

Suppression of the Ubiquitin Ligase Function of FBXW7 Accelerates Metastatic Progression of Pancreatic Ductal Adenocarcinoma

by

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B.S. Biochemistry and Molecular Biology
University of Miami, 2017

Submitted to the Harvard-MIT Program in Health Sciences and Technology
In Partial Fulfillment of the Requirements for the Degree of

Doctor of Philosophy

at the

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ABSTRACT

Pancreatic ductal adenocarcinoma (PDAC) is the most lethal common malignancy because it is usually diagnosed at an advanced/metastatic stage. Dysregulation of protein stability and degradation has been associated with uncontrolled proliferation and genomic instability, promoting cancer progression to metastasis. One of the major regulators of protein degradation is the tumor suppressor FBXW7, a substrate recognition domain of the SCF E3 ubiquitin ligase, frequently dysregulated in many cancers.

The function and clinical significance of FBXW7 in pancreatic cancer has been studied in some detail. Pancreatic cancer patients with low FBXW7 expression levels have poor probability of survival compared to patients with high FBXW7 expression levels. Furthermore, *Fbxw7* mutations and loss cooperate with *Kras*^{G12D} to accelerate PDAC formation with a high frequency, showing that *Fbxw7* is an important tumor suppressor in *Kras*-driven pancreatic cancer. However, studies on the impact of *Fbxw7* expression and its substrates in pancreatic cancer progression to metastasis remains poorly understood.

Here, we demonstrate that *Fbxw7* loss accelerates progression and metastatic potential of pancreatic cancer in *Kras*^{G12D/+}; *Trp53*^{-/-} PDAC models, in immunocompromised and immunocompetent hosts. We explore the impact of different *Fbxw7* mutants in tumorigenesis, where the hotspot mutant R465 recapitulates the phenotype seen in complete loss-of-function of *Fbxw7*. Finally, we looked at global proteomic changes when *Fbxw7* is lost to better understand mechanistically the role of *Fbxw7* in PDAC progression to metastasis. This study addresses novel facets of PDAC metastasis which has the potential to identify novel therapeutic strategies for advanced and metastatic disease.

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Mismatch repair deficiency is not sufficient to elicit tumor immunogenicity. (2022). Nature (in review)

Zackery A. Ely, Nicolas Mathey-Andrews, Santiago Naranjo, Samuel I. Gould, Christina Cabana, Kim L. Mercer, William M. Rideout III, Gregory A Newby, **Grissel Cervantes Jaramillo**, Katie Holland, Peyton B. Randolph, William A Freed-Pastor, Jessie R. Davis, Peter M.K. Westcott, Andrew V. Anzalone, Francisco J. Sánchez-Rivera, David R. Liu, Tyler Jacks. A prime editor mouse for modeling a broad spectrum of somatic mutations. (2022). Nature Biotechnology (in review)

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2018 J J David Ho, Nathan C Balukoff, **Grissel Cervantes**, Petrice D Malcolm, Jonathan R Krieger, Stephen Lee(2018) Oxygen-sensitive remodeling of central carbon metabolism by archaic eIF-5B. Cell Reports.

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2021 **Grissel Cervantes**, et. al. Suppression of the Ubiquitin Ligase Function of FBXW7 Accelerates Metastatic Progression of Pancreatic Ductal Adenocarcinoma. 2nd Ubiquitin Function in Health and Disease Virtual Conference. **Poster Presentation.**

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enjoyable. To the current group of graduate students who I'm also lucky to call as friends: **Emma Rose, Christina, Sean-Luc, Nick, and Zack**, thank you for being amazing and for your unconditional support and love! It has been a blessing watching you grow in the lab and I can't wait to see all the amazing things you will continue to do inside and outside of the lab. I couldn't ask for a better group of grad students in crime to close my Ph.D. work. We have been together through a big transition in the lab, and I know that the lab is in great hands with all of you! To my mentee **Javier Villa Ortiz**, thank you so much for all your contributions to the project, but also for teaching me so much from how to be a better mentor to looking at my project with an engineer's point of view. I'm proud of all your accomplishments and I can't wait to see what the future holds for you.

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To HST's administrative staff: **Laurie** and **Julie**, and to HST's admissions committee, thank you so much for seeing something in me and for always being there. Thank you for giving this incredible opportunity to this girl from a small town that no one knew much about. I will be forever grateful and I hope I made you proud! To my HST friends: **Claudia, Shoshana, Ashwin, Lily, Emily, Rebecca, Kathy, Indie, Brennan, and Taylor**, I couldn't ask for a better cohort of friends to go through grad school together, you are all an inspiration and I can't wait to see all the amazing things you will do next.

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see all the amazing things you will continue to accomplish, las adoro!!! To el **Tony, Jeffrey, Ceidis, Leo, and Aimelis**, thank you for your unconditional love. To **Tania, Brenda, and Ashley**, my honorary lab friends, thank you so much for being such amazing friends.

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CHAPTER 1

INTRODUCTION

PART 1: Pancreatic Cancer

1.1 Introduction to Pancreatic Cancer

The first recorded description of pancreatic cancer is accredited to Giovanni Battista Morgagni's work in 1761, titled 'de Sedibus Et Causis Morborum Per Anatomen Indagatis Libri Quinque'. However, the accuracy of the diagnosis of adenocarcinoma is questionable due to the absence of microscopic examination. The next significant advance in our understanding of pancreatic cancer came in 1858, when Jacob Mendez Da Costa reviewed Morgagni's initial study and provided the first microscopic diagnosis of adenocarcinoma, establishing pancreatic cancer as a distinct disease entity (Da Costa, 1858).

The exocrine and endocrine functions of the pancreas make it a very complex organ. The endocrine pancreas consists of hormone-secreting endocrine islets and relatively inactive stellate cells (Figure 1). Diabetes mellitus develops when the endocrine pancreas fails to secrete the hormone insulin (Kleeff et al., 2016; Ellis et al., 2017). On the other hand, the exocrine pancreas is made up of acinar cells that produce digesting enzymes, ductal cells that release bicarbonate, and centroacinar cells that exist in the transition between acinar and ductal cells (Figure 1). Exocrine function is impaired in several disorders, including chronic pancreatitis, cystic fibrosis, and cancer (Kleef et al., 2016; Ellis et al., 2017). All of these pathologies result in devastating personal and economic consequences, in particular pancreatic cancer.

Pancreatic cancer is the most lethal common malignancy because it is usually diagnosed at an advanced stage and is frequently treatment-resistant. More than 90%

of pancreatic neoplasms are pancreatic ductal adenocarcinomas (PDAC). Other rare pancreas malignancies include neuroendocrine tumors and acinar carcinomas, and even less prevalent are colloid carcinomas, pancreatoblastomas, and solid-pseudo papillary neoplasms (Ryan et al., 2014; Kleeff et al., 2016).

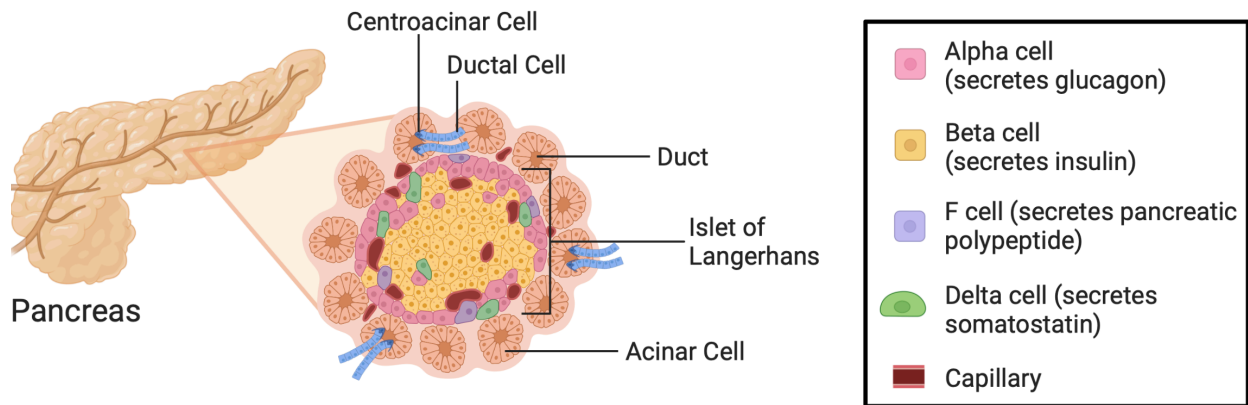


Figure 1: Major cell types and structures of the pancreas. The pancreas is composed of exocrine components (acinar cells, ductal cells, and centroacinar cells) and endocrine components (islet of Langerhans composed of alpha cells, beta cells, F cells, and delta cells). Figure 8 adapted from Ellis *et al.*, 2017. Modified from “Pancreatic Islet of Langerhans” template, by BioRender.com (2022). Retrieved from <https://app.biorender.com/biorender-templates>.

1.1.1 Epidemiology and Risk Factors

The global incidence of pancreatic cancer ranges from 1 to 10 cases per 100,000 individuals, with an anticipated 495,773 people diagnosed with the disease in 2020. (Cancer Facts & Figures 2022; SEET Cancer Stats Facts). This year, an estimated 62,210 adults in the United States will be diagnosed with pancreatic cancer, accounting for 3% of all malignancies (American Cancer Society, SEER Cancer Stats Facts). Pancreatic cancer is the eighth most prevalent cancer among women and the tenth most common cancer among men. In addition, it is estimated that 49,830 deaths from this disease will occur in the United States this year, making pancreatic cancer the

third leading cause of cancer deaths and it is predicted to rise to the second leading cause of cancer-related deaths in the coming ten years (American Cancer Society, SEER Cancer Stats Facts).

A quarter to a third of pancreatic cancer cases are attributable to risk factors like chronic pancreatitis, type 2 diabetes, and tobacco use (Kleef *et al.*, 2016; Ryan *et al.*, 2014; Klein *et al.*, 2004). Smokers have from twice to three times higher risk of presenting with pancreatic cancer in their lifetime than non-smokers, accounting for approximately 15-30% of cases in several populations (Kleef *et al.*, 2016). Obesity, low physical activity, and diet like excessive saturated fats, low fruits and vegetables, and incorporation of red and processed meats are also linked to a higher risk of developing pancreatic cancer (Genkinger *et al.*, 2015; Kleef *et al.*, 2016). In addition, heavy alcohol consumption has been associated with an increased risk by causing chronic pancreatitis, leading to a tenfold increase in the risk of developing pancreatic cancer (Genkinger *et al.*, 2015). Furthermore, about 5-10% of pancreatic cancers have an inherited component, however, the genetic basis of familial cases has not been identified in many patients (Ryan *et al.*, 2014; Klein *et al.*, 2004). A known family history of pancreatic cancer in a first-degree relative increases the risk of developing pancreatic cancer, compared to the general population, by a factor of up to 30 depending on how many relatives are affected. Therefore, frequent screening of patients with an inherited predisposition is valuable for early diagnoses and treatment. However, these screening techniques have shown no value for asymptomatic patients.

The 5-year survival rate for these patients remains poor at 11.5% despite scientific advancements in the understanding of PDAC tumor biology and the

development of innovative therapy regimens. (SEER Cancer Stats Facts). Cancer stage at diagnosis determines treatment options and has a strong influence on the length of survival. In general, the earlier pancreatic cancer is caught, the better chance the person has of surviving 5-year. If a patient presents to the clinic with localized disease, where the primary tumor is confined to the pancreas (12% of patients), the 5-year survival rate is 43.9%. This drastically worsens if the patient presents with regional disease, where the primary tumor has spread to the regional lymph nodes (30% of patients) and the 5-year survival rate decreases to 14.7%. Unfortunately, most patients (52%) present to the clinic with advanced and metastatic disease, for which the 5-year survival rate is only 3.1% (SEER Cancer Stats Facts).

1.1.2 Clinical Presentation, Diagnosis, and Staging

The presenting signs and symptoms of patients with pancreatic cancer change based on the location of the tumor. About 60-70% of PDAC tumors arise in the head of the pancreas, and only 20-25% are located in the body and tail of the pancreas (Ryan *et al.*, 2014). These lesions can vary in size from microscopic lesions to masses over 10cm (Sanchez *et al.*, 2015). While tumors of the tail and body of the pancreas often obstruct distal portions of the pancreatic ducts, tumors of the head of the pancreas typically block both the pancreatic ducts and the bile ducts, causing upstream dilatation (Kleeff *et al.*, 2016). Patients with PDAC most commonly present with abdominal pain, weight loss, asthenia, and anorexia (Ryan *et al.*, 2014; Chari *et al.*, 2005; Porta *et al.*, 2005). Those patients with tumors in the head of the pancreas most

commonly present with jaundice (Porta *et al.*, 2005). In addition, about 50% of patients with PDAC present with diabetes.

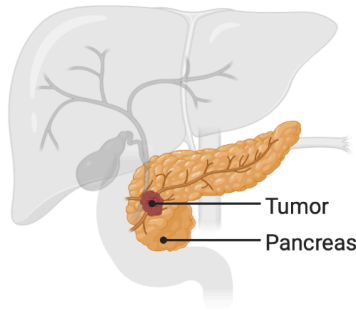
When a mass is detected, abdominal computer tomography with both arterial and venous phases are usually sufficient to determine the initial stage and treatment for the patient (Ryan *et al.*, 2014). Pancreatic phase images assess pancreas lesions, arterial phase images assess coeliac trunk, superior mesenteric artery, and other artery involvement, and portal venous phase images assess portal vein, superior mesenteric vein, and other vein involvement. (Kleeff *et al.*, 2016). However, pathology is required to establish a definitive diagnosis, therefore, a biopsy of the primary tumor is often done using endoscopic ultrasonography and fine-needle aspiration (Ryan *et al.*, 2014; Kleeff *et al.*, 2016). The earliest stage of pancreas cancer is Stage 1 or carcinoma in situ where the tumor is confined within the pancreas. Then, stages range from 2 to 4 as the tumors become more invasive (Figure 2) (American Cancer Society).

Unfortunately, there are no sensitive or specific biomarkers up to date for the screening and diagnosis of PDAC. Some tumor markers, such as carcinoembryonic antigen (CEA) and carbohydrate antigen 19-9 (CA19-9), if elevated, are useful in following patients with known disease (Ryan *et al.*, 2014). Similarly, the presence of circulating tumor cells could be diagnostic, however, these are only present in only some patients with metastatic disease. Interestingly, Sausen *et al.* showed that circulating tumor DNA encoding mutant KRAS has been detected in 43% of patients with localized disease at the time of diagnosis, demonstrating the power of testing circulating tumor DNA with a panel of mutated genes relevant to the disease for better diagnosis. In addition, potential biomarkers for early pancreatic cancer diagnosis have

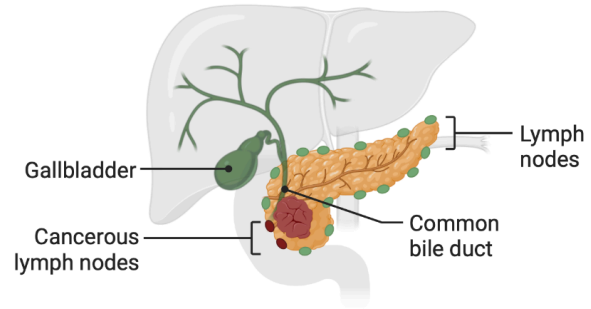
been found in various studies. For instance, Mirus et al. used sequential plasma samples from pre-diagnosis patients and from genetically engineered mouse models (GEMMs) with pancreatic tumors and performed antibody microarrays, which produced a highly specific signature made up of tenascin C and the estrogen receptor 1 (HER1). In addition, Melo et al. found that both GEMMs and patients with early-stage disease have the heparin surface proteoglycan glypican 1 on the outer layer of circulating exosomes. These exosomes also contain other proteins, nucleic acids, and microRNAs that could yield additional diagnostic benefits. For instance, in those patients that developed type 3c diabetes mellitus years before being diagnosed with pancreatic cancer, the exosomes contained adrenomedullin (Javeed *et al.*, 2015) Therefore, measuring exosome-bound adrenomedullin in people with type 3c diabetes may aid in the earlier detection of pancreatic cancer. Lastly, studies have shown that plasma microRNA signatures have diagnostic potential for pancreatic cancer, and therefore, such assays should be improved to enable early detection (Johnston *et al.*, 2009; Zhang *et al.*, 2013).

Sadly, more than 90% of patients die from the disease after being diagnosed. About 70% of these individuals pass away from extensive metastatic disease, while the remaining 30% pass away from modest metastatic disease but typically have significant primary tumors. Therefore, there is a significant need to better understand the biology behind PDAC progression to metastasis for better treatment options for these patients.

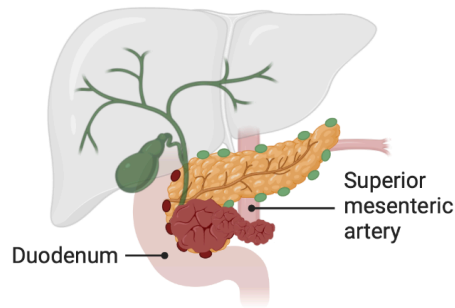
Stage 1 | Tumor is located only in pancreas.



