTEIN 3
ESTROGEN RECEPTOR 1
ESTROGEN RECEPTOR 1
ANNEXIN XXXI
ANNEXIN XXXI

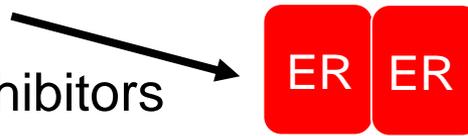
← FoxA1
(aka. HNF3A)

FoxA1 is there in primary tumours, regardless of patient outcome

ER requires FoxA1 and GATA3 to function

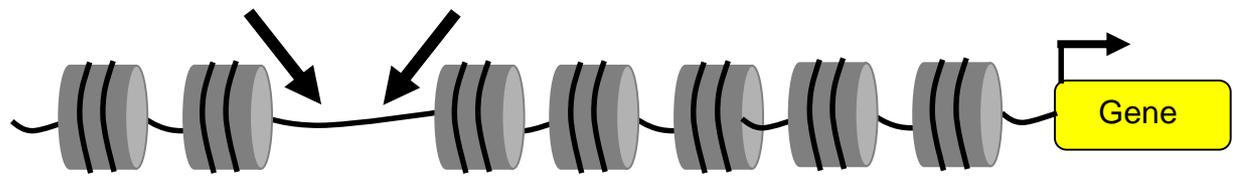
Drug target

- Tamoxifen
- Fulvestrant
- Aromatase Inhibitors



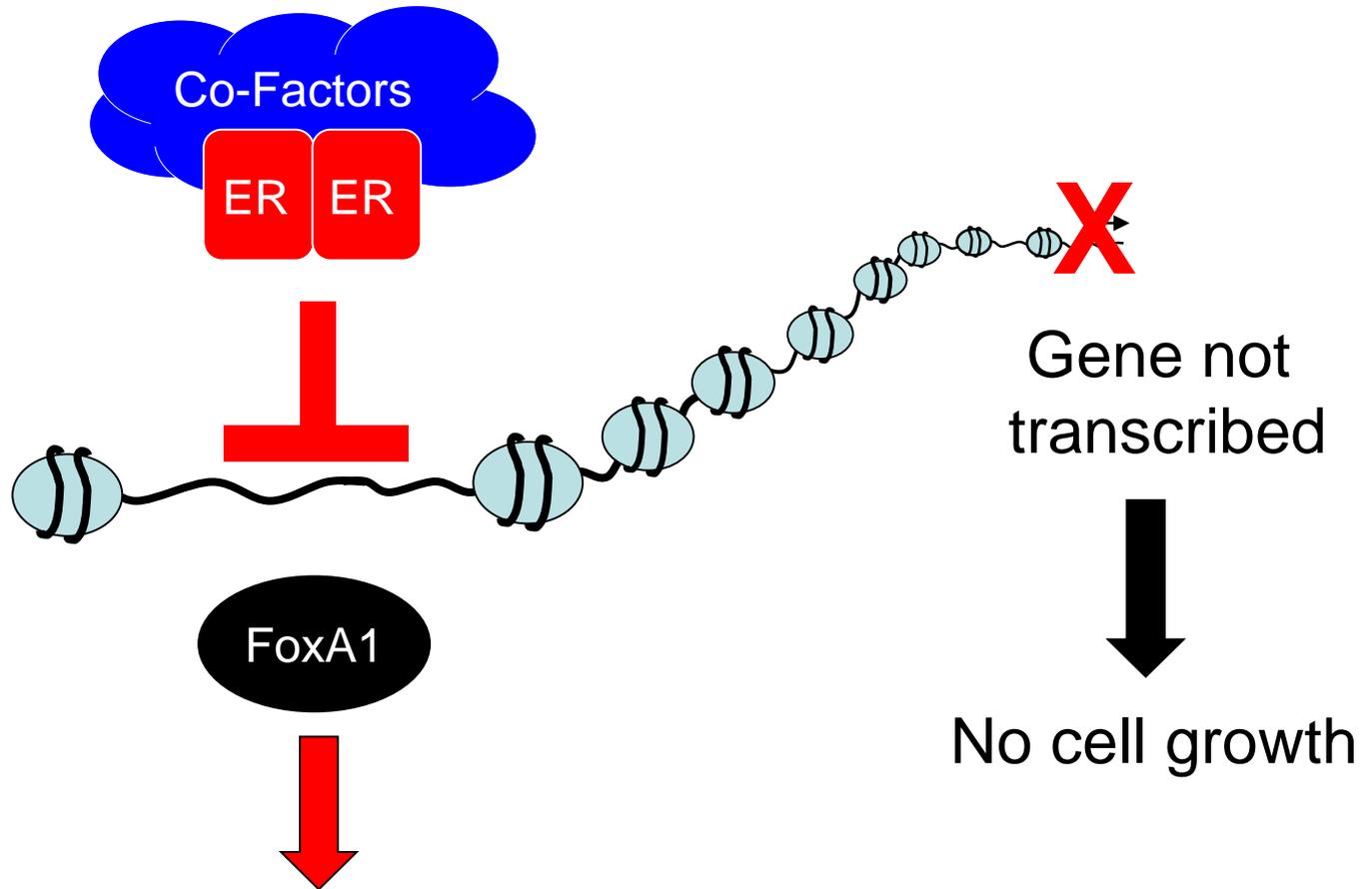
Unclear

Is a pioneer factor
Invades 'closed'
chromatin



ER binds to distal enhancers and needs FoxA1

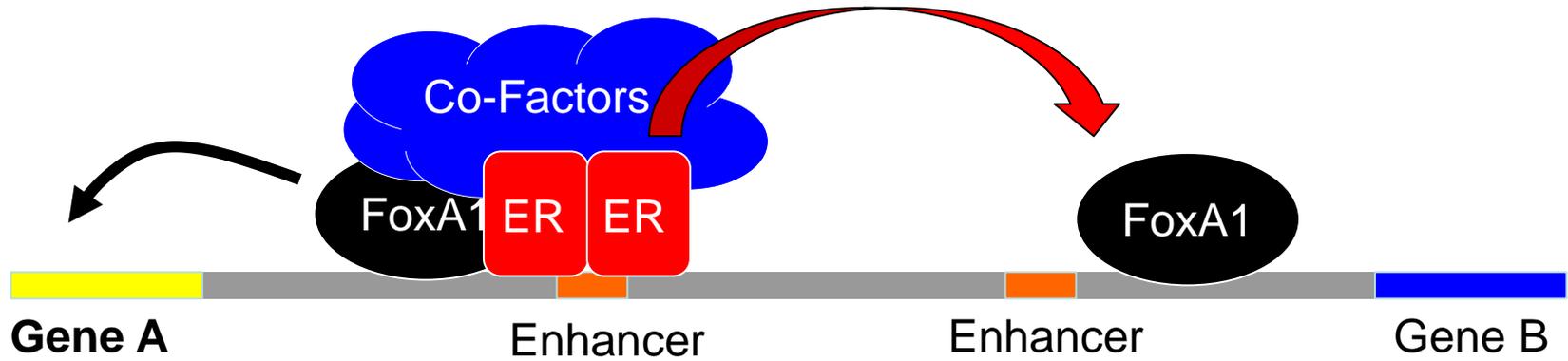
Breast cancer cells



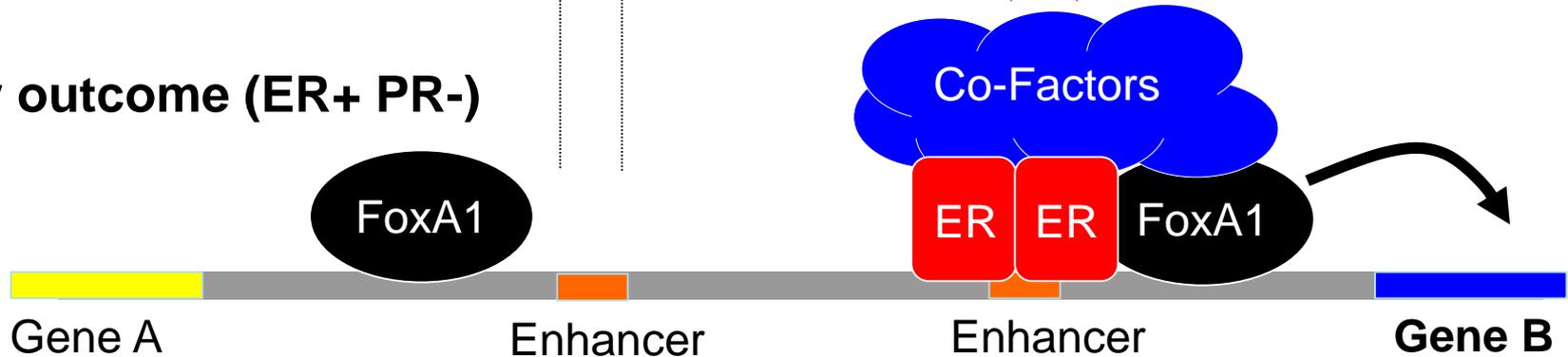
Transcription factors move around genome

Good outcome (ER+ PR+)

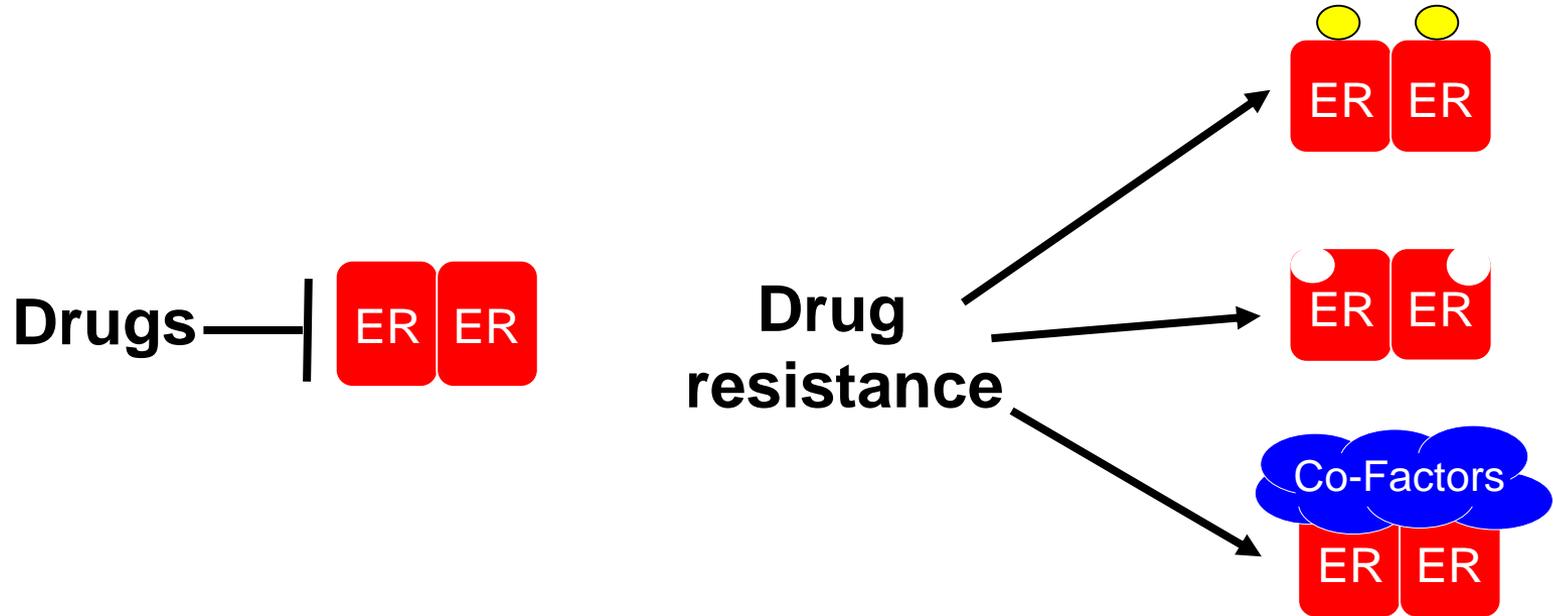
Tumour progression



Poor outcome (ER+ PR-)