Stage 2 | Tumor involves lymph nodes and is outside pancreas (e.g. common bile duct).



Stage 3 | Tumor involves celiac axis or superior mesenteric artery.



Stage 4 | Cancer is growing in organs beyond the pancreas (e.g. liver).

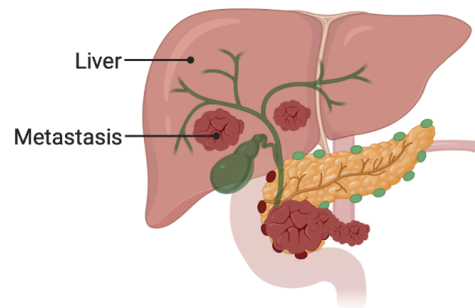


Figure 2: Pancreatic cancer staging. Stages are defined based on the invasiveness of the tumor at the time of diagnosis. A description of the different stages can be found in the figure. Reprinted from “Pancreatic cancer staging” template, by BioRender.com (2022). Retrieved from <https://app.biorender.com/biorender-templates>.

1.1.3 Disease Management

Surgical resection in combination with chemotherapy is the current best treatment option for pancreatic cancer patients. The advantages of surgical removal of a PDAC tumor were questioned a few decades ago due to unacceptably high morbidity and mortality rates, especially at small medical centers (Bramhall *et al.*, 1995; Tjarda Van Heek *et al.*, 2005). This led to skepticism and underutilization of PDAC tumor surgical resection. Nowadays, Pancreatic cancer surgery can now be performed safely

with a 5% mortality rate thanks to technological advancements, rigorous training, increasing experience, further centralization of these cases to high-volume centers, and improved preoperative management. As a result, surgical resection is the only potentially curative option; however, only patients whose cancer cells have not migrated to important abdominal arteries and nearby organs may benefit from this. For this reason, the treatment regime is determined by disease stage:

Stages 1 and 2 - Surgically resectable PDAC:

PDAC stages 1 and 2 are tumors restricted to the pancreas, regardless of the involvement of the draining lymph nodes. The involvement of local arteries in these tumors determines where patients fall on a continuum from resectable to unresectable tumors. In order to determine respectability, it is crucial to evaluate the underlying tumor and the involvement of the local vessels, such as the celiac artery, superior mesenteric artery and vein, portal vein, and hepatic artery. Only 10 to 20 percent of patients have resectable illness at the time of diagnosis, making them candidates for surgery (Ryan et al., 2014; Kleeff et al., 2016). A partial pancreaticoduodenectomy, often known as the Whipple procedure, is typically necessary for tumors near the head of the pancreas, with or without a partial resection of the distal stomach. Distal pancreatectomy with splenectomy is performed for pancreatic tail tumors (Ryan et al., 2014; Kleeff et al., 2016). Except for malignancies spanning the entire length of the organ or for tumors positioned in the center, a total pancreatectomy is rarely necessary since it is accompanied by exocrine and endocrine insufficiency (brittle diabetes mellitus).

Unfortunately, after resection, most of these patients have microscopically positive margins and studies have shown that surgery alone is associated with poor long-term outcomes. Therefore, surgery is accompanied by adjuvant therapy. Adjuvant therapy includes systemic therapy to reduce distant metastases and chemoradiotherapy to reduce the risk of locoregional failure (Ryan *et al.*, 2014). Studies have established a 6 months treatment regime with either gemcitabine or fluorouracil significantly improving overall survival, however, the use of radiation therapy is controversial in the field.

Stage 3 - Locally advanced, unresectable PDAC:

For patients diagnosed with borderline resectable and locally advanced disease, neoadjuvant therapy is the first line of treatment that could be followed up by surgical resection. About 30-40% of patients present with borderline resectable and locally advanced disease. In the past years, there has been growing interest in incorporating multi-agent chemotherapy regimes for these patients, such as fluoracil, irinotecan, oxaliplatin and leucovorin (FOLFIRINOX), and gemcitabine plus albumin-bound paclitaxel particles (nab-paclitaxel) in preoperative and postoperative regimes for patients with more advanced disease (Ryan *et al.*, 2014; Kleeff *et al.*, 2016). Some of these patients regress to localized disease and surgical resection becomes an option.

Stage 4 - Metastatic PDAC:

The majority of patients present to the clinic at this advanced and metastatic stage with many symptoms, and as such, supportive care is critical in helping these

patients remain well for as long as possible. Fluorouracil-based chemotherapies, especially FOLFIRINIX improves the survival of these patients. Survival for 2 years was previously rare among patients with metastatic disease and now it is seen in approximately 10% of these patients when treated with FOLFIRINOX or gemcitabine-nab-paclitaxel (Ryan *et al.*, 2014). Unfortunately, these patients rapidly succumb to tumor spread and vital organ dysfunction, intractable pain, galloping cachexia, and coagulopathy.

There is now significant potential for new therapies for metastatic pancreatic cancer. These include RAS-directed therapies, immunotherapies, and stroma-modifying therapies. Novel KRAS^{G12C} inhibitors are now becoming available for patients with KRAS^{G12C} mutant tumors. Even though altered forms of the KRAS gene are found in more than 90% of pancreatic cancers, only a few pancreatic cancer patients have this particular mutation. However, this inhibitor shows great promise for this subset of patients, and researchers are actively looking for other forms of targeted therapies. Immunotherapies also hold great promise in the treatment of PDAC. An immune checkpoint inhibitor like pembrolizumab, for instance, has been licensed for use in patients with pancreatic cancer with substantial microsatellite instability. Combining immunotherapies has significant promise for the treatment of PDAC. For instance, patients with advanced pancreatic cancer may benefit from taking immune checkpoint inhibitors along with a CD40 agonist, a type of medication that helps activate T cells. Last but not least, stroma in pancreatic malignancies is substantially denser than in most tumors. More chemotherapy medicines may reach cancer cells if substances that aid in stroma breakdown are used.

1.2 Pathophysiology

Pancreatic cancer follows a step-wise progression caused by the gradual accumulation of genetic mutations. Due to activating mutations of oncogenic KRAS (occurring in more than 90% of cases), a normal pancreatic duct transforms into a pre-invasive precursor lesion known as pancreatic intraepithelial neoplasia (PanIN). The cytoplasm of the normal ductal and ductular epithelium is cuboidal to low-columnar in shape, and lacks atypic, nuclear crowding, and mucinous cytoplasm (Olca et al., 2015; Basturk et al., 2001). Low-grade PanIN is divided into three categories as they advance: PanIN-1A, PanIN-1B, PanIN-2, and PanIN-3 (Figure 3). The hallmarks of PanIN-1A is the presence of flat epithelial lesions made up of tall columnar cells with basally positioned nuclei and an abundance of supra nuclear mucin (Sanchez *et al.*, 2015). PanIN-1B is the same as PanIN-1A except that it possesses papillary, micropapillary, or basally pseudo stratified architecture (Sanchez *et al.*, 2015). Mucinous epithelial lesions known as PanIN-2 can be papillary or flat, and their nuclei may exhibit abnormalities such loss of polarity, nuclear crowding, enlargement, pseudo-stratification, and hyperchromatism (Sanchez et al., 2015). PanIN-3, which also exhibits real cribriforming luminal necrosis and significant cytologic abnormalities, magnifies these nuclear abnormalities further. Luminal necrosis and papillary morphology are typical features of PanIN-3, which typically form papillary or micropapillary tiny clusters of epithelial cells. These lesions exhibit aberrant mitosis, which can infrequently occur, loss of nuclear polarity, dystrophic goblet cells (goblet cells with nuclei orientated towards the lumen and mucinous cytoplasm oriented towards the basement membrane), large (macro) nucleoli, and nuclear abnormalities (Sanchez et al., 2015).

These pre-invasive lesions can ultimately develop into an invasive PDAC due to the loss of function of tumor suppressor genes such as TP53, CDKN2A, and SMAD4 which can then invade and metastasize to distant sites (Figure 3). Studies have not yet identified a recurrent metastasis-specific mutation, so there is still a need to better understand PDAC progression to metastasis for better treatment options for these patients. PDAC typically metastasizes to regional lymph nodes, then to the liver, and less commonly to the lungs, kidneys, and adrenal glands. PDAC is made up of atypical glands that resemble medium-sized or smaller pancreatic ducts (Haeberle *et al.*, 2019). However, the differences in growth patterns between and within tumors are startling. PDAC may contain non-tubular elements such as clear-cell, cribriform, or gyriform elements, which could affect a patient's prognosis (Sanchez *et al.*, 2015; Haeberle *et al.*, 2019). This neoplasm's aggressive biological nature is influenced by the fact that these lesions are frequently poorly differentiated and immersed in a highly desmoplastic stroma made up of stromal cells, inflammatory cells, and extracellular matrix proteins.

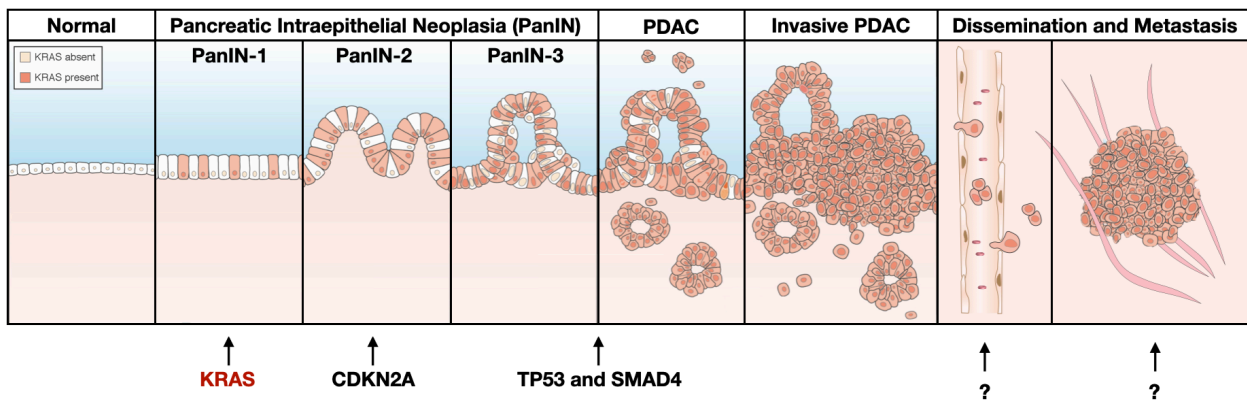


Figure 3: Genetic Progression of PDAC. PDAC starts with the transition of normal cells to pre-invasive lesions known as Pancreatic Intraepithelial Neoplasia (PanIN) due to activating mutations of oncogenic Kras. These lesions progress to invasive PDAC after the loss of tumor suppressors such as TP53, CDKN2A, and SMAD4.

1.2.1 Aberrant Signaling Pathways in Pancreatic Cancer

In pancreatic cancer, there are several abnormal nodes and crosstalk between pathways that complicate the signaling process. PDAC shows abnormal autocrine and paracrine signaling cascades that promote signaling molecules like transforming growth factor (TGF), insulin-like growth factor 1 (IGF1), fibroblast growth factors (FGFs), and hepatocyte growth factor (HGF), as well as their corresponding tyrosine kinase receptors like epidermal growth factor receptor (EGFR), receptor tyrosine protein kinase erbB-2 (ERBB2) (Preis et al., 2011; Kleeff et al., 2016). Along with these pathways, anti-apoptotic and pro-survival pathways such as signal transducer and activator of transcription 3 (STAT3) and nuclear factor- κ B (NF- κ B) are co-activated. Some pancreatic tumors also reactivate genes including WNT, SHH, and NOTCH that are normally active throughout development (Kleeff et al., 2016; Magliano et al., 2007).

In the context of oncogenic KRAS and CDKN2A loss, PDAC frequently shows increased activity of HGFR and EGFR, increased expression of neurophilin 1, CD44, and integrin 1, which worsen by the gained HGFR ability to form heterodimers with EGFR (Kleeff *et al.*, 2016). Additionally, metabolic changes and resistance to growth-inhibitory pathways are present in pancreatic cancer. The most prominent example of this is aberrant TGF- β signaling as a result from increased production of TGF- β isoforms (Gore et al., 2014). TGF- β is known to be a physiological tumor suppressor, however, it accelerates the growth and metastasis of pancreatic cancer and many other solid tumors through its effects on the tumor microenvironment. TGF- β may also increase the expression of WNT7B through traditional SMAD4-dependent processes, as well as by activating non-canonical signaling through the activation of proto-

oncogene tyrosine-protein kinase Src (SRC), mitogen-activated protein kinase (MAPK), and AKT (Gore et al., 2014; Kleeff et al., 2016).

1.2.2 PDAC Genetics

As was already indicated, activating mutations in KRAS, which are present in more than 90% of tumors, dominate the molecular pathogenesis of PDAC (Figure 4). The KRAS protein is a small GTPase that interacts with growth factor receptors on cell membranes and regulates the switch of numerous signaling pathways and physiological functions. In PDAC, the most frequent KRAS mutations is seen in G12 of exon 2, G12D present in 40% of patients and G12C in 33% of patients (Hu et al., 2021). According to multiple studies, oncogenic KRAS mutations drive PDAC initiation and progression through the different PanIN stages, with mutational frequency from 50% in PanINs to 95% in PDAC (Pasca di Magliano and Logsdon, 2013; Ryan *et al.*, 2014; Hu *et al.*, 2021). However, a major question that remains in the field is how KRAS mutations lead to the initiation and development of pancreatic tumors since studies have shown that KRAS mutations alone are sufficient to induce PanIN lesions in PDAC mouse models (Not *et al.*, 2017; Hingorani *et al.*, 2003). According to studies, elements in the tumor microenvironment such TGF- β , oxidants, and inflammation that promote and activate KRAS also help this transformation process.

Approximately 50-80% of PDAC patients have inactivating mutations in TP53, CDKN2A and SMAD4, while other genes such as MUC16 and ARID1A are mutated in less than 10% of tumors (Figure 4) (TCGA).

Cyclin-dependent kinase inhibitor 2A (CDKN2A) genetic alterations are present in 30-50% of PDAC patients, which collaborates with oncogenic KRAS in driving the malignant transformation (Hu *et al.*, 2021). In pancreatic cancer, deletions, mutations, and promoter hypermethylation are the most common genetic changes in CDKN2A. (Caldas *et al.*, 1994). By directly or indirectly targeting CDK4/6-cyclins, CDKN2A plays a critical part in regulating the cell cycle. Both the p14ARF and p16INK4A proteins are encoded by CDKN2A; they share exons 2 and 3, but differ in exon 1, resulting in two proteins that work in different ways. While p16INK4A induces cell cycle arrest by connecting to and inactivating MDM2, an E3 ubiquitin ligase that mediates p53 deviation, p14ARF binds to CDK4/6 and suppresses the activation of D-cyclins, restricting cell cycle entry (Kong *et al.*, 2016; Kim and Sharpless, 2006).

The most frequently mutated tumor suppressor gene across all malignancies is TP53, and in the case of pancreatic cancer, it is found in 60-70% of patients (Hu *et al.*, 2021). The p53 protein binds to specific DNA sequences and regulates the transcription of downstream genes involved in a myriad of cellular processes such as cell cycle, mitochondrial respiration, cell metabolism, autophagy, and stem cell maintenance and development (Junttila and Evan, 2009; Mantovani *et al.*, 2018). Consistent with its function, TP53 is frequently mutated in its DNA binding domain, where the majority of the mutations are missense, giving cancer cells a great chance to proliferate and survive the hostile environment of the tumor. p53 genetic alterations without loss of heterozygosity have been detected in early PanIN, and homozygous p53 mutations have been observed in PanIN-3, indicating that p53 has the potential to drive PDAC carcinogenesis (Morton *et al.*, 2009; Hu *et al.*, 2021). In fact, Morton *et al.*

constructed a mouse model with mutant-p53 (Trp53^{R172H}) in a Kras^{G12D} background and found that Trp53^{R172H} facilitated the transition from premalignant lesions to metastatic PDAC, accompanied by high chromosomal instability (Hingorani *et al.*, 2005).

Lastly, the tumor suppressor SMAD4 (Sma (Caenorhabditis elegans) mothers against decapentaplegia homologue 4) is commonly altered in a myriad of diseases and cancer types, particularly pancreatic cancer, which has a mutation rate of 20–50%. (Hu *et al.*, 2021). Though SMAD4 is not necessary for TGF- β activation, it is essential for eliciting a potent signaling response, since the SMAD family plays a vital function in modulating TGF- β signaling (Warn, 2009). The TGF- β /SMAD4 pathway mediates the proliferation of cancer cells by promoting cell cycle arrest, apoptosis, and DNA damage repair, therefore, genetic alterations in SMAD4 reduce the tumor suppressor activity of the TGF- β pathway (Warn, 2009; Zhao *et al.*, 2018). In addition, it is thought that the epithelial-to-mesenchymal transition (EMT) process in a SMAD4-dependent manner promotes cancer cell invasion and metastasis (Held *et al.*, 2012). Studies have shown that 30% of PDAC patients had homozygous deletions, and 20% have chromosomal allelic loss of SMAD4 (Hu *et al.*, 2021). High-grade precursor lesions have been found to lack SMAD4, indicating that the inactivation of SMAD4 encourages progression to a later stage of carcinogenesis (Wilentz *et al.*, 2000).