There are multiple resistant mechanisms

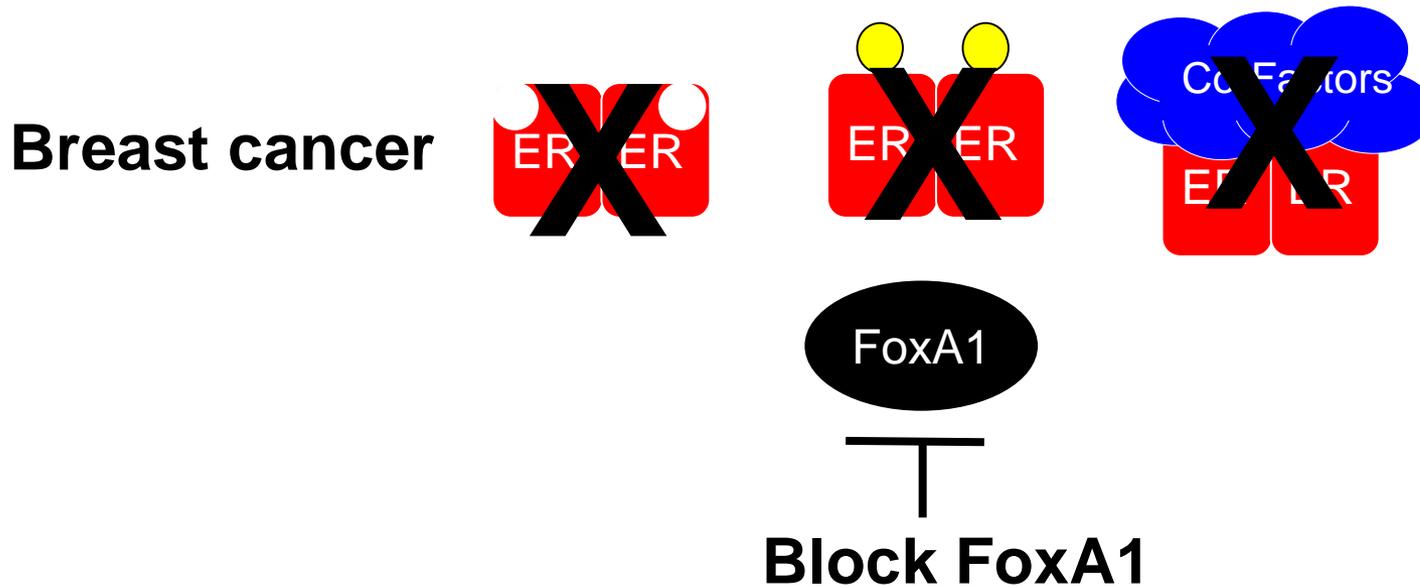


You need one cancer cell (out of many millions) with this altered 'property'

Or, cancer cells can adapt and change

Can we drug FoxA1 instead of ER?

FoxA1 is needed, even in drug resistant cancer cells



- A universal treatment for ER+ breast cancer?

Can we drug FoxA1?



Azeria adds \$41M to pioneer FOXA1 approach in breast cancer

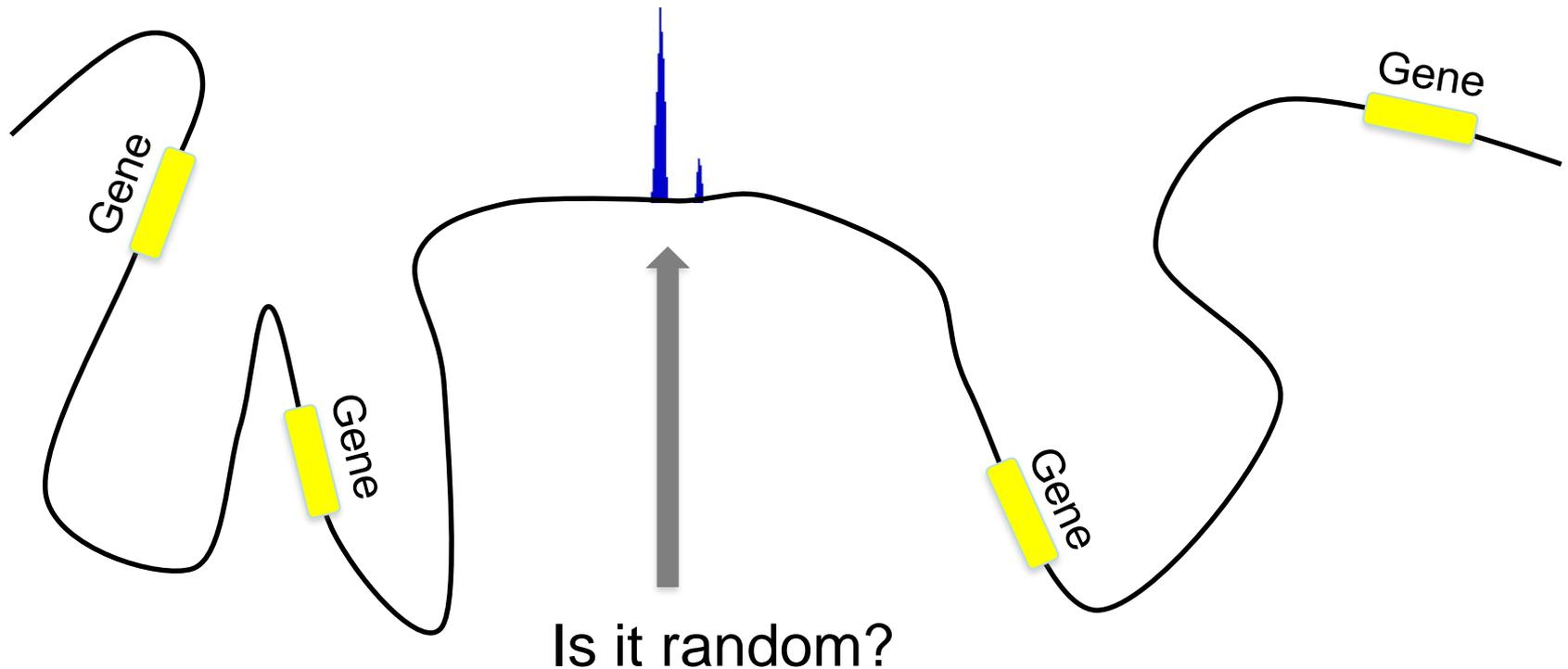
November 21, 2019 By [Nuala Moran](#) [No Comments](#)

LONDON – Azeria Therapeutics Ltd. has raised £32 million (US\$41.3 million) in a series B round to take forward small-molecule inhibitors of FOXA1, a transcription factor that is pivotal to the growth and progression of estrogen receptor (ER)-positive breast cancer.