On the other hand, among the thousands of infrequently mutated genes, often found at a prevalence of less than 2%, only few genes stand out. Therefore, it is crucial to do research into how these genes are involved in pancreatic cancer in order to develop new clinical practices.

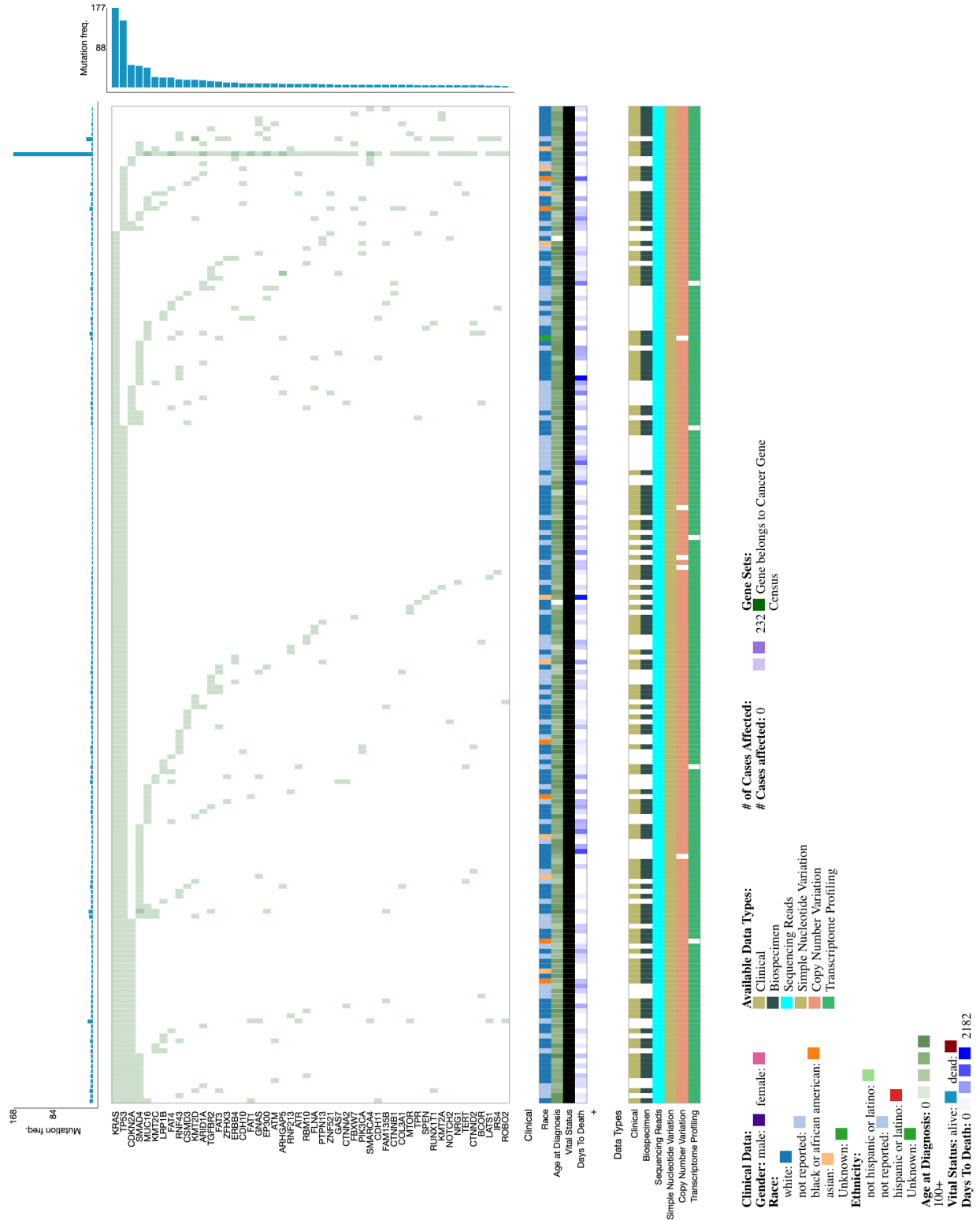


Figure 4: Mutational Landscape of Pancreatic Cancer. 200 most mutated cases and top 50 mutated genes in pancreatic cancer. TCGA Genome Data Analysis Center.

1.3 PDAC Models

Our understanding of pancreatic cancer has considerably increased thanks to the accessibility of model systems for this disease. Preclinical testing has traditionally been conducted mostly *in vitro*, using two-dimensional cell culture assays, or *in vivo*, using xenografts or animal models such as genetically engineered mouse models (GEMMs). A more contemporary hybrid approach, known as organoids, has recently taken force where progenitor cells are cultivated in three dimensions, combining both *in vitro* culture's controllability and simplicity with the potential to recreate niches more similar to PDAC microenvironment.

1.3.1 Genetically Engineered Mouse Models

Transgenic models facilitate the ectopic and temporal expression of specific genes in the mouse genome. The use of tissue or cell-type specific promoters allows great specificity to these systems. In the case of PDAC, lineage-specific promoters include the pancreatic and duodenal homeobox 1 (Pdx1), neuron (Ngn3), and elastase (Ela), among others, which have all been used in GEMMs of PDAC (Miquel et al., 2021). (Supplementary Table 1). These autochthonous models faithfully reproduce the pathophysiology of human illness and have been used to show the roles of numerous mutant genes previously discovered in the human pancreatic cancer genome.

The first GEMMs of PDAC, known as KC mice (Hingorani *et al.*, 2005), presented with the conditional expression of oncogenic Kras^{G12D} in epithelial cells of pancreatic lineage. They demonstrated that oncogenic KRAS alone is sufficient to initiate PanIN lesions, which then spontaneously develop locally invasive and metastatic pancreatic

cancer. When oncogenic KRAS is combined with additional orthologous mutations in the canonical tumor suppressors CDKN2A, TP53, or SMAD4, pancreatic cancer progression is drastically accelerated, reconstituting the whole spectrum of tumor progression (Aguirre *et al.*, 2003; Hingorani *et al.*, 2005; Izeradjene *et al.*, 2007). These strategies are standard methods to query the function of a potentially pathogenetic allele, however, this is a very labor-intensive method to interrogate novel targets.

PDX1-Cre, LSL-Kras^{G12D/+} and P48^{+/-Cre}, LSL-Kras^{G12D/+} (KC) transgenic model

In numerous GEMMs, the PDX-1 and p48 promoters have been utilized to study pancreatic cancer. The first identifiable progenitor cell of the pancreas appears in the dorsal and ventral endoderm during murine embryonic day 8 where PDX-1 begins to be expressed (around E8.5). On the other hand, P48 is expressed later in development and is needed to commit cells to a pancreatic cell fate (Offield *et al.*, 1996; Kawaguchi *et al.*, 2002).

Hingorani *et al.* (2005) KC mouse model expresses a Cre-activated Kras^{G12D} allele in the endogenous Kras locus, LoxP-STOP-LoxP KRAS^{G12D/+} (LSL-KRAS^{G12D/+}), and a Cre-recombinase allele driven by pancreas specific promoters PDX-1 or Ptf1-p48. These KC animals developed ductal lesions that recapitulate all three stages of human PanINs. Early PanIN-1A lesions can be seen in mice as young as two weeks old, and higher-grade PanINs are more frequently seen as the mice get older. In many older mice, the pancreas has extensive ductal lesions, and the acinar cells have been replaced by stromal, desmoplastic fibroblasts and inflammatory cells. Finally, these

mice develop invasive and metastatic ductal adenocarcinoma within a year at low frequency.

PDX-1-Cre, LSL-Kras^{G12D/+}, LSL-Trp53^{R172H/+} (KPC) transgenic model

In the same previous study, Hingaroni *et al.* (2005) generated a conditionally expressed point mutant allele of the frequent mutant version of Trp53 (LSL-Trp53^{R172H/+}) and crossed it to the KC mouse. This leads to the conditional activation of both Kras^{G12D} and the Trp53^{R172H} alleles in the pancreas of transgenic animals, driven by PDX-1-Cre (KPC). In these mice, early PanIN lesions are observed between 4 to 6 weeks old mice. Once again, these animals display the whole range of PanIN lesions, but in addition, they develop high disease burden by 10 weeks at the earliest. The KPC animals have a significantly shortened median survival (~5 months) compared to wild type, PC and KC animals.

Pancreatic cancer mouse modeling using retrograde viral vector delivery:

Despite the fact that conventional genetically engineered mouse models of human PDAC have been helpful in understanding the disease's progression, these models are far too time-consuming, expensive, and labor-intensive. This complicates the ability to perform the extensive molecular studies needed to fully understand the disease. To circumvent these issues, several strategies have been developed, such as the direct intrapancreatic delivery of recombinant virus harboring constructs to manipulate genes of interest to rapidly model different molecular aspects of PDAC

(Chiou *et al.*, 2015). Even though these models require sophisticated transgenic and surgical skills, they are ideal to answer certain questions.

Chiou *et al.* (2015) demonstrated that retrograde pancreatic ductal injections of adenoviruses or lentivirus constructs containing Cre-recombinase leads to PDAC initiation and progression to metastasis in the current KP mouse models. This eliminates the need for the transgenic Cre alleles seen in traditional GEMMs of pancreatic cancer models and leads to more controlled, rather than widespread expression of oncogenic Kras and deletion of tumor suppressor genes. This model more closely recapitulates the human disease progression.

The ability to develop PDAC in Cre-lox mouse models without requiring the use of a transgenic Cre alleles speeds up and lowers the cost of molecular research in pancreatic cancer. This method is also compatible with the use of CRISPR/Cas9 gene inactivations in the pancreas. In fact, Chiou *et al.* (2015) integrated a Cre-conditional Cas9 allele into the K mouse model, and used lentivirus containing Cre-recombinase and sgRNA to inactivate other tumor suppressor genes. Interestingly, targeting of Lkb1 in combination with oncogenic Kras lead to rapid tumor progression and selection of Lkb1 knockout tumors, that resembled the Cre-mediated Lkb1 loss allele. This technique revolutionized our ability to quickly investigate how genes functioned as this cancer developed.

1.3.2 Organoids

The term organoid (organ-like) was used for the first time in 1946 (Smith and Cochrane, 1946), however, it was with the establishment of intestine organoids by Sato

et al. in 2009 that the field significantly expanded. Nowadays, it is possible to isolate primary and tumor organoids from many tissues including the colon, pancreas, and lungs. An organoid is a 3D cellular structure that has the same identity of the organ it is intended to model, the diversity of cell types found in the organ, the functions unique to that organ, and the self-organization of the tissue that it should model (Frappart and Hofmann, 2020). Organoids can be easily characterized molecularly, tested in drug screens, and cultured indefinitely.

Recent studies have shown the ability to culture normal and neoplastic cells from the pancreatic epithelium of both human and mice (Boj *et al.*, 2015; Huch *et al.*, 2013; Hindley, 2016). In humans, these organoids can be established from fine needle aspirates taken from PDAC patients with advanced disease, allowing for therapeutic testing and monitoring of tumor response to treatment. By embedding cells in Matrigel, it is possible to recapitulate the microenvironment of the tissue, which is a requirement for organoid growth. All critical elements of the basement membrane are present in Matrigel, which is also supplemented with medium with the bare minimum requirements for pancreatic epithelial cells to proliferate sustainably (Miquel *et al.*, 2021). In addition, current culture conditions prevent normal ductal cells from quickly exhausting *in vitro* and upon orthotopic transplantation they create a proper ductal architecture (Boj *et al.*, 2015). The ability to transplant neoplastic organoids into mice has been shown to recapitulate the progression of the disease from PanINs to metastatic PDAC (Figure 5) (Boj *et al.*, 2015), thereby providing a tractable and transplantable system to test molecular and cellular properties of PDAC tumor progression.

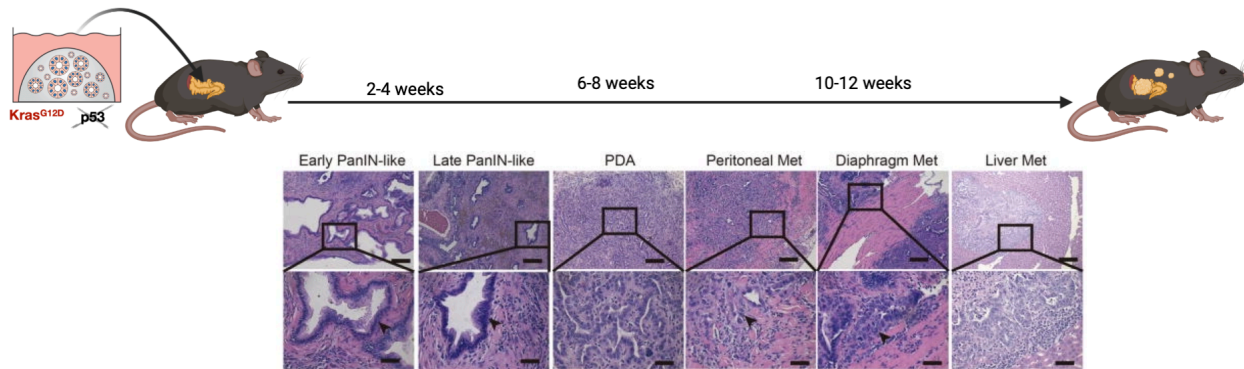


Figure 5: PDAC tumor progression upon orthotopic transplantation or KP organoids. Organoids harboring oncogenic $Kras^{G12D}$ and deletion of tumor suppressor $Trp53$, upon orthotopic transplantation, recapitulate the tumor progression of the human disease from early pancreatic intraepithelial neoplasias (PanINs) to adenocarcinoma (PDA) and lastly to metastasis (Mets). Adapted from Boj *et al.* (2015).

These results support the fact that organoids should be one of the main focus of PDAC research in the future. Organoids are still a complicated model that needs extensive technical knowledge and is expensive to create and maintain. Although organoids display similarities with patient transcriptomics subtypes and chemoresistance profiles, it has been demonstrated that their transcriptomes change during ex vivo passage, which may limit their prognostic capacities (Miquel *et al.*, 2021), therefore proper passage monitoring is necessary. Further work on accelerating organoid establishment and testing methodologies of important drugs is needed to bring quick organoid testing to the clinic for PDAC patients.

1.4 Advances in PDAC Metastasis Biology

The genetic progression of pancreatic cancer from a normal cell to pre-invasive lesions (PanINs), all the way to invasive PDAC is well defined. However, the molecular

mechanisms of the metastatic spread of PDAC remain largely understudied. Thus, there is still a need to uncover novel modulators of PDAC metastasis. Several groups have identified some genetic and epigenetic regulators of PDAC metastasis.

There have been a few studies that have evaluated naive primary tumor and metastases heterogeneity through whole-genome sequencing such as Yachida *et al* (2010), Campbell *et al* (2010), Sanborn *et al* (2015) and Hoogstraat *et al* (2014). Other studies, have looked at metastatic lesions after therapy, however, most of the time the genetic alterations found are a reflection of the therapeutic agent, which leads to mutagenesis, high selective pressures and bottlenecks. Therefore, this studies do not look at the disease's nature genetic progression. On the other hand, Makohon-Moore *et al* (2018) performed whole genome sequencing of genomic DNA from 39 samples (26 metastatic lesions, up to 3 distinct regions of each primary tumor and normal tissues) across four patients with metastatic PDAC. Here, the authors found that the vast majority of the mutations found were found in all the samples of the same patient. All patients shared KRAS mutations, as well as mutations in other known driver genes such as TP53, SMAD4, ARID1A, and ATM. However, unique mutations were still identified in the in the primary tumors, but none of these were found to be metastasis specific.

Furthermore, acquired molecular changes can promote cancer progression to metastasis. Chiou *et al* (2017) used genetically engineered mouse models (GEMMs) of PDAC and uncovered a transient subpopulation of cancer cells with high metastatic potential. The authors further identified the transcription factor BLIMP1 as a driver of PDAC metastasis leading to an enrichment of hypoxia-associated gene expression

programs. These findings show that upregulation of BLIMP1 links changes in the tumor microenvironment to a more aggressive and metastatic cell population. In addition, Whittle *et al* (2015) identified that the transcription factor RUNX3 controls a metastatic switch in PDAC using GEMMs. The authors of this study show that RUNX3 acts as both a tumor suppressor since it slows down proliferation, but also as a promoter since it orchestrates a metastatic program that promotes cell migration, invasion and adaptation to foreign organ colonization. Lastly, Maddipati *et al* (2021) used a multi-fluorescent lineage labeled mouse model of PDAC to track paired primary and metastatic tumors. The authors noticed that in mice with multiple color primary tumor, metastasis to the liver and lung were from a single tumor clone, suggesting that tumor cell intrinsic factors also influence metastatic potential of a tumor. To understand the mechanism, the authors examined primary tumors from different colors where mets were attributed to just one color by performing DNA copy number analysis, RNA sequencing and functional studies. Copy number analysis showed unique DNA copy number profiles in different colored tumors, indicating that they arose independently, but similar copy number profiles were observed within the primary and metastases of a single color which is consistent with previous studies. Furthermore, this study showed that highly metastatic tumors had amplifications of Myc more frequently than low metastatic tumors, which were maintained in the paired metastases. Genomic and transcriptomic analysis revealed that high metastatic burden was associated with gene amplification and/or transcriptional upregulation of MYC and its downstream targets.

In addition, studies have identified epigenetic modulators of PDAC metastasis. Roe *et al* (2017) shows that metastatic progression of PDAC is associated with large-

scale enhancer landscape reprogramming by FOXA1, which activates early endodermal stem cells transcriptional programs. These metastatic lesions may go through a retrograde developmental transition because such reprogramming activates genes linked to foregut endoderm development. To further validate these findings, the authors profiled genome-wide enrichment of H3K27ac, an epigenetic mark associated with higher transcription and therefore defined as an active enhancer mark, in organoid cultures derived from normal pancreatic ducts, PanIN lesions, and primary and metastatic tumors. Even though there were no changes in the global level of H3K27ac between all samples, there were regions identified with increased or decreased H3K27ac, referred as GAIN and LOSS regions, respectively. GAIN regions were enriched for motifs such as binding sites for the AP1, SOX, and Forkhead families of transcription factors. When looking more closely at the Forkhead family member FOXA1, since it was found to be unregulated in metastatic organoids, the authors identified a GAIN enhancer at the FOXA1 locus in metastatic organoids. Lastly, the authors found that in GEMMs of PDAC there are sporadic regions of focal Foxa1 upregulation in primary PDAC tumors, which becomes homogeneously unregulated in metastatic lesions.

Despite the clinical importance of metastatic spread, we still have a limited understanding of the molecular mechanisms that drive metastasis. This prompted me to question other mechanisms that may impact PDAC metastatic progression, such as regulation of cellular processes at the protein abundance and stability level.

PART 2: Intracellular Protein Degradation

2.1 Introduction

Protein turnover is a concept that has only been around for about 80 years. It was thought that protein components in the body were stable and did not change much, while proteins from diet acted independently as energy-providing fuel. This concept was challenged by Rudolf Scheonheimer who showed that protein components in the body are significantly turning over by tracking ^{15}N -labeled amino acids (Scheonheimer, 1942). Later, in 1946, early studies on nitrogen balance conducted by Benedict, Colin, Gamble, Smith, and others reveal that the amount of protein in the diet affects how quickly proteins are broken down (Peters and Van Slyke, 1946).

However, until the mid-1950s, the notion that proteins were turning over was not widely accepted. An example of this was seen when Hogness and colleagues (1955) examined the kinetics of β -galactosidase in *Escherichia coli* and stated: *“To sum up: there seems to be no conclusive evidence that the protein molecules within the cells of mammalian tissues are in a dynamic state. Moreover, our experiments have shown that the proteins of growing E. coli are static. Therefore it seems necessary to conclude that the synthesis and maintenance of proteins within growing cells is not necessarily or inherently associated with a ‘dynamic state’.”*

Around that time, Melvin Simpson showed that intracellular proteolysis in mammalian cells requires energy, which opened the field to look at insights into the mechanisms or metabolic logic of this observation. Simpson (1953) studied the release of amino acids from protein by isotopic labeling of proteins from rat livers with

methionine-S³⁵. This work demonstrated that conditions that restrict the release and consumption of energy, such as anaerobiosis, cyanide, or dinitrophenol, reduced the release of tagged methionine and leucine from rat liver slices. The peptide bond hydrolysis is an exergonic process thus there is no thermodynamic reason to use energy for this. As a result, the seeming need for energy indicated that something was poorly understood. When Goldberg's group demonstrated that aberrant proteins were quickly eliminated from the cell in the middle of the 1970s, part of the answer started to become clear (Goldberg and Dice, 1974; Goldberg and John, 1976; Schimke, 1976). According to Goldberg and Schimke, enzymes that catalyzed rate-limiting steps in metabolic pathways were often short-lived, and their quantities were responsive to metabolic changes (Schimke, 1976). As a result, during the late 1970s, researchers started to wonder whether the energy dependency of intracellular proteolysis was due to an energy-dependent regulation of proteolytic systems.

These studies served as the foundation for the intracellular proteolysis field. The potential for identifying the mechanics of protein turnover was opened by the understanding that proteins do really undergo significant turnover, that this process is particular, and that the stability of numerous proteins is regulated individually and can vary under various conditions.

2.2 The Lysosome and Autophagy

The discovery of the lysosome was a turning point in the field of protein degradation. Multiple studies had established that cellular proteins are constantly being synthesized and degraded (Scheonheimer, 1942; Peter and Van Slyke, 1946; Simpson,

1953), so the simultaneous discovery of an organelle containing a diverse array of seclused proteases with different specificities provided, for the first time, a mechanism that could possibly mediate intracellular proteolysis.

This organelle, called lysosome, was first identified in rat livers as a vacuolar structure that optimally functions at an acidic pH and encapsulates many hydrolytic enzymes. It is surrounded by a membrane that proteins the rest of the cell components from the enzyme's activity (De Duve *et al.*, 1953; Gianetto and De Duve, 1955). De Duve and his team discovered that the glucose-6-phosphatase precipitated irreversibly at an acidic pH, which led de Duve to speculate that the enzyme might be connected to agglutinated cytoplasmic membranes. After careful examination of cellular fractions using Claude's method, de Duve's group developed a procedure to isolate most of the active acid phosphate, and what the group in fact did was the purification of a new organelle relying solely on biochemical experiments. De Duve also identified four other acid hydrolyses in the fraction (β -glucuronidase, cathepsin D, ribonuclease, and DNAse), which lead them to formulate the following "lysosome" concept: "a membrane-bound organelle that contains hydrolyses with various specificities and whose main function is the intracellular digestion of macromolecules". This discovery, lead to the Nobel Prize in 1974 to Christian De Duve, Albert Claude, and George Palade "for their discoveries concerning the structural and functional organization of the cell.

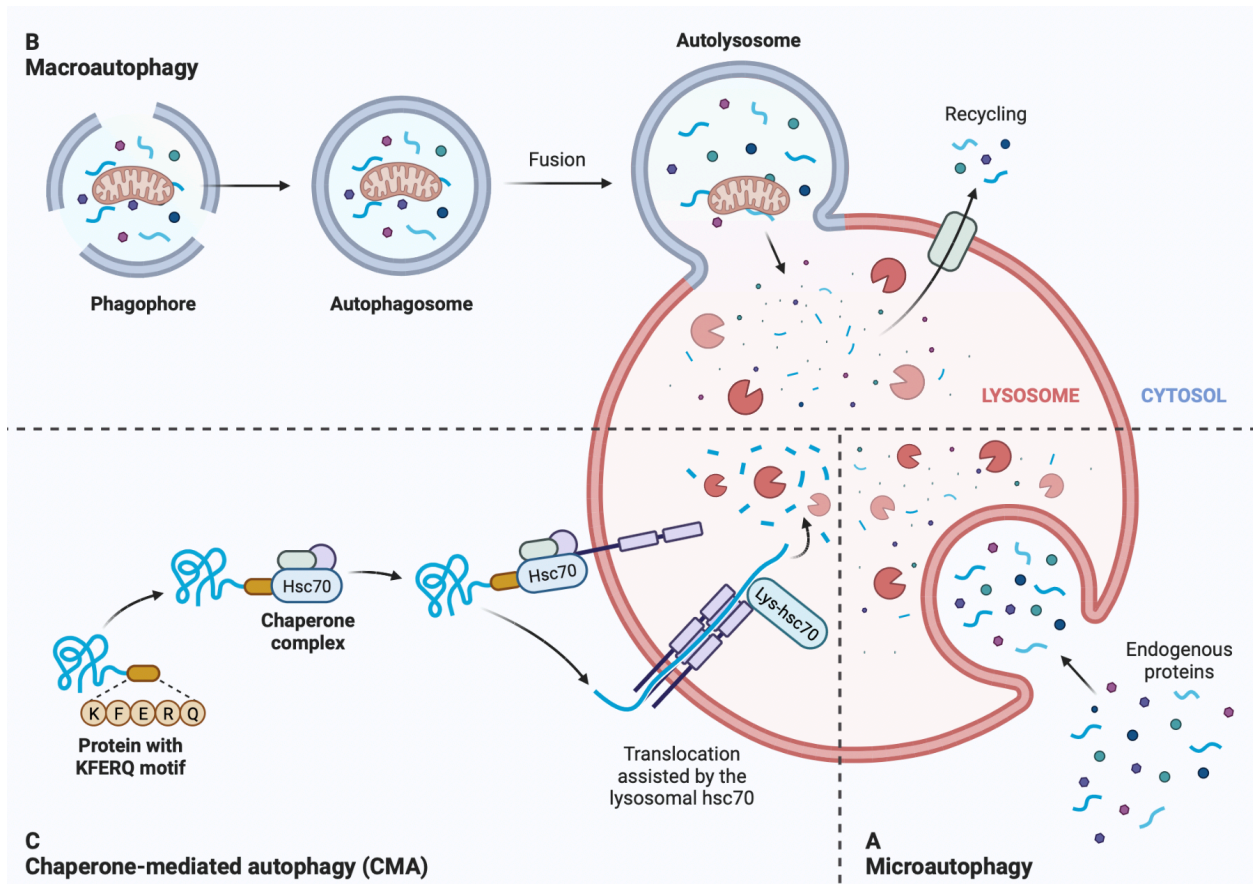


Figure 6: Main types of autophagy. The figure shows the main digestive processes that are mediated by the lysosome: the engulfment of **(A)** intracellular proteins (microautophagy) and **(B)** organelles (macroautophagy); **(C)** chaperone mediated autophagy by the recognition of the KFERQ motif. Modified from “Three Main Types of Autophagy” template, by BioRender.com (2022). Retrieved from <https://app.biorender.com/biorender-templates>.

The basic functional mechanism of the lysosome, known as microautophagy, occurs during basal metabolic conditions, where parts of the cytoplasm with entire cellular proteins are separated in the membrane-bound compartment that then fuses with a nascent lysosome leading to the digestion of the proteins (Ciechanover, 2005) (Figure 6A). Moreover, other organelles in the cell such as the mitochondria, endoplasmic reticulum membranes, glycogen bodies and others are engulfed under stress conditions, in a process known as macroautophagy (Ciechanover, 2005) (Figure

6B). However, these non-selective processes could not reconcile the emerging notion that different proteins are degraded with distinct half-lives in a process that is affected by pathophysiological conditions such as nutrient and hormone deprivation. Interestingly, in 1986, a study by Dice et al. indicated that lysosomal degradation also happens when a defined motif (KFERQ) is recognized in a protein by the HSC70 chaperone complex (chaperone-assisted autophagy), which leads to the translocation of the target protein into the lysosome (Figure 6C). The possibility of such a mechanism being substrate-specific was ruled out by the presence of a similar motif in about 30% of cellular proteins.

The development of methods to monitor protein kinetics in cells, as well as specific and general lysosomal inhibitors, lead to the identification of long- and short-lived cellular proteins. Poole and colleagues in 1977 and 1978 'fed' ^{14}C -leucine-labeled dead macrophages to ^3H -leucine-labeled living macrophages, which allowed the monitoring of protein digestion within the same cell but from different sources: from within the cell (^3H -leucine) and from the extracellular milieu (^{14}C -leucine). The authors then treated the cells with compounds that raise the intralysosomal pH which inhibits the proteases in the lysosome. They found that these agents specifically inhibited the degradation of extracellular proteins, which lead the authors to predict the existence of non-lysosomal proteolytic systems that degrade intracellular proteins.+

As previously stated, the lysosome's functional mechanism could not explain many emerging protein degradation concepts such as the influence of nutrients and hormones, the differential effects of selective inhibitors, and the dependence on metabolic energy. Because proteolysis is an exergonic process, the metabolic energy

requirement for protein degradation was believed to happen upstream of protein breakdown. Hershko and Tomkins (1971) noticed in their studies that after ATP depletion, the activity of tyrosine amino-transferase was stabilized, indicating that energy might be required early in the proteolytic pathway. In light of the discovery of lysosomes in eukaryotic cells, it was suggested that energy is needed for substrate transport into the lysosome or for maintaining the low intralysosomal pH. However, the same phenomenon was observed in bacteria, which lack lysosomes, suggesting that energy is required for the regulation of the proteolytic process in both prokaryotes and eukaryotes (Goldberg and Etlinger, 1977).

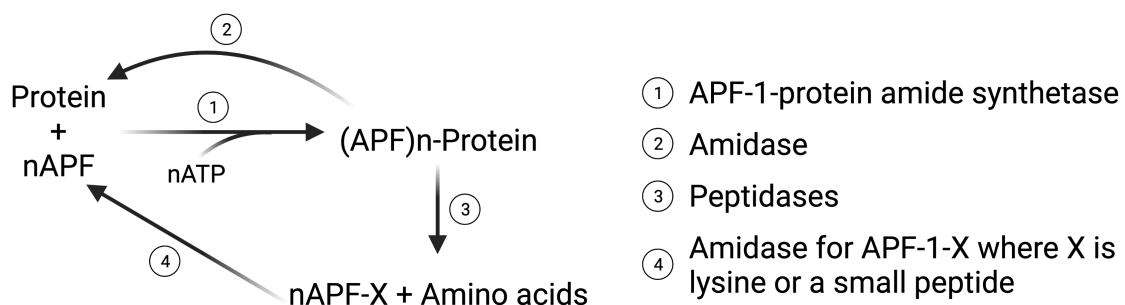
Progress in identifying the putative non-lysosomal proteolytic systems was hindered by the lack of a cell-free assay that recapitulated the other cellular proteolytic events in a specific and energy-dependent manner. Rabinovitz and Fisher (1964) made a significant discovery when they found that rabbit reticulocytes efficiently degrade abnormal hemoglobin containing aminoacid analogues. Because reticulocytes are immature, terminally differentiating red blood cells that lack lysosomes, it was hypothesized that hemoglobin degradation is mediated by a non-lysosomal machinery. Etlinger and Goldberg (1977) were the first to isolate a reticulocyte-derived cell-free proteolytic preparation. The crude extract required ATP hydrolysis and preferentially degraded aberrant hemoglobin, and performed best at neutral pH, indicating that the proteolytic activity was not lysosomal. Hershko, Ciechanover, and colleagues isolated and characterized a similar system shortly after, and later resolved, characterized, and purified its components — an accomplishment that resulted in the discovery of the ubiquitin signaling system.

2.3 Ubiquitin - Proteasome Pathway

Avram Hershko, Aaron Ciechanover, and Irwin A. Rose discovered and described the ATP-dependent, ubiquitin-mediated protein degradation pathway in a series of ground-breaking biochemical investigations in the late 1970s and early 1980s, leading to the Nobel Prize of Chemistry in 2004.

An essential source for the purification and identification of the enzymes involved in the ubiquitin-proteasome system was the cell-free proteolytic system from reticulocytes. The reticulocyte lysate was initially processed via a column of diethylaminoethyl cellulose in 1978 to remove hemoglobin (Ciechanover et al., 1978). This divided the lysate into two portions that, when combined, restored ATP-dependent proteolysis but were individually inert. Additional system enzymes were discovered as a result of this biochemical complementation strategy, all of which are necessary to catalyze the multistep process for the degradation of substrates. This was a significant and valuable observation that led to the future discovery of the different components of the proteolytic system, since it showed that this process is not made up of a single classic protease, but rather it had multiple components. After careful examination of the fractions, the active component of the first reaction was a heat-stable protein called APF-1 (active principle of fraction 1) (molecular weight ~9000). Wilkinson, Urban, and Haas later identified this protein as ubiquitin (1980). The following year, Hershko, Ciechanover, and Rose used salt precipitation to further separate the second fraction of the reticulocyte lysate leading to the identification of an ATP-stabilized protein of ~450kDa (likely the protease but this was not further studied for almost 10 years), and the E1-E3 enzymes which were later isolated (Hershko, Ciechanover and Rose, 1979).