- Can we make a new treatment?
- Why shouldn't Cambridge and CRUK benefit?
- Drugging FoxA1 requires insight into chromatin biology

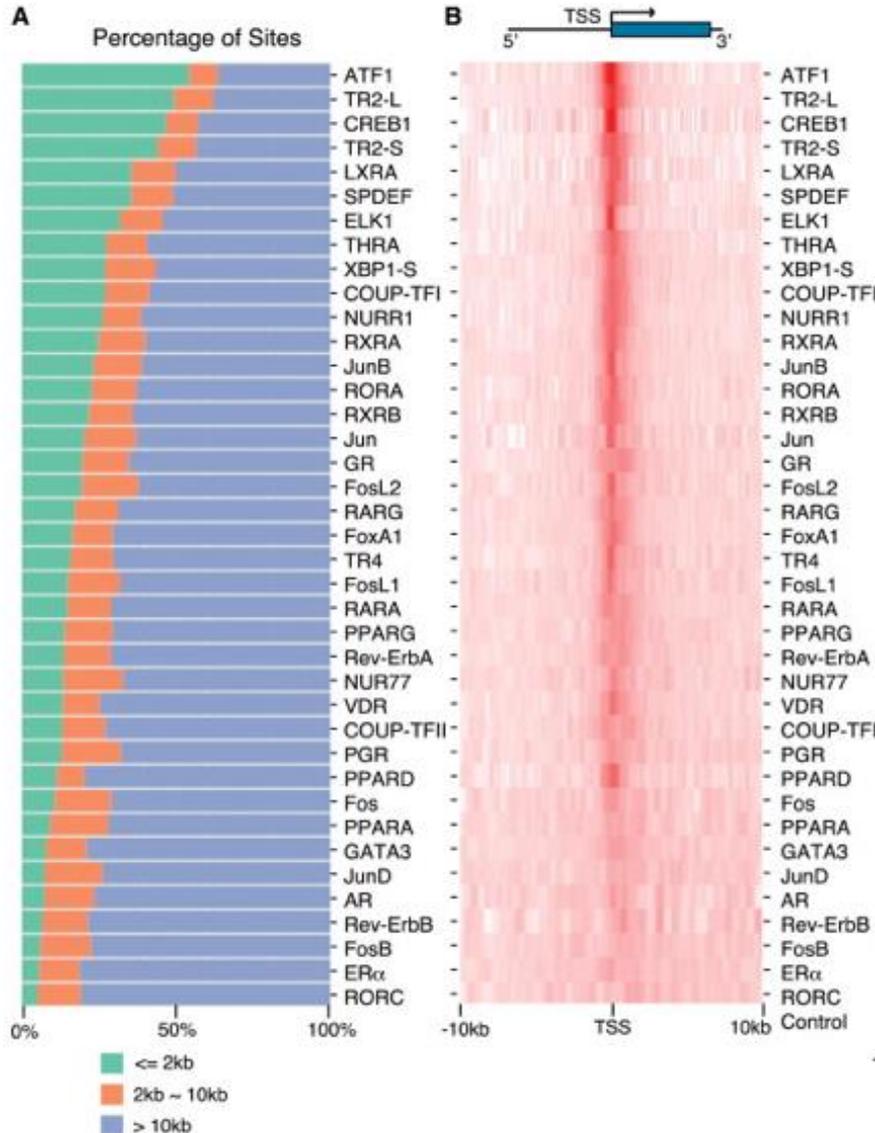
In most cases, binding is in the middle of nowhere

Transcription factor binding site



- Transcription factors tend to cluster together
- DNase hypersensitivity: DNase digestion and sequencing
- Histone marks (H3K4me1/me2): ChIP-seq

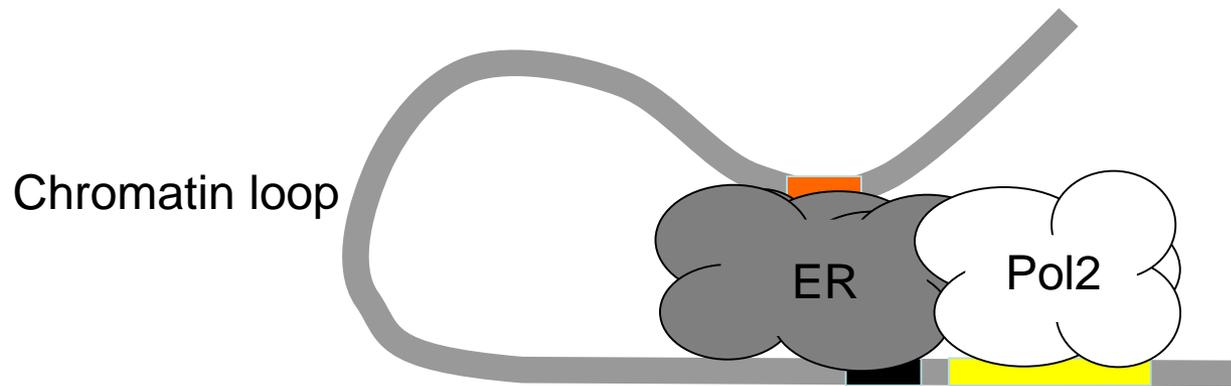
Most transcription factors regulate from a distance