Up to this point, the role of APF-1 was unknown. A potential hypothesis was that APF-1 could be an activator for a protease in the second fraction. A breakthrough came in 1980, described in two seminal papers presented at the National academy of Sciences of the USA. Unexpectedly, the findings of the first study showed that a number of the proteins in the lysate were covalently bound by ¹²⁵I-labeled APF-1 when combined with the second fraction, which requires ATP (Ciechanover et al., 1980). In the second paper, the APF-1 protein was not labeled, but rather three substrates were labeled (lysozyme, α-lactalbumin and globin), which led to the discovery that several APF-1 polypeptides might be conjugated to the same substrate protein (Hershko et al., 1980). Treatment resistance to hydroxyl amine and alkali suggested an amide link via the lysine's ε-amino groups. A deubiquitinating enzyme activity that could liberate conjugated APF-1 from substrate molecules was also present in the lysate. As a result, an APF-1-protein amide synthetase and an amidase were found to be two new enzymatic activities. Following these discoveries, a graphic illustrating the proposed timeline of events in ATP-dependent protein breakdown was put out (Hershko et al., 1980).



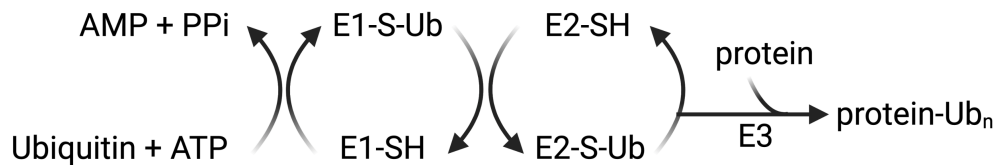
Amino-acid analysis of APF-1, its molecular mass and other general characteristics, revealed that, in fact, APF-1 is ubiquitin (Wilkinson, Urban, and Haas,

1980), a known protein with a previously unknown function. This discovery and the finding that APF-1 attachment to the substrate is similar to the one that connects ubiquitin to histone H2A, solved the mystery of the energy requirement for intracellular proteolysis. Wilkinson et al. (1980) proposed that ATP is required in an exothermic reaction because it allows for control and specificity, paving the way for researchers to better understand the complex mechanism of isopeptide bond formation. Between 1981 and 1983, Ciechanover, Hershko, and Rose tested the multi-step ubiquitin-tagging hypothesis by isolating and characterizing three distinct enzyme activities, E1, E2, and E3. The first enzyme that was identified and purified by the group was the ubiquitin-activating enzyme E1 (Ciechanover *et al.*, 1981). The group inhibited ATP-dependent proteolysis by treating the reticulocyte lysates with pyrophosphate, which revealed that the activation mechanism was an adenylyl-transfer at the carboxyl group of ubiquitin. As a result, ubiquitin rather than the substrate protein was the likely target of the activating process. In reality, the C-terminal glycine of ubiquitin was discovered to be the active amino acid residue through the reductive cleavage of the intermediate by tagged sodium borohydride (Hershko et al. 1981). This ubiquitin activating enzyme catalyzed a two step reaction. Firstly, the activation of the C-terminal carboxyl group of ubiquitin with the formation of an adenylate, which consumes ATP. Secondly, the adenylate is transferred to an acceptor sulfhydryl on the enzyme with the release of AMP (Figure 8) (Hershko et al. 1981; Haas et al, 1982). While these experiments were undergoing, a new covalent affinity chromatography method was developed (Ciechanover *et al.*, 1982; Hershko et al. 1981; Haas et al, 1982). The reticulocyte lysate fractions were passed through this sepharose column containing covalently attached

ubiquitin. In the presence of ATP, 50% of the ATP-pyrophosphate exchange activity was retained in the column, while in the absence of ATP no enzyme was bound. This led to the purification of the activating enzyme, which was shown to be a homo-dimer of 210kDa. Additionally, the following purifications of the E2 and E3 enzymes relied heavily on this novel technique.

The realization that the ubiquitin activating enzyme E1 could not form ubiquitin-protein conjugates by itself led the group to use this new purification method to isolate two further enzymes, E2 and E3 (Hershko *et al.*, 1983). Hershko and colleagues found E2 enzymes to have an apparent molecular weight of 35kDa and the E3 enzyme of 300kDa. The authors also found that in order for E2 to bind to the ubiquitin-sepharose column, it required the activity of E1 and ATP, while the binding of E3 did not require any of these. Together, the findings showed that E2 bound to the column covalently, just like E1, while E3 did not. The iodoacetamide-induced suppression of E2 activity, which could be avoided by preincubating with E1 together with ubiquitin and ATP, suggested that E2 had an iodoacetamide-sensitive thiol site. The idea that E1 might transfer ubiquitin to E2 and that E2 might assist in the transfer of ubiquitin from E1 to the substrate was now put to the test. Furthermore, during SDS-polyacrylamide gel electrophoresis, the thiol ester of E1-ubiquitin did not dissociate, and its stability allowed Hershko and colleagues (1983) to look for the transfer of ¹²⁵I-ubiquitin from E1 to E2 on gels. While there was evidence of ubiquitin transfer from E1-ubiquitin to E2 enzymes, there was no evidence of transfer from E1-ubiquitin to E3. Instead, E3 aided in the formation of amide bonds as it catalyzed the transfer of labeled ubiquitin from E2 to the protein substrate. The full conjugation pathway was now clear: activated

ubiquitin bound to the thiol ester site of E1 with its COOH terminus, then ubiquitin is transferred to a sulfhydryl site on E2 enzymes, and lastly, ubiquitin is transferred to form stable protein conjugates in the presence of E3 enzymes, leading to polyubiquitination of the target protein (**Figure 8**):



The discovery of the downstream protease that would specifically detect ubiquitinated substrates was the final missing piece at this point. Tanaka and colleagues (1983) discovered a second ATP-demanding step in the reticulocyte proteolytic system after ubiquitin conjugation, and Hershko and colleagues (1984) demonstrated that energy is required for conjugate destruction. Later, Hough and colleagues (1986) made a significant contribution to the field by discovering a high-molecular-mass alkaline protease that destroyed ubiquitin-tagged but not untagged lysozyme in an ATP-dependent manner (Figure 7). Waxman and colleagues (1987) discovered that the protease is an unusually large enzyme with a molecular weight of 1.5MDa, which was later confirmed. In addition to the larger 26S complex, a smaller, neutral, multisubunit 20S protease complex was discovered (Hough et al., 1987). This 20S protease is ATP-independent and has several distinct catalytic activities, including cleavage on the C-terminus of hydrophobic, basic, and acidic residues, raising the possibility that it is part of the larger 26S protease that degrades ubiquitin conjugates (Hough et al., 1987). Later research revealed that the 20S complex is, in fact, the core catalytic particle of the larger 26S complex (Eytan et al., 1989; Driscoll and Goldberg, 1990). Hoffman and colleagues (1992) mixed the two purified particles to create the

active 26S enzyme (later known as the 26S proteasome) and provided direct proof that the assembly of a 19S ball-shaped regulatory subcomplex and the catalytic 20S core results in the mushroom-shaped 26S protease.

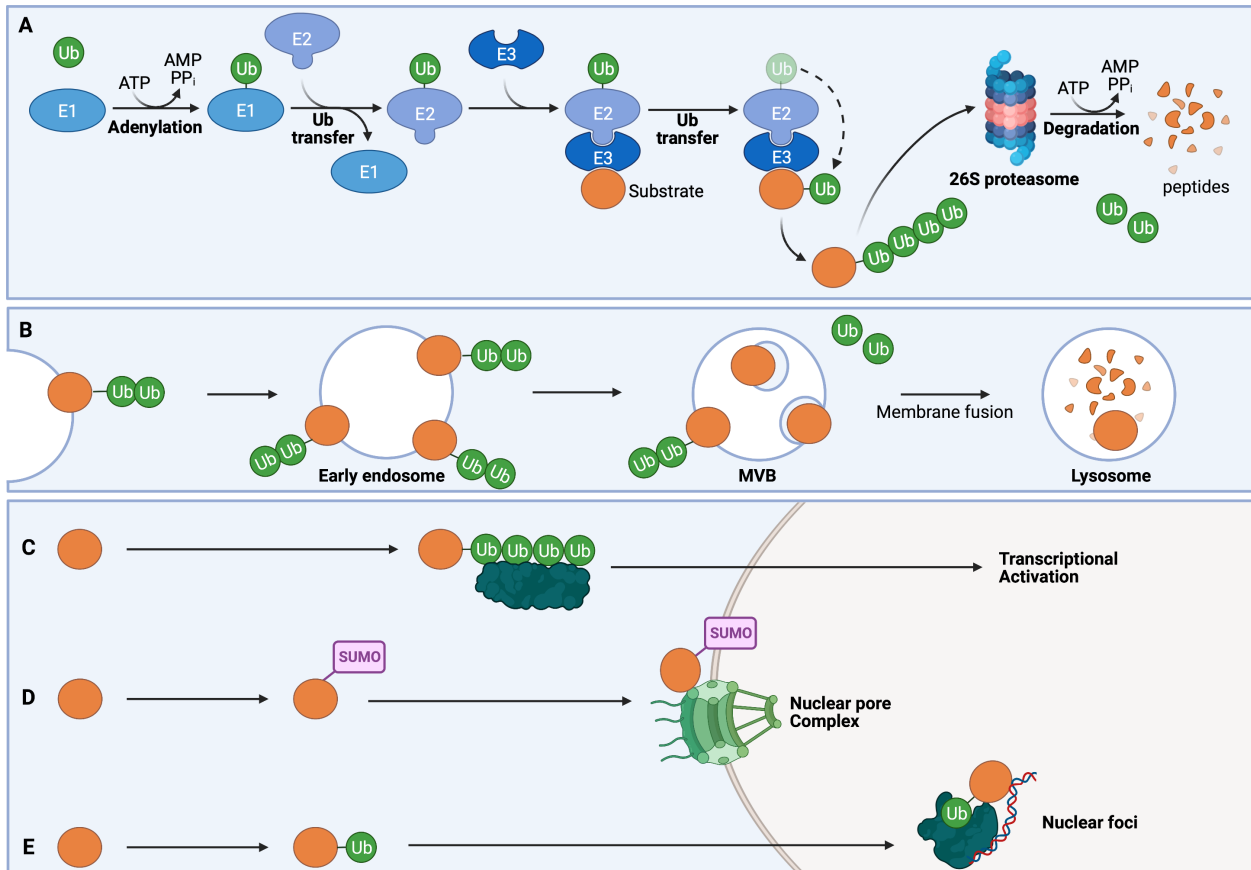


Figure 7: Various functions of ubiquitin and ubiquitin-like modifications. (A) Polyubiquitination of substrate proteins by the sequential enzymatic activity of E1, E2 and E3 enzymes leading to proteasomal degradation of substrate. (B) Mono- or oligo-ubiquitination of membrane proteins leading to lysosomal degradation. (C) Polyubiquitination can also lead to the activation of transcriptional regulators. (D) Monoubiquitination or (E) SUMOylation can localize proteins to different subcellular destinations such as the nuclear pore complex and nuclear foci, respectively. MVB, multivesicular bodies; Ub, ubiquitin; Pi, inorganic phosphate. Adapted from Ciechanover, 2005. Created with BioRender.com (2022).

Proteasomes can be found in both the nucleus and the cytoplasm. The barrel-shaped 20S structure protects the proteasome's active sites, by shielding them from

the cellular environment. Poly-ubiquitinated proteins are recognized by the regulatory 19S complexes of the proteasome, which further unfold them and help move them through a small gate into the 20S core particle, where degradation takes place, leaving only peptides with 7-9 amino acid residues. The 19S complex's isopeptidase then extracts ubiquitin from the substrate protein and recycles it for use in other ubiquitination reactions.

The understanding that regulated proteolysis is involved in regulating a wide range of cellular processes, including the cell cycle and cell division, apoptosis, transcription, antigen presentation, signal transduction, receptor-mediated endocytosis, protein quality control, and the modulation of various metabolic pathways, was another significant development that followed the discovery of the ubiquitin-proteasome system (Figure 7). As a result, intracellular proteolysis was elevated from a disregarded process and research area to a crucial subject in contemporary biology.

2.3.1 Ubiquitin Activating (E1) Enzymes

The human genome encodes two ubiquitin-activating enzymes (E1s) that activate ubiquitin (Ub) and transfers them to ~40 ubiquitin-conjugating enzymes (E2s). The general mechanism of the E1-catalyzed reaction was well established by Haas and Rose (1982), Haas *et al.* (1982) and Hershko *et al.* (1983). In summary (Figure 8), E1 first binds to Ub in an ATP-dependent manner and catalyzes the adenylation of the Ub C-terminus. Second, between a conserved catalytic cysteine and the Ub, E1 forms a thioester. E1 is then loaded with a second Ub molecule, and its C-terminus is

adenylated. Finally, the ternary E1-Ub thioester complex recruits an E2 to facilitate thioester-linked Ub transfer to a conserved E2 cysteine (transthioesterification).

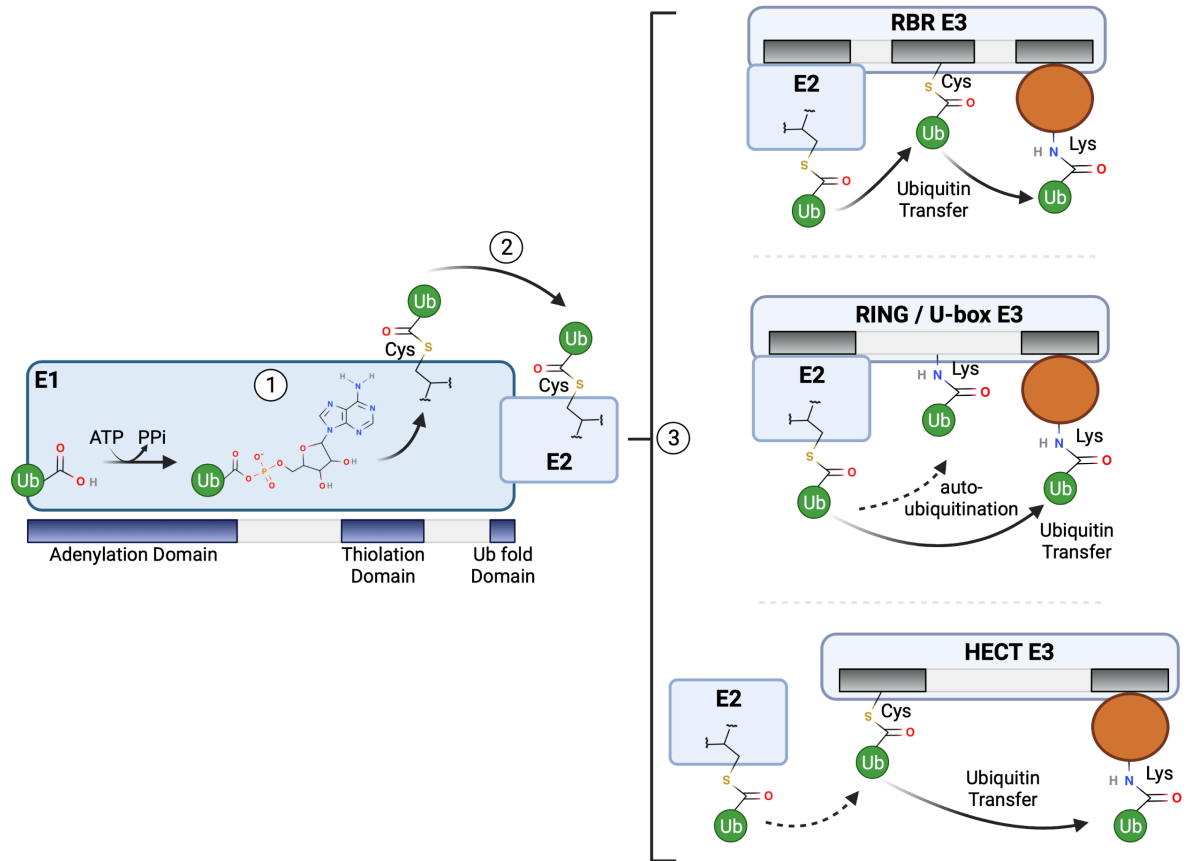


Figure 8: The ubiquitin-conjugating system. (1) Ubiquitin activating (E1) enzymes first activate the C-terminal carboxyl group of ubiquitin with the formation of an adenylate, and secondly, the adenylate is transferred to an acceptor sulfhydryl on E1. (2) The E1-Ub thioester complex recruits an Ubiquitin Conjugating (E2) enzyme to facilitate thioester-linked Ub transfer to a conserved cysteine (transthioesterification). (3) Ub is conjugated to lysine-amino groups either directly or through complexes catalyzed by ubiquitin ligase (E3) enzymes using the energy stored in the E2-Ub thioester. The RING1 domain binds to E2-Ub and transfers ubiquitin to the RING2 domain, which then conjugates ubiquitin to the substrate. This structure is known as RING1-in-between-RING (IBR)-RING2 (RBR). RING/U-box E3s can function alone or as a component of multisubunit complexes and depend on E2s to ubiquitinate substrates. HECT E3s conjugate ubiquitin to the substrate by forming a thiol-ester bond with it. Created with BioRender.com (2022).