24 nuclear receptors

14 transcription factors

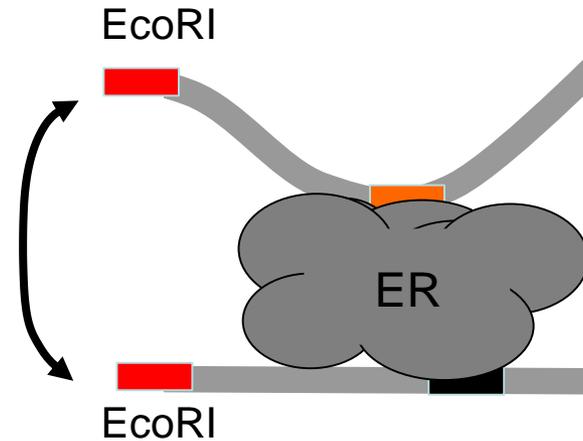
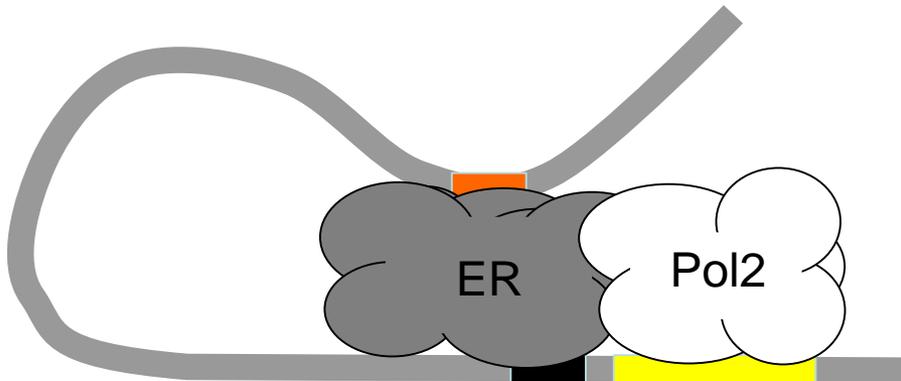
ER regulate genes from a distance. What gene?



How to find what enhancer goes with what gene?

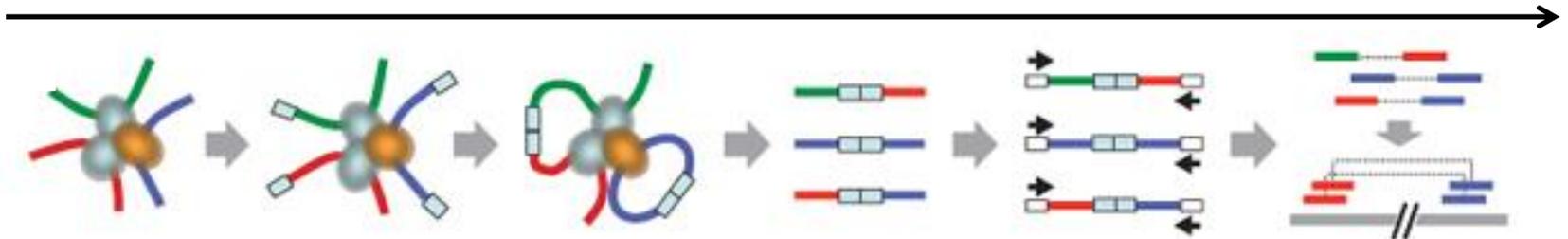
Chromosome Conformation Capture

ChIA-PET (Fullwood, *Nature*, 2009)

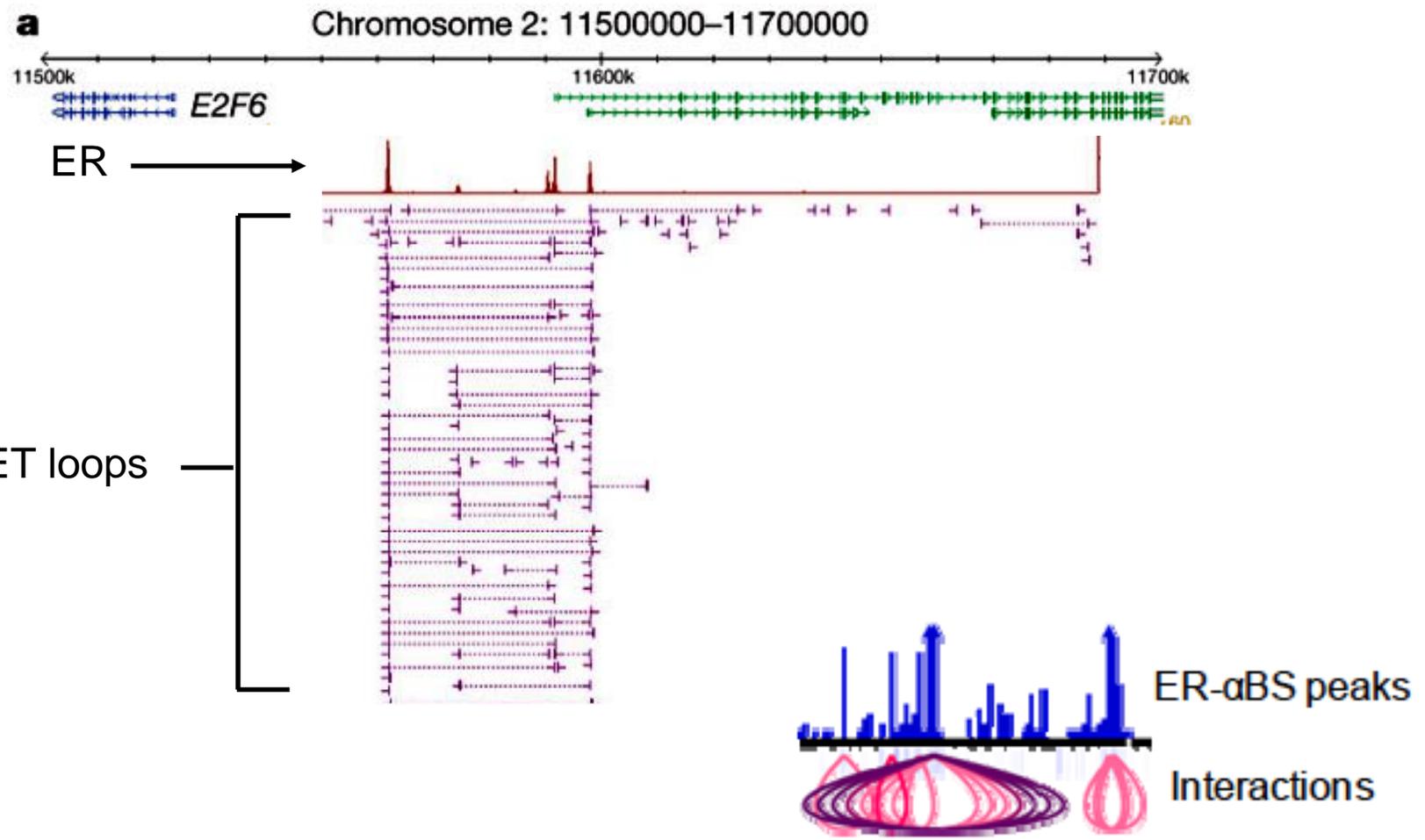


ChIP-Interaction Assay (ChIA)