The major E1 enzyme in yeast is the *Saccharomyces cerevisiae* (Uba1) enzyme, which shares extensive homology with the human orthodox Ube1 and both adopt the same architecture and activity. The Uba1-Ub structure consists of a complex arrangement of six structural domains:

1. The adenylation domains that have MoeB/ThiF-homology motifs, are referred as inactive and active motifs (IAD and AAD, respectively). The AAD is the domain that binds ATP and Ub (Lee and Schindelin, 2008; Lake et al., 2001; Lois and Lima, 2005; Walden et al., 2003)
2. Two catalytic cysteine half domains inside the adenylation domains, that have the E1 active site cysteine (FHHC and SCCH, respectively) (Szczepanowski et al., 2005; Lee and Schindelin, 2008)
3. The four-helix bundle (4HB) is part of the IAD, and immediately follows the FCCH
4. The C-terminal ubiquitin-fold domain (UFD), which recruits E2s (Huang et al., 2005, Huang et al., 2007, Lois and Lima, 2005).

These domains cluster together to form a sizable central canyon, the end of which (near FCCH) successfully recruits ubiquitin molecules. Uba1 and Ub engage in three different ways: at the hydrophobic interface (Interface I), where the "canonical" hydrophobic patch of Ub interacts with the conserved AAD of Uba1, at the polar interface (Interface II), and at the polar interface (Interface III), where Ub interacts with the FCCH (Lee and Schindelin, 2008). The SCCH domain has the E1 catalytic cysteine that joins with the C-terminus of Ub to generate the thioester and facilitates the transfer

of Ub to its E2. The thioester complex between Uba1 and Ub is formed by the E1 active site cysteine nucleophilic attack on the Ub-adenylate, leading to the deprotonation of the E1's cysteine by a general base catalyst (Lee and Schindelin, 2008). In addition, the active site cysteine has to be close to the Ub C-terminus in order to form the E1-Ub thioester. However, this isn't the case, which strongly implies that the complex would need to undergo major conformational modifications in order to accommodate the juxtaposition of the bound Ub-adenylate and the active site cysteine thiol. To accomplish this, the C-terminal flexible tail of ubiquitin moves in hinge motions, changing its relative position to the AAD, SCCH and FCCH domains, and also it performs other conformational changes around the catalytic cysteine in the SCCH (Walden et al., 2003; Lee and Schindelin, 2008). Additionally, following the creation of the thioester linkage, the catalytic cysteine must retract with the developing Ub thioester in order to permit the adenylation of a second Ub molecule.

The primary role of E1 is the transfer of activated ubiquitin to the associated E2 enzyme. In this scenario, one of the E2 enzymes and E1 interact noncovalently, and then, in a subsequent transthioesterification step, the Ub is transferred from E1's catalytic cysteine to that of E2's. Lee and Schindelin (2008) found that E2s bind on the opposite side of and face away from E1's catalytic cysteine, meaning that significant conformational changes were needed to enable E1 and E2 catalytic cysteines to approach each other for the transfer of Ub. In fact, Uba1 detailed crystal structure showed that the E1-Ub conjugate undergoes distinct conformation changes to allow this to happen (Lee and Schindelin, 2008). It's interesting to note that compared to other E1s, Uba1 has a much wider canyon between its SCCH and UFD, which may

enable it to accommodate a variety of E2 partners, some of which have different N- and C-terminal extensions outside the E2 core domain. Additionally, the UFD appears poised in the unobstructed conformation and ready to accept available E2s. As a result, the expanded UFD linker connects the UFD to the adenylation domain, and a slight modification at the hinge causes a significant change in the orientation of the entire UFD. Once both catalytic cysteines are in close proximity, a transthioesterification reaction takes place producing an E2-Ub conjugate.

2.3.2 Ubiquitin Conjugating (E2) Enzymes

Humans have ~40 E2s that are involved in the transfer of ubiquitin and ubiquitin-like proteins. These enzymes carry out a variety of functional roles with just one active site, including transthioesterification meaning canalizing transfer from a thioester to a thiol group; and aminolysis meaning transfer from a thioester to an amine group; as well as other less explored functions (Stewart et al., 2016). E2s interact with an E1 enzyme and one or more E3 enzymes, and in addition they may directly interact with target proteins determining where and how the target will be ubiquitinated (Figure 8).

Even though we know that E2 enzymes play important roles in the ubiquitination of target substrates, major questions remain in the field: why are E2 enzymes found in all eukaryotes, and why do we not directly transfer ubiquitin from E1 to E3? Potential hypotheses include that, while E3s primarily select the substrate, E2s determine the fate of the substrate, and that E2s promote ubiquitination independently of an E3 ligase, such as UBC22 (Sjoerd et al., 2009; Kraft et al., 2005).

All E2s possess a core catalytic domain, known as the UBC domain, that consists of ~150 amino acids and the active site's cysteine is needed for the formation of the thioester bonds. This domain consists of an α/β -fold, with four α -helices and a four stranded β -sheet, and important loop regions form part of the E3-binding site and the E2 active site (Stewart et al., 2016). The E3-binding site and the E2 active site both contain important loop regions. Most E2s have a single UBC domain, with multiple functionally distinct motifs. Interestingly, they can have short N- and C-terminal extensions that can impact the distinct specificity between E2s. These motifs have a conserved His-Pro-Asn tripeptide (HPN) at the 10th residue at the N-terminal of the cysteine residue (Liu et al., 2020). While the histidine residue is essential for the structure, the proline serves as a link to aspartic acid residue which catalyses the formation of the is-peptide bond. The E2 enzyme family is divided into four classes based on the location of the additional fragment in the UBC domain. Class I exists only in the UBC domain; class II exists in both the N-terminal and UBC domains; class III exists in both the C-terminal and UBC domains; and class IV exists in the N-terminal, C-terminal, and UBC domains.

The energy stored in the E2-Ub thioester is used to conjugate Ub to lysine-amino groups directly or via complexes mediated by E3s. Although there are topologically distinct classes of E3, some E2s function with multiple classes of E3. Most E2/E3 complexes have a moderate to poor binding affinity, with E3 attaching to the E2 UBC domain formed by the residues in helix 1, loop 4, and loop 7 (Stewart et al., 2020). The understanding of the characteristics of E2-Ub conjugates and the structural alterations that take place when they interact with an E3 and are prepared for

Ub transfer has advanced significantly, according to Stewart et al. (2020). Because of their considerable flexibility, the C-terminal residues of Ub (amino acids 72–76) enable an Ub molecule that is covalently attached to an E2 active site to swing by its tail and sample a variety of conformations with respect to the E2 domain. There are different orientations: one that involves little or no contact between the E2 and ubiquitin (“open states”) and one that involves contacts between Ub hydrophobic patch centered on Ub I44 and residues in the E2 crossover helix (“closed states”). Shifts towards populations of more “closed states” happens upon binding of an E3 ubiquitin ligase, dramatically enhancing the intrinsic reactivity of E2-Ub conjugates towards aminolysis and final polyubiquitination of target substrates.

Furthermore, E2s have been reported to play important roles in defining the linkage types of ubiquitin chains generated. Once the E2-Ub conjugate is formed, E2s orient a specific lysine of the acceptor ubiquitin to enable its approach and nucleophilic attack of the E2-Ub thioester, resulting in an isopeptide bond between the amino group of the acceptor ubiquitin and the C-terminal carboxylate of the donor ubiquitin, leading to a polyubiquitin chain (Zao *et al.*, 2020). However, it still remains a question in the field how the different E2s enzymes choose from the seven lysine residues in ubiquitin to orient for ubiquitination, which could lead to different ubiquitin chain topologies affecting downstream processing of the target substrate. Substrate specificity is brought by ubiquitin ligating (E3) enzymes which recognize the E2-Ub conjugate and the target substrate, and catalyze the transfer of the polyubiquitin chain to the target.

2.3.3 Ubiquitin Ligating (E3) Enzymes

Ubiquitin ligating (E3) enzymes bridge ubiquitin transfer from E2 to substrate proteins. The human genome encodes more than 600 E3s which are largely responsible for providing the exquisite substrate specificity that characterized the ubiquitin-proteasome system. According to differences in structure and function, E3 ubiquitin ligases can be divided into four types: HECT, U-box, RING-finger and RBR type (Figure 8). Direct ubiquitin transfer from E2-ubiquitin to the substrate is catalyzed by RING E3s. The catalytic cysteine in HECT and RBR E3s, in contrast, first accepts ubiquitin from E2 ubiquitin to generate an intermediate called an E3 ubiquitin thioester before transferring this ubiquitin to the substrate.

HECT E3 Ligases:

HECT (homologous to the E6-associated protein carboxyl terminus) E3 ligases is one of the largest and earliest studied E3 ligases. There are 28 HECT E3s in humans, which have an N-terminal substrate-binding domain and a C-terminal HECT domain (Rotin and Kumar, 2009). The HECT domain is ~350 amino acids and contains the catalytic components for ubiquitin conjugation and transfer. Due to differences in their N-terminal domains, HECT E3s can be further divided into three subfamilies: the Nedd4 family (9 members), the HERC family (6 members), and the HECTs (13 members) (Yang *et al.*, 2021). Nedd4 members are distinguished by WW and C2 domains that bind PY motifs in substrates. The N-terminal C2 domain can bind Ca^{2+} and phospholipid, which is required not only for protein targeting to phospholipid membranes, but also for substrate protein ubiquitination (Dunn *et al.*, 2004; Tian *et al.*,

2011; Rizo and Sudhof, 1998). The HERC family members contain uncharacterized regulator of chromosome condensation 1-like (RDL) domains. RDLs have two major functions: they can act as a GEF to regulate the small GTPase Ran and interact with chromatin via histones H2A and H2B. (Zhang and Clarke, 2000; Nemergut et al., 2001). The HERC subfamily is further divided into two large and four small HERCs based on the number of RDLs (Yang et al., 2021). Finally, the HECTs family members have additional protein-protein interaction domains. HECT domains have two lobes joined by a flexible loop, with the N-terminal lobe containing catalytic cysteines and the C-terminal lobe containing the E2-Ub conjugate (Yang et al., 2021). The flexible appearance allows the lobes to rotate, facilitating ubiquitin transfer to the substrate (Verdecia et al., 2003). There are many other HECT E3 ligase members, such as E6AP and HUWEI. E6AP is the first HECT E3 discovered with a zinc-binding fold known as the AZUL (amino-terminal Zn-finger of Ube3a ligase) domain, which promotes K48-linkage polyubiquitination and substrate degradation (Yang et al., 2021). HUWE1, on the other hand, consists of a WWE domain and a ubiquitin-associated (UBA) domain, both of which regulate different aspects of cancer development (Yang et al., 2021).

Early structures of HECT E2 showed a wide gap between the catalytic cysteine residues and the E2 binding site, indicating that conformational modifications are necessary for the E2-E3 transthiolation reaction (Huang et al., 1999; Verdecia et al., 2003; Ogunjimi et al., 2005). These investigations showed that the HECT E3s' hinge rotates to place the C lobe's catalytic cysteine next to the E2-Ub bond, enabling transthiolation. The NEDD4 family of HECT E3s are more easily transthiolated due to hydrophobic interactions between ubiquitin and conserved residues on the C-lobe.

Further investigation is required to understand how these other HECT E3 interact with ubiquitin, since the C-lobe residues needed for successful transthiolation are not conserved in these HECT E3s. In the NEDD4-Ub complex, the C-terminal tail of ubiquitin is held in an extended conformation by a hydrogen bond network made up of amides from the C-lobe of the HECT domain and backbone carbonyl oxygen moieties. According to the known E3-E2-Ub structural data, restricting the position of ubiquitin's C terminus appears to be a typical thioester-activating strategy for RING and HECT E3s (Maspero et al., 2013). A shared thioester-activating mechanism for RING and HECT E3s appears to be limiting the position of ubiquitin's C terminus.

After transthiolation, the E3-Ub thioester in HECT is put adjacent to a substrate lysine. This was first observed, in the crystal structure of HECT E3 Rsp5 using a three-way chemical cross-linker was used to bind the catalytic cysteine of Rsp5, the C terminus of ubiquitin, and a lysine side chain of a substrate protein (Kamadurai et al., 2013). In order to secure this conformation, the C-lobe rotates 130 degrees around the flexible linker, causing about half of the N-lobe to come into contact with the C-lobe. This brings the donor ubiquitin close to the substrate recognition domain allowing ubiquitin transfer to the substrate.

RING type E3 Ligases:

RING E3s fold their RING or U-box catalytic domain to allow for direct ubiquitin transfer from E2 to the substrate (Figure 8). According to bioinformatics studies, the human RING E3 family, which is the largest of the three E3 families, contains over 600 members (Yang et al., 2021). The RING domain is the only element that is necessary to

attract E2-Ub and to promote ubiquitin transfer. The following amino acid sequence typically makes up the RING finger protein: His-X₂-Cys-X₄-48-Cys-X₂-Cys, where X is any amino acid; Cys-X₂-Cys-X₉-39-Cys-X₁-3-His-X₂-3-Cys (Deng et al., 2020). These RING domains are distinguished structurally by the presence of two zinc ions, which are required for RING domain folding, and are coordinated by Cysteine and Histidine residues organized in a cross-breed configuration (Yang et al., 2021).

The first crystal structure of the CBL-UBE2L3 RING E3-E2 complex showed that the active site of E2 is far from the E3 RING domain, ruling out direct involvement of the RING domain in catalysis (Zheng *et al.*, 2000). Later research claimed that the RING E3 binding caused an allosteric alteration in the E2 active site (Ozkan et al., 2005; Petroski and Deshaies, 2005). The E2-Ub conjugate is highly dynamic and flexible, and prefers to adopt conformations with little to no interactions between the E2 and ubiquitin. However, upon interaction with a RING E3 it shifts the equilibrium towards a closed conformation in which ubiquitin is proximal to the RING domain, priming the ubiquitin for transfer (Pruneda *et al.*, 2012). Even though the E2-Ub complex is primed by the RING domain alone, the presence of additional ubiquitin-binding components in the sequence of RING E3s aids in further stabilizing E2-Ub in the primed conformation and increases the enzymatic activity of the E3-E2-Ub complex (Pruneda et al., 2012). Priming the ubiquitin in the E2-Ub complex and juxtaposing a substrate lysine and the E2-Ub thioester are the primary functions of RING E3s in ubiquitin transfer. Both the target protein's structure and the carefully controlled structural restrictions of the E3-E2-Ub complex control whether a substrate lysine can be ubiquitinated.

Some E3s can attach to the substrate directly and catalyze its ubiquitination without the help of other proteins. One such E3 is Mdm2 (murine double minute 2) / Hdm2 (human enzyme) which directly promotes degradation of p53 (Wade *et al.*, 2013). However, some E3s' substrate recruitment and catalytic domains are made up of several proteins. For instance, the SCF (Skp1-Cullin1-F-box) complex, which comprises of the invariant Rbx1 (attract the E2 enzyme), Cul1 (scaffold protein), Skp1 (bridge F-box proteins (FBPs)), and a distinct FBP (harbor catalytic activity), is one such example (Skaar, Pagan and Pagano, 2014). A total of 70 FBPs have been found in humans, all of which act on substrate recognition in diverse biological processes that are downstream and are selectively regulated.

RBR type E3 ligases:

Approximately a dozen RBR E3s are encoded by the human genome, all of which are multidomain proteins of RING1, in-between RING (IBR) and RING2 domains (Figure 8) (Deng *et al.*, 2020). RING1 binds to E2-Ub conjugate and has the characteristics of RING-type E3s, whereas RING2 domains contain a catalytic cysteine nucleophile and has similar activity as HECT E3s. It forms a thioester bond intermediate with ubiquitin and transfers it to the substrate (Deng *et al.*, 2020). The RING1 domains harbor similar hydrophobic cores to canonical RING domains that interact with the loops of E2-Ub conjugates. However, they lack the ability to lock in the closed state which is primed for ubiquitin transfer to a lysine residue on substrate proteins (Wenzel *et al.*, 2011). Therefore, RBR E3s rely on E2s that preferably transfer ubiquitin to cysteines in order to transfer it to its RING2 domain. The RING1-IBR

module adopts an extended conformation in which two extension helices, hE1 and hE2, connect RING1 and IBR. Ub is put in a conformation for contact with a helix between the IBR and RING domains by the actions of hE2-IBR and RING1. This allows RING2 to bind the E2 and secure the C-terminal tail of ubiquitin in the expanded conformation (Lechtenberg et al., 2016). The E2 and RING2 catalytic cysteine residues are next to each other in this configuration, which places the ubiquitin in the best position for transfer.

Various crystal structures have shown distinct RING1-IBR-RING2 arrangements, including active conformations allowing ubiquitin transfer and auto-inhibitory conformations that are not competent for ubiquitin transfer. This auto-inhibitory conformation maintains a large distance between the RING2 active side and E2 which decreases the activity of RBR by inhibiting the thiol-transfer reaction (Deng *et al.*, 2020). This is very important because aberrant activity of RBR E3s lead to a number of diseases including Parkinson;s disease and cancer.