Sequencing (Paired End diTag: PET)



Discovery of what parts of the genome loop together

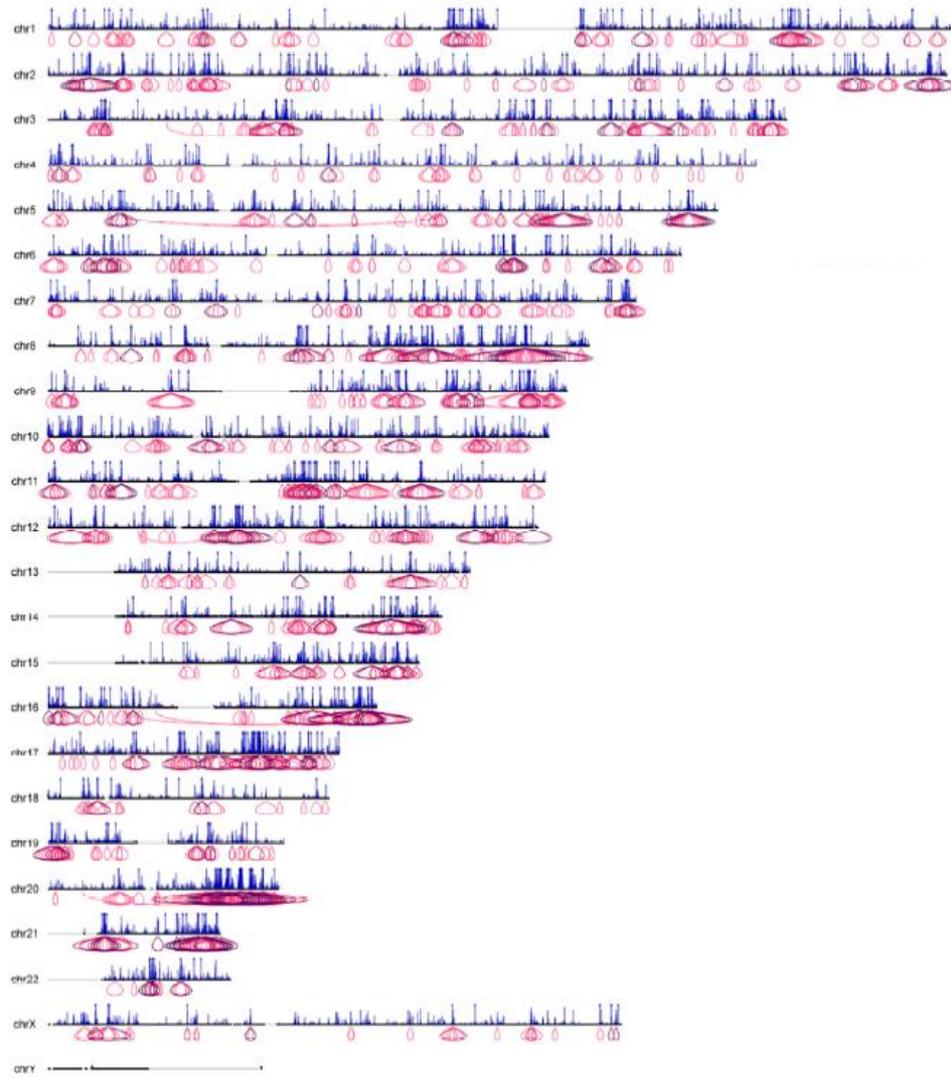


The ER-mediated interactome in breast cancer cells

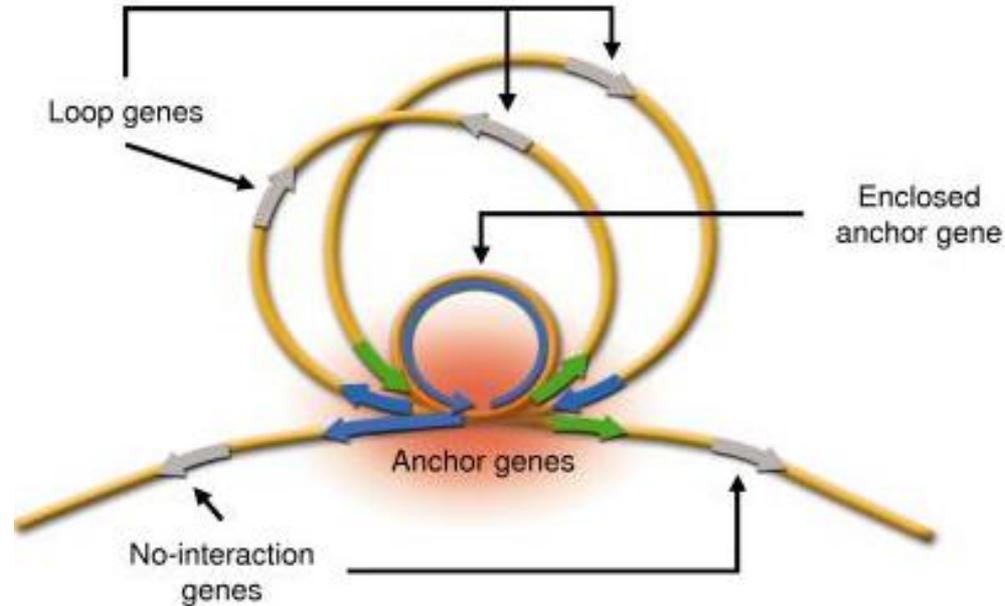
Chromosome 1



Chromosome X
Chromosome Y



ER binding events tend to work together in clusters



What is really being transcribed by ER?