2.3.4 Ubiquitin Family of Modifiers

The ubiquitin chain topology heavily influences the fate of ubiquitinated proteins. Three forms of ubiquitination linkage have been found based on structural characteristics: monoubiquitination, polyubiquitination, and branching ubiquitination (Figure 9). The attachment of a single ubiquitin to a specific lysine of the substrate, which has been implicated in the regulation of DNA damage repair, is referred to as monoubiquitination (Figure 7). An example is the E3 ligase Rad18, which recruits DNA polymerases to monoubiquitinate the proliferating cell nuclear antigen (PCNA) in

response to DNA damage repair (Gang et al., 2010). Other cellular activities mediated by monoubiquitination include autophagy and chromatin remodeling. Monoubiquitination of membrane proteins, for example, can influence their interactions with the autophagy adaptor protein p62, encouraging mitochondrial and peroxisome autophagy (Kwon and Ciechanover, 2017). Furthermore, lysine-specific monoubiquitination of histone, which is involved in chromatin remodeling, is a well-defined instance.

When more than two ubiquitin molecules are attached to the same lysine on a single substrate, this process is referred to as polyubiquitination. After the lysine residue is linked to ubiquitin, there are numerous types of polyubiquitination (K6, K11, K27, K29, K33, K48 and K63). As shown by the nuclear factor- κ B (NF- κ B) pathway, K63-linked or M1-linked ubiquitin chains control the assembly of signaling complexes, while K48-linked and K11-linked ubiquitin chains are typically involved with proteolysis (Figure 9). (Senft et al., 2018). A branching polyubiquitin chain comprises many linkage types that are also crucial for controlling a variety of cellular functions, as opposed to a homologous chain, which only has one kind of linkage. For instance, the Epsin1-mediated endocytosis of the major histocompatibility complex I (MHCI) involves the mixed K11 and K63 connections (Takahashi et al., 2018).

In addition to ubiquitin, there are also ubiquitin-like (UBL) proteins which include NEDD8, SUMO, FAT10, ISG15, ATG8, ATG1, HUB1 and FUB1 (Figure 9). These UBL proteins not only share sequence homology and structural similarity with Ub, but they also modify their substrate proteins via a similar enzymatic cascade. Two of the major UBL modifications are neddylation and SUMOylation. Neddylation refers to the

attachment of NEDD8, which has the highest homology with ubiquitin and regulates various biological processes in a dynamic and reversible manner (Deng *et al.*, 2020). Neddylation does not lead to degradation of the substrate, but rather leads to the activation of the substrates which subsequently control several biological processes such as cell cycle regulation and signal transduction. On the other hand, Small Ubiquitin-Related Modifier (SUMO) is linked to a substrate through the process of SUMOylation, which involves creating an isopeptide bond between SUMO's terminal glycine and the lysine of the substrate (Deng *et al.*, 2020). SUMOylation has been associated with regulation of substrate localization, stability and activity.

Interestingly, each of these modifications are associated with specific E1 enzymes. The E1 for ubiquitin is a monomeric protein that weighs between 110 and 120 kDa, while the E1s for NEDD8 and SUMO are heterodimeric complexes with similar molecular weights (Lee and Schindelin, 2008). This brings high specificity to the ubiquitin-proteasome system.

Furthermore, the proteolytic activity of about 100 deubiquitylating enzymes (DUBs) also modifies the ubiquitin code, for example by removing K48-chains or K63-chains to stop signaling events or prevent destruction, respectively (Yau and Rape, 2016). Ubiquitin-specific proteases, ubiquitin carboxyl-terminal hydrolases, otubain proteases, Machado-Joseph disease protein domain proteases, JAMM/MPN domain-associated metalloproteinases, and monocyte chemotactic protein-induced proteins are six families that can be distinguished based on their structural and sequence. Except for the JAMM family of metalloproteinases, all of these DUBs are cysteine

proteases. These enzymes can attach to various types, topologies, or lengths of Ub chains and remove those chains from the substrate directly (Yau and Rape, 2016).

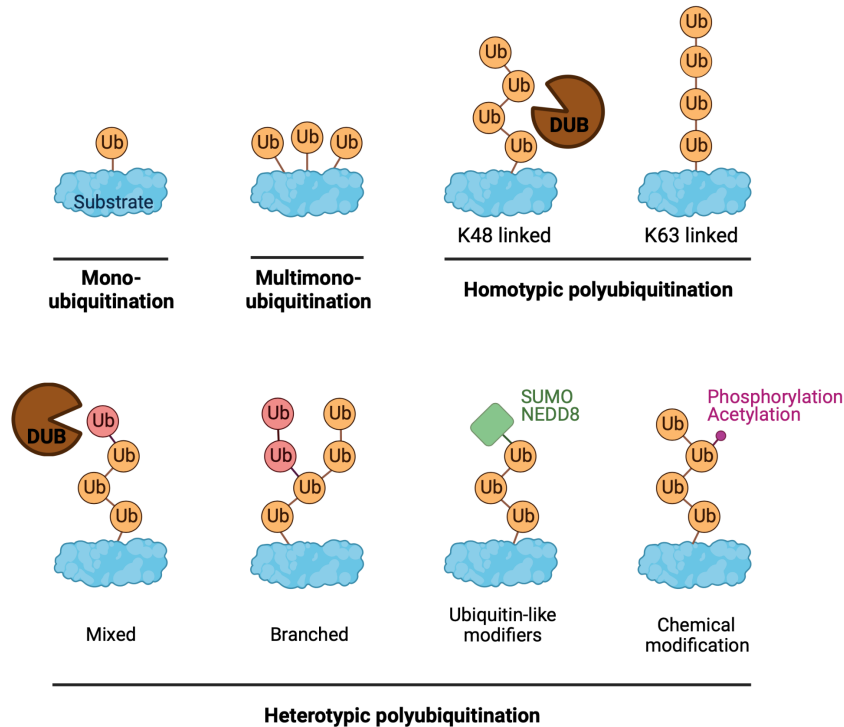


Figure 9: The Ubiquitin Code. Representative images of different ubiquitin and ubiquitin-like chain topologies. The different linkages were chosen arbitrarily. Modified from “The Ubiquitin Code” template, by BioRender.com (2022). Retrieved from <https://app.biorender.com/biorender-templates>.

2.3.5 Dysregulation of the Ubiquitin-Proteasome System in Cancer

Given the importance of ubiquitination in cellular homeostasis (Figure 7), it is not unexpected that its dysregulation is linked to a variety of illnesses, including cancer (Figure 10). Many E3 ubiquitin ligases are commonly dysregulated in malignancies through epigenetic and genetic pathways, or as a result of altered post-translational modifications in response to internal and extrinsic signals. Some E3s are encoded by genes that have been linked to familial cancer risk, such as the Von Hippel-Lindau (VHL) tumor suppressor gene in renal cell carcinoma (Gossage, Eisen, and Maher,

2015) and the BRCA1 gene in breast and ovarian malignancies (Savage and Harkin, 2015). Furthermore, large-scale genome analyses have found several E3s that have been changed by recurrent mutations or copy number changes in many cancer types. E3 dysregulation is also produced by post-transcriptional and post-translational changes such as phosphorylation, ubiquitination, or protein-protein interactions, according to research (Senft et al., 2018). Genetic and epigenetic changes in deubiquitinating enzymes, as well as genetic changes in the substrates themselves, cause further dysregulation of the system. The frequent genetic changes of the ubiquitination sites on Myc are one example of this (Welcker et al., 2004). Ubiquitination is a dynamic and reversible process that responds to stressors such as DNA damage and hypoxic, oxidative, and metabolic conditions, all of which cancer cells face. Therefore, a better understanding of how dysregulation of the ubiquitination process affects malignant transformation, tumor suppression, and therapy resistance is critical for better cancer patient outcomes.

Dysregulated cell-cycle control is a fundamental aspect of cancer cells since their proliferation proceeds essentially unchecked. In cancer, signals that regulate cell cycle entrance, progression, and arrest are typically dysregulated. As a result, DNA replication, DNA repair, and chromosomal segregation are disrupted, which can result in genomic instability (Senft et al., 2018). Therefore, dysregulation of E3s that induce proteasomal degradation of proteins involved in these processes, such as cyclins, CDK inhibitors and DNA damage repair machinery proteins, promote cancer initiation and progression. In fact, the dysregulation of the SCF (S-phase kinase-associated protein1

- Cullin 1 - F-box protein) and APC/C (anaphase-promoting complex, often known as the cyclosome) ubiquitin ligase E3 enzymes are the most studied examples (Figure 10).

APC/C has two co-activators CDC20 (cell division cycle 20) or CDH1 (CDC20-like protein 1). Even though APC/C itself is not frequently mutated in cancers, there is increasing evidence pointing at the tumor suppressor role for CDH1 and an oncogenic role for CDC20. CDH1 has been shown to be a haploinsufficient tumor suppressor since *Cdh1*^{+/-} mice showed increased susceptibility to spontaneous epithelial tumors in various organs compared to wild type mice (Garcia-Higuera *et al.*, 2008). Furthermore, CDH1 knockdown in human bone osteosarcoma cell lines causes an accumulation of cyclin A and cyclin B, an early entry into S-phase, and a rise in DNA double strand breaks during mitosis due to the presence of replication intermediates (Greil *et al.*, 2016). On the other hand, it was shown that CDC20's residual activity enhances evasion of anitmitotic drug-induced apoptosis and led to the discovery that CDC20 has carcinogenic potential (Brito and Rieder, 2009). In a two-stage skin cancer mouse model, localized deletion of *Cdc20* causes significant metaphase arrest and apoptosis. *Cdc20*^{-/-} MEFs transformed with oncogenic RAS^{G12V} and early region 1A (E1A) of human adenovirus type 5 also exhibit this phenotype (Manchado *et al.*, 2010). These discoveries prompted the creation of APC/C-CDC20 inhibitors, which bind to APC/C and stop CDC20 or CDH1 activation (Zeng *et al.*, 2010).

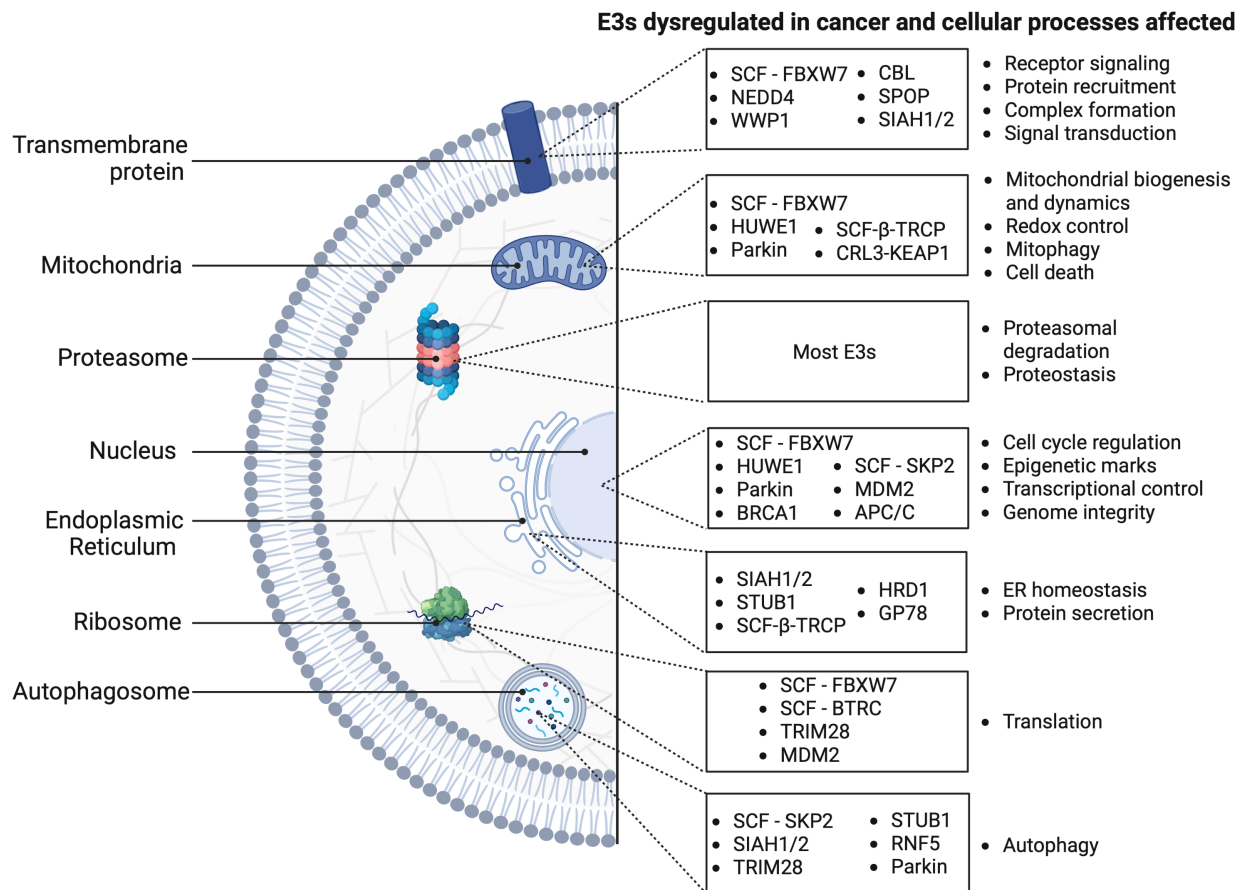


Figure 10: Cellular processes affected by dysregulated ubiquitin ligases (E3s) in cancer. As E3s ubiquitinate a diverse set of substrates, E3 loss- or gain-of-function affects multiple cellular processes simultaneously. These are representative E3s, frequently dysregulated in cancers and their downstream effects in different cellular components. Created with BioRender.com (2022).

Furthermore, F-box proteins SKP2, β -TRCP and FBXW7, which are the substrate recognition subunits of SCF E3 complexes, are frequently dysregulated in cancer, impairing its activity (Figure 10). For example, the SCF-SKP2 complex has been shown to be oncogenic since it regulates a number of CDK inhibitors, one of which is the well known tumor suppressor p27^{KIP1} (Loda *et al.*, 1997; Senft *et al.*, 2020). In fact, Skp2 knockout effectively prevents prostate cancer development in a conditional Pten-deficient and Trp53-deficient mouse model by inducing senescence

through activation of p27^{KIP1}, p21^{CIP1} and transcription factor ATF4, while Skp2 overexpression in the mouse prostate induces hyperplasia, dysplasia, and low-grade carcinoma (Shim et al., 2003; Lin et al., 2010). Additionally, SCF - β -TRCP plays two distinct roles in cell cycle checkpoint regulation: they mediate cell cycle arrest through the degradation of CDC25A (Busino et al., 2003), and they relieve arrest through the degradation of WEE1, claspins, eukaryotic elongation factor 2 kinase (eEF2K), and Fanconi anemia group M protein (FANCM) (Watanabe *et al.*, 2004; Peschiaroli *et al.*, 2006; Kruiswijk *et al.*, 2012; Kee, Kim and D'Andrea, 2009). Additionally, studies have demonstrated that SCF - β -TRCP induces cell cycle arrest by targeting for degradation CKI-phosphorylated MDM2, which stabilizes p53 (Inuzuka et al., 2010).

Out of all the E3s, MDM2 and BRCA1 lead to cancer development by regulating the DNA damage response and cell cycle checkpoints (Wade et al., 2013; Savage and Harkin, 2015). In summary, elevated levels of MDM2 is seen in many cancers since it promotes carcinogenesis primarily by targeting p53 for degradation (Wade et al., 2013). Contrarily, BRCA1 mediates monoubiquitination or non-degradative polyubiquitination of its substrates, which include histones, CtBP-interacting protein, estrogen receptor-(ER), RNA-polymerase II (RNAPII), and transcription initiation factor IIE (TFIIE), by forming a heterodimer with BRCA1-associated RING domain protein 1 (BARD1) (Savage and Harkin, 2015). Therefore, abnormal BRCA1-BRD1 activity results in errors in homologous recombination and cell cycle control, which affect genome stability.

E3s have also been implicated in signal transduction in cancer since they have the ability to regulate major growth-promoting pathways, including the MAPK or PI3K-AKT-mTOR pathways, which are currently targeted by anticancer therapies. The E3

NEDD4 degrades RAS in a negative feedback loop where RAS activity increases levels of NEDD4, which in turn reduces the activity of wild type RAS but not oncogenic RAS (Zeng et al., 2014). In addition, NEDD4 is a known negative regulator of PTEN, therefore, NEDD4 over expression causes PTEN to degrade more rapidly, accelerating carcinogenesis of RAS-driven tumors. (Zeng et al., 2014). The interaction between RAS and NEDD4 exemplifies how a cell's genetic environment or signaling state can affect how aberrant ubiquitylation manifests itself. While NEDD4 acts as a tumor suppressor in healthy cells, it acts as an oncogene in cells that express hyperactivated and/or mutant RAS.

Sustained activation of growth and survival pathways creates a stressful environment; as a result, cancer cells must coordinately manage metabolic processes and stress signaling pathways in order to overcome these potentially detrimental conditions.