~100,000 nucleotides

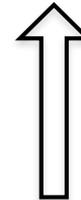


TFF3

TFF2

TFF1

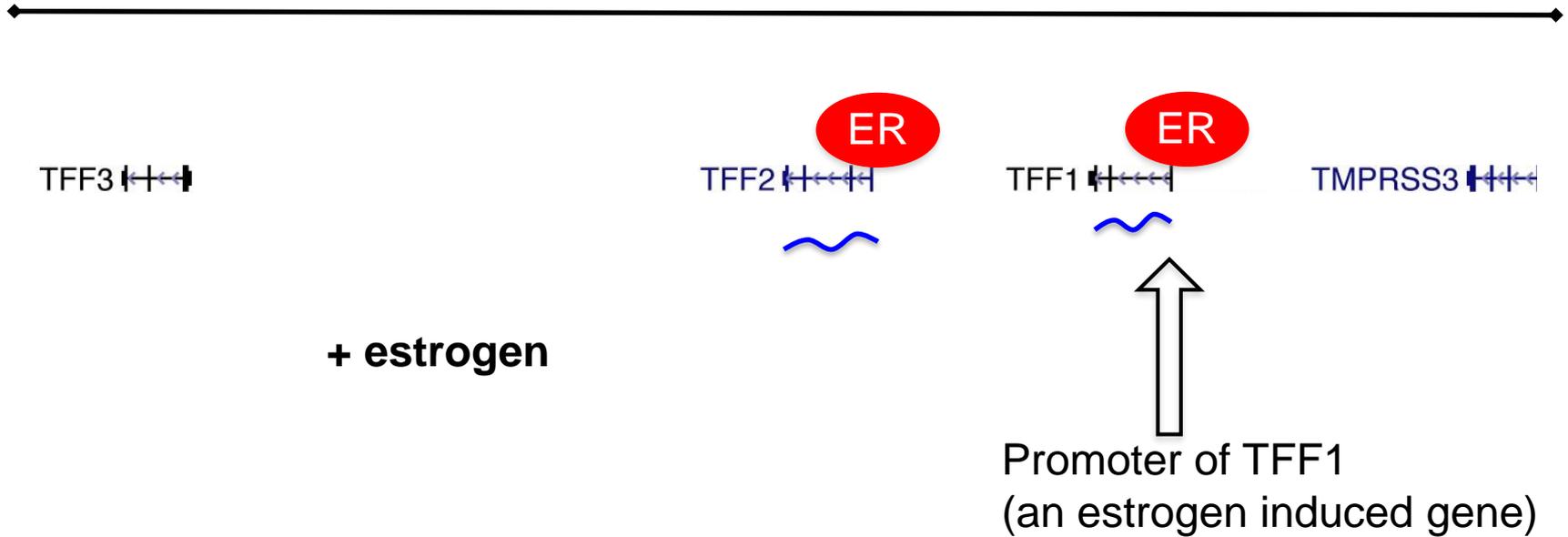
TMPRSS3



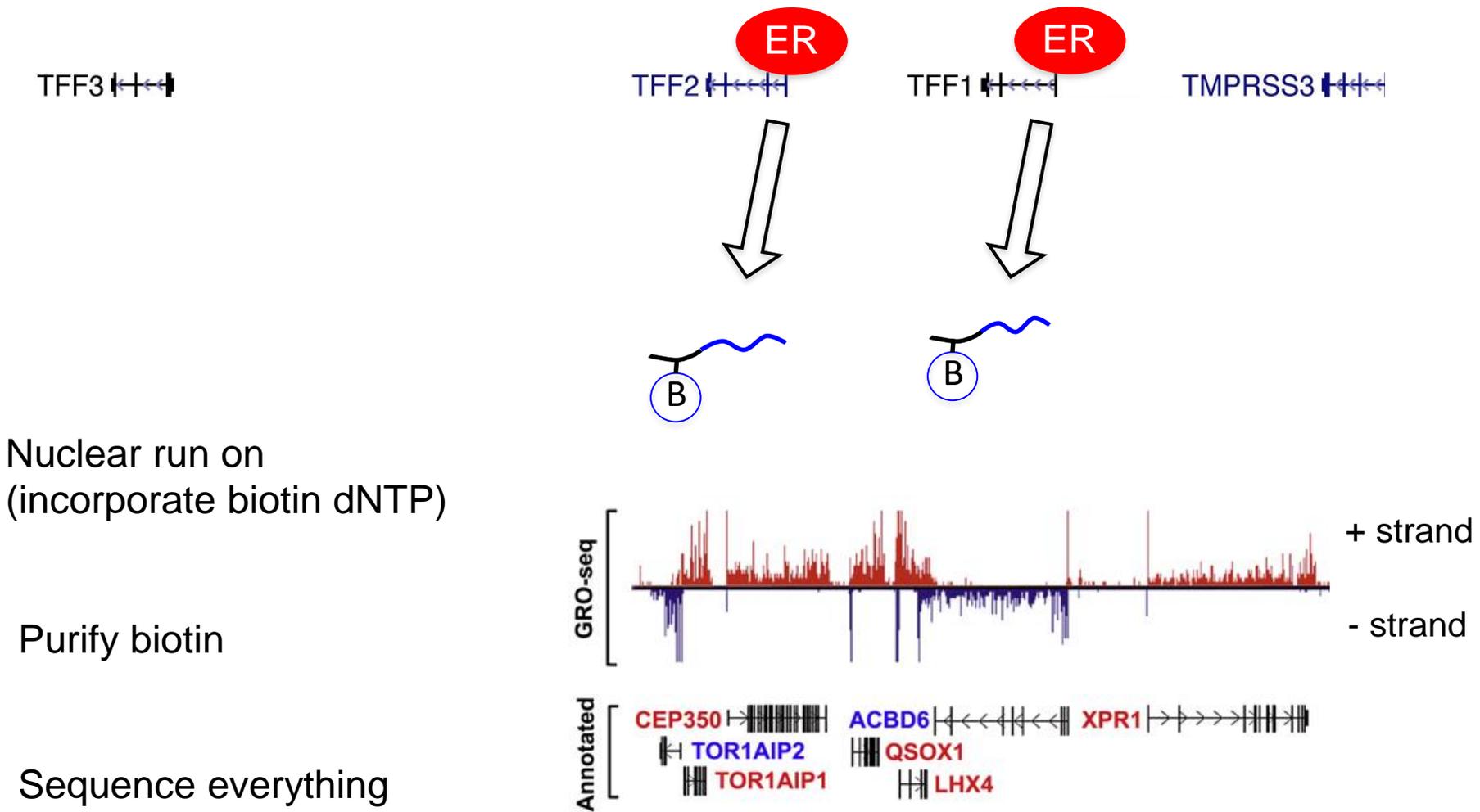
Promoter of TFF1
(an estrogen induced gene)

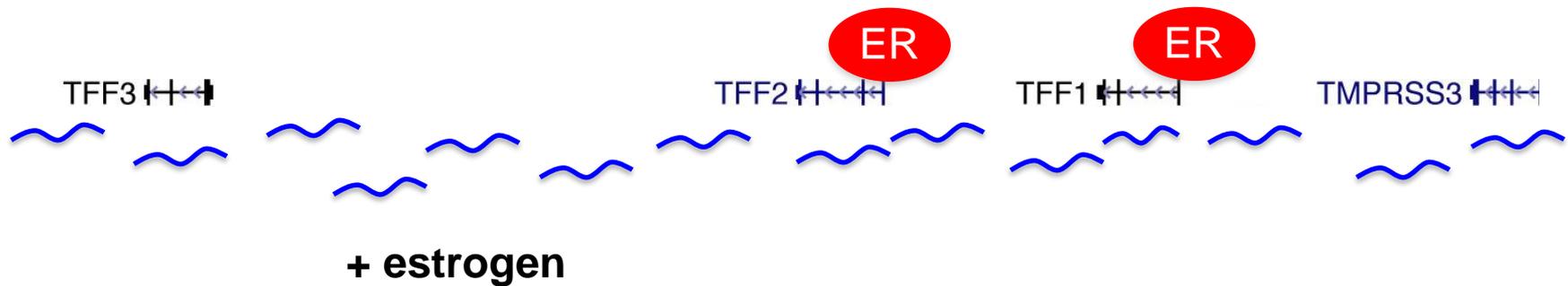
What is really being transcribed by ER?

~100,000 nucleotides



GRO-seq reveals massive global transcription

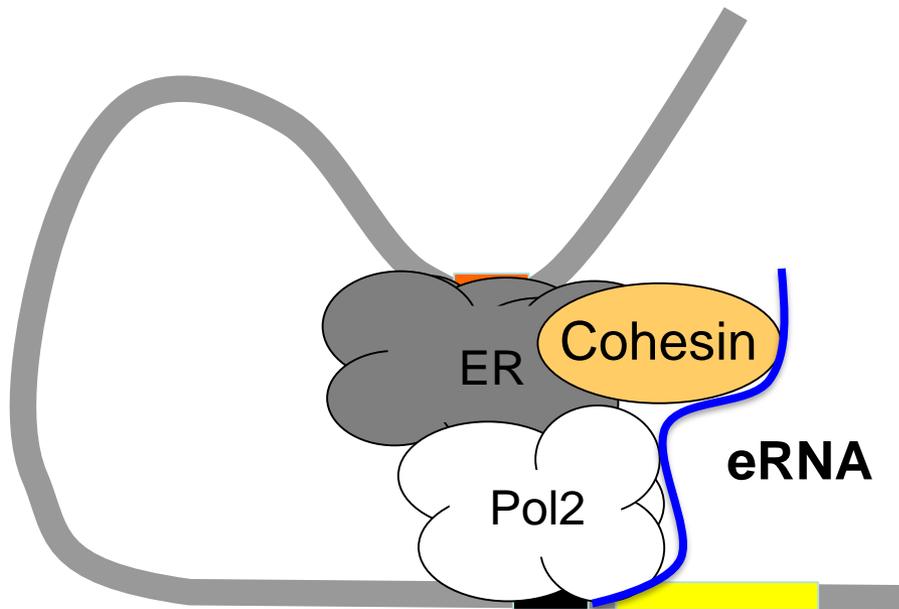
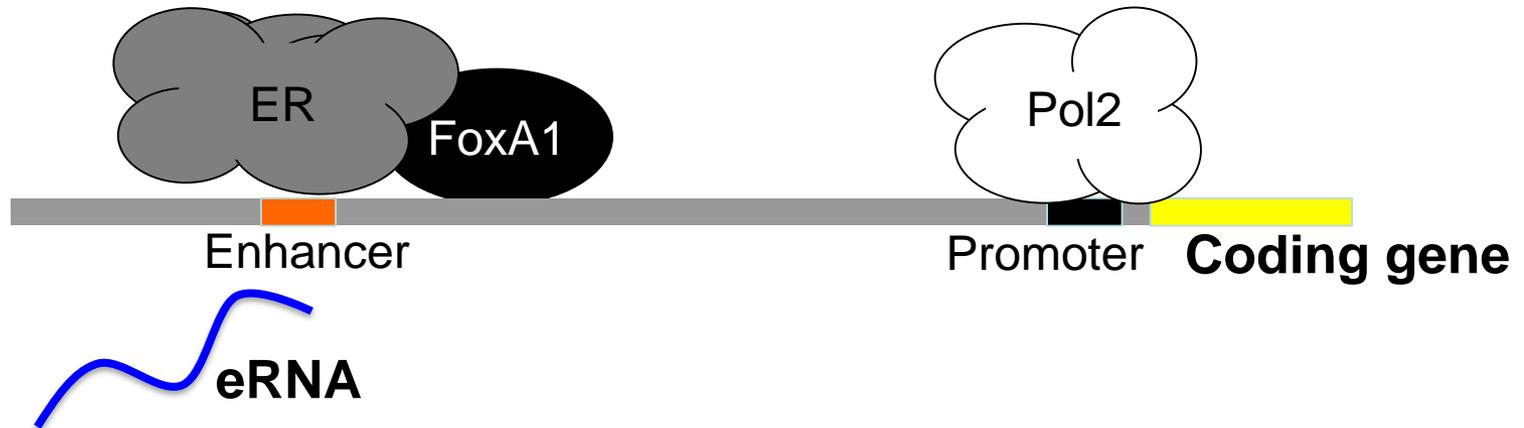




- 27% of the genome is transcribed in response to estrogen

- Of these
- 50% annotated or non-coding RNAs
 - 5% to antisense transcripts
 - 16% divergent transcripts
 - 7% to ER enhancers (eRNAs)
 - 12% un-annotated intergenic transcripts

Enhancer RNAs (eRNAs) play a role in transcription



- Required for coding gene
- Required for growth

Transcription factors as drug targets

- Widely considered 'undruggable'
- Most common treatment targets a TF (GR)
- In breast and prostate cancer: drugs target TFs (NR)
- Are nuclear receptors the exception for TFs?
- Novel approaches for drugging TFs
 - *Peptides/riptides*
 - *siRNA/knockdown*
 - *Regulatory enzymes*
 - *Degradation mechanisms (PROTACs)*