Interestingly, as seen in Figure 10, one of the most frequently dysregulated E3s is SCF-FBXW7 (F-box/WD repeat containing protein 7). FBXW7 mediate cyclin E degradation, therefore, dysregulated SCF-FBXW7 function promotes sustained proliferation and genomic instability (Grim et al., 2012). In a mouse model, intestinal FBXW7 and Trp53 co-deletion leads to advanced adenocarcinomas with high levels of cyclin E expression and a chromosomal instability phenotype (Grim et al., 2012). FBXW7 is a p53-dependent haploinsufficient tumor suppressor; thus, p53 expression can reverse the effects of FBXW7 substrate accumulation caused by heterozygous FBXW7 inactivation (Grim et al., 2012; Rajagopalan et al., 2004; Mao et al., 2004). FBXW7 has also been shown to play a direct role in DNA double-stranded break repair

(DSB). SCF-FBXW7 is phosphorylated and recruited to DSB sites as a result of ATM activation, a crucial mediator of the DNA damage response. Then, the X-ray repair cross-complementing protein 4 (XRCC4), a repair protein involved in non homologous end joining, is polyubiquitylated. NHEJ repair is increased by XRCC4 that has been K63-ubiquitinated because it is more likely to connect with the KU70 (also known as XRCC6) and KU80 (also known as XRCC5) complexes (Zhang et al., 2016). Additionally, research has demonstrated that SCF-FBXW7 controls signal transduction in cancer by ubiquitinating and encouraging the breakdown of the mTOR complex 1. (mTORC1). The relevance of FBXW7-mediated mTOR stabilization in carcinogenesis was demonstrated by the finding that deletion of a single copy of FBXW7 is mutually exclusive with loss of PTEN, a known negative regulator of mTOR, in breast cancer cell lines. As a result, FBXW7 depletion can accelerate tumor growth by mTOR accumulation, which then induces stimulation of anabolic processes.

Additionally, E3s have been linked to transcriptional regulation via controlling the abundance and activity of transcriptional activators, their ability to bind to genes and form transcriptional complexes, and the structure of chromatin (Geng *et al.*, 2012). One important case in cancer progression is the regulation of the transcription factor MYC by multiple E3 complexes, including SCF-FBXW7. Dysregulation of the SCF-FBXW7-MYC in in vivo models of chronic myeloid leukemia causes accumulation of MYC which drives leukemia initiating cells out of quiescent state, promoting tumorigenesis (Reavie *et al.*, 2013)).

2.3.6 Ubiquitin ligases as therapeutic targets

The growing recognition and understanding of the critical roles that E3s play, and how their dysfunction can alter fundamental cellular processes, has inspired the development of targeted therapeutics against E3s. Small molecules or peptides are potential inhibitors of oncogenic E3s by repressing its expression, altering its subcellular location, preventing substrate contact, preventing assembly into multisubunit complexes, preventing homodimerization or heterodimerization, and preventing the catalytic domain from functioning properly (Senft et al., 2018). Structure-based design in conjunction with cutting-edge small-molecule screening technology is one of the current methods used for the development of E3 inhibitors, which has led to inhibitors against APC/C (Sackton *et al.*, 2014), MDM2 (Zhang *et al.*, 2015) and SKP2 (Chan *et al.*, 2013), among a few others. However, targeting protein-protein interactions are particularly challenging in the drug development field.

Targeting tumor suppressors in cancer therapy is still challenging in general. Reactivating an E3 that has been suppressed, investigating genetic vulnerabilities using the theory of synthetic lethality (like using PARP inhibitors in BRCA1- or BRCA2-deficient tumors; Bryant et al., 2005), or inhibiting downstream oncogenic substrates are some methods for targeting tumor suppressor E3s. For example, targeting MCL1 in malignancies using SCF-FBXW7 inactivation or a more general strategy using proteolysis-targeting chimaera (PROTAC) technology, which uses bifunctional molecules to instruct other E3s to degrade oncogenic substrates, are two ways to carry out the latter (Skaar, Pagan and Pagano, 2014).

Although targeting E3s as a novel therapeutic has great promise, the field is proceeding with caution. Because E3s can act as tumor suppressors or promoters in a substrate-dependent and context-dependent manner, targeting them requires a thorough understanding of their activity in the specific tissue and/or tumor context. Furthermore, post-translational modifications can transform an E3 from a tumor suppressor to a tumor promoter, emphasizing the complexities of E3 activity and regulation that can affect targeting. Novel therapeutics should specifically disrupt E3 interactions with substrates important in cancer biology. Therefore, a better understanding of the E3s structure, post-translational modifications, and their role in tumor progression will undoubtedly guide the next generation of novel biological and small molecule drugs for this group of proteins.

PART 3: F-box WD-repeat Containing Protein 7 (FBXW7)

3.1 Introduction

The SCF E3 is composed of four subunits: RBX1 which contains a small, zinc-binding RING finger domain where the E-Ub conjugate binds; Cullin (CUL1) which forms the major structural scaffold of the complex; SKP1 which is an adaptor protein essential for the recognition of F-box proteins; and F-box protein (FBP) which contributes to substrate specificity by first aggregating to target proteins independent of the complex. F-box proteins are an extensive family of eukaryotic proteins characterized by a carboxy-terminal domain that interacts with substrates, and a 42-48 amino acid F-box motif (so named because Cyclin F was one of the first substrates identified) which binds to SKP1 (Winston *et al.*, 1999). By 1998, only four mammalian F-box proteins (Cyclin F, Skp2, β -TRCP and NFB42) were identified (Bai *et al.*, 1996; Erhardt *et al.*, 1998). Then, in 1999, two studies identified a family of 25 novel mammalian F-box proteins (Winston *et al.*, 1999; Cenciarelli *et al.*, 1999). The authors discovered 26 human F-box proteins, 25 of which were novel, by scanning DNA databases and using SKP1 as bait in a yeast two-hybrid screen. These proteins were grouped based on their domains: some had WD-40 domains or leucine-rich repeats, others had leucine-zippers, ring fingers, helix-loop-helix domains, proline-rich motifs and Src homology (SH2) domains; others did not fall in any of these groups. The F-box proteins with WD-40 domains are designated as Fbws, those with leucine-rich repeats as Fbls, and the rest as Fbxs (Winston *et al.*, 1999; Cenciarelli *et al.*, 1999). Nowadays, there are ~70 F-box proteins identified in humans. Among the Fbws identified was the

F-box WD-repeat Containing Protein 7, also known as FBXW7, FBXW7, Sel10, hCDC4, or hAgo.

3.2 Molecular characteristics of FBXW7

Human FBXW7 stretches over 200kb on chromosome 4 and encodes three different transcripts (FBXW7 α , β and γ) by alternative splicing (Figure 11A) (Spruck *et al.*, 2002). Each transcript has ten shared exons coupled to an isoform-specific first exon, resulting in three protein isoforms that differ solely in their N-termini (Figure 11). Three functional domains are found in the common region of all isoforms: a stretch with eight-WD-40 repeats, an F-box domain that interacts with SKP1 of the SCF complex, and a dimerization domain (DD). (Figure 11C, D) (Sprunk *et al.*, 2002). The WD40 repeat stretch makes multiple contacts with the substrate. Crystallographic studies of FBXW7 (and Cdc4) have revealed that the WD40 repeats form an eight-bladed barrel-shaped -propeller structure with defined phospho-degron binding pockets (Orlicky *et al.*, 2003; Hao *et al.*, 2007). The phosphorylated substrates are centrally contacted by three highly conserved arginine residues in repeats 3 and 4, and other residues in all WD40 repeats aid in binding the substrate (Orlicky *et al.*, 2003; Hao *et al.*, 2007). The DD domain, which is located just before the F-box, facilitates FBXW7 dimerization, which is a feature shared by F-box proteins (Hao *et al.*, 2007). FBXW7 has been shown to form homodimers through the DD, with each monomer recruiting its own E2-Ub conjugate, which causes the distances between each FBXW7 substrate-binding domain and the E2 catalytic sites to vary. This spatial heterogeneity may enable a greater variety of lysine acceptors for ubiquitin conjugation, both in the substrate and the expanding polyubiquitin chain, improving the efficiency of substrate breakdown

(Hao et al., 2007). Because all isoforms share these three main functional domains, in principle, they are functionally identical. However, the distinct N-terminal domain of each isoforms determines subcellular localization (Kimura *et al.*, 2003). Cis-acting signals in the isoforms-specific first exon direct FBXW7 α to the nucleoplasm, FBXW7 β to the cytoplasmic membranes and FBXW7 γ to the nucleolus (Figure 11C). Interestingly, FBXW7 γ localization signals are not very well understood since it resides within the shared FBXW7 exons (Welcker *et al.*, 2004).

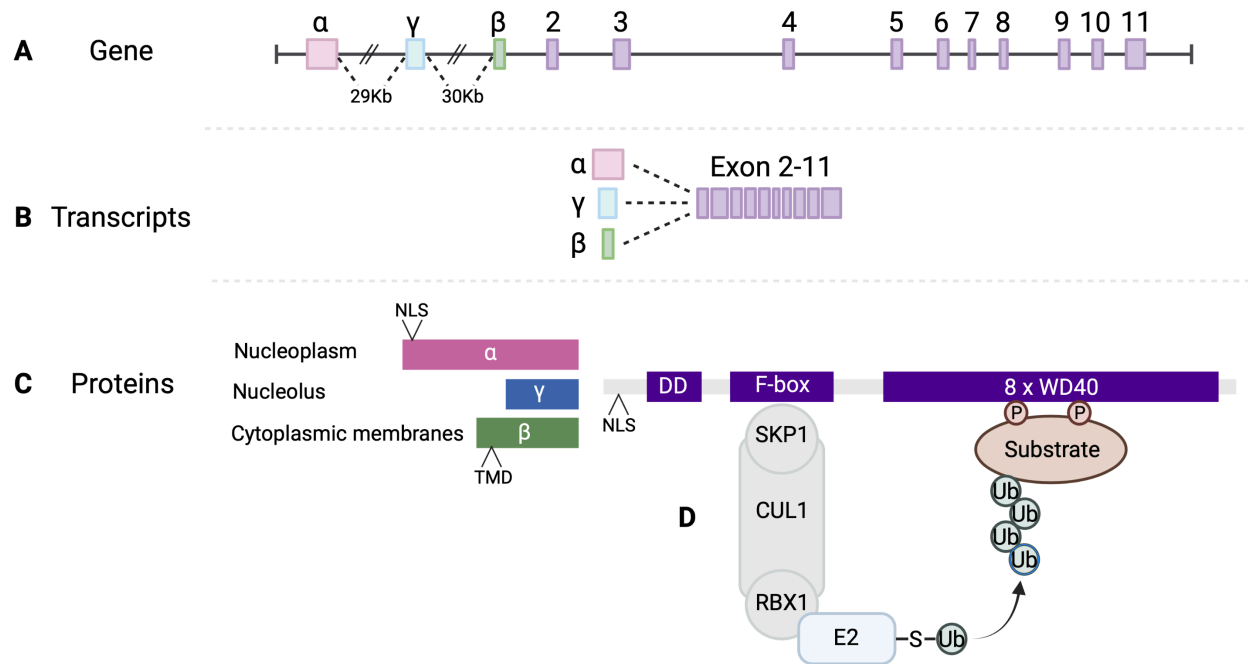


Figure 11: The organization of the FBXW7 gene and its protein isoforms. (A) Representative organization of the human FBXW7 genomic locus. Alternative splicing of the first exon leads to distinct FBXW7 transcripts **(B)** and proteins **(C)**. **(D)** Interaction between the FBXW7 functional domains and the rest of the SCF E3 complex and the substrate to be polyubiquitinated. NLS, nuclear localization; TMD, transmembrane domain. Adapted from Welcker and Clurman, 2008, and Yumimoto and Nakayama, 2020. Created with BioRender.com (2022).

Each isoform is differentially regulated, but the physiological importance of isoform-specific transcriptional regulation is still unknown. For instance, in the majority, if not all, of human cell lines and primary cells, FBXW7 α mRNA is expressed at far higher levels than either FBXW7 β or FBXW7 γ (Sprunk et al., 2002). In adult mouse tissues, FBXW7 α is widely expressed, however it is discovered at high levels in the brain and its expression is elevated in muscle (Matsumoto et al., 2006). Little is known about the signals that control the transcription of FBXW7, with the exception of FBXW7 β , which is activated by the tumor suppressor p53. However, the majority of FBXW7's known actions seem to be attributed to the alpha isoform, with the biological significance of the beta and gamma isoforms appearing to be minimal.

3.2.1 Transcriptional regulation

It is yet unclear how FBXW7 is regulated during transcription. The chromatin immunoprecipitation database (ChIP) shows that the transcription factors encoded by the SPI1, CREB1, and RELA genes bind preferentially to the FBXW7 promoter region, in addition to fundamental elements of the transcriptional machinery like EP300, BRD4, and MED1 (Oki et al., 2018). But further research is needed to understand the significance of these connections. It has been demonstrated that the transcriptional regulator C/EBP δ directly inhibits FBXW7 α transcription in breast cancer cells, leading to increased hypoxia and inflammatory signaling as a result of the accumulation of mTOR (Balamurugan et al., 2010). P53, which is triggered by genotoxic stress such as that brought on by ultraviolet irradiation, directly increases the transcription of the FBXW7 β gene (Kimura et al., 2003). Additionally, HES5 directly downregulates FBXW7 β

transcription (Sanxho et al., 2013). To date, no direct transcriptional regulation of FBXW7 abundance has been identified.

3.3 FBXW7 substrates

The majority of SCF-FBXW7 substrates contain the Cdc4 phosphodegron (CPD) sequence, a conserved phosphorylation motif that typically includes threonine or serine at position 0, proline at positions +1 and +2, threonine, serine, glutamate, or aspartate at position 4, and a hydrophobic amino acid at positions 5, 3, 2, and 1 (Figure 12). (Hao et al., 2007). The WD40-repeat domains of FBXW7 recognize the substrate when serine or threonine at the 0 and +4 positions of the CPD are both phosphorylated, leading to ubiquitination and proteasomal degradation. It's interesting to note that only ~13% of the known FBXW7 substrates possess a CPD with this ideal sequence. The more dissimilar the CPD is from the optimal sequence, the weaker the affinity between FBXW7 and the substrate (Hao et al., 2007). For those substrates with weak affinity, FBXW7 dimerization is essential for stable polyubiquitination of the substrate (Welcker et al., 2013).

Many of the known FBXW7 targets are proto-oncoproteins such as cyclin E, c-Myc, Mcl-1, mTOR, Jun, Notch, and AURKA, which support the role of FBXW7 as a tumor suppressor (Figure 12) (Supplementary Table 2) (Yeh *et al.*, 2018). For instance, dysregulation of the proto-oncogene c-Myc has been linked to the emergence of numerous human malignancies. According to reports, FBXW7 ubiquitinates c-Myc in both the nucleoplasm and the nucleolus, causing it to degrade and preventing it from promoting the proliferation of cancer cells (Davis et al., 2014).

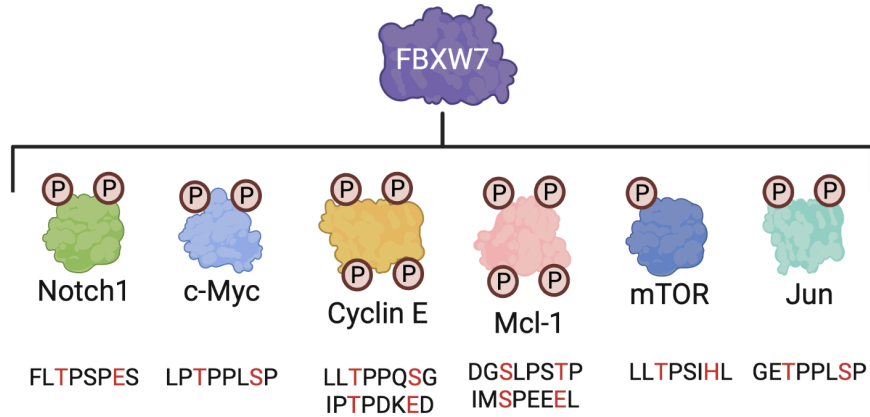


Figure 12: FBXW7 substrates and their conserved CDC4 phosphodegrons. The amino acid sequence under each substrate indicates the conserved CDC4 phosphodegron, where highlighted residues refer to the “0” and “+4” phosphorylated residues.

Cyclin E

Cyclin E and cyclin-dependent kinase Cdk2 (cyclin E / CDK2) regulate cell cycle progression by licensing DNA replication at the G1-S phase transition (Grim *et al.*, 2008). A faster rate of DNA synthesis is linked to higher levels of Cyclin E, therefore, tight regulation of Cyclin E levels is needed, which is achieved by protein kinases and phosphates pathways. FBXW7 recognizes phosphorylated Cyclin E at Ser384 and Thr380, leading to Cyclin E degradation (Koepp *et al.*, 2001). Then, phosphates remove these phosphorylation events such that FBXW7 no longer recognizes Cyclin E, leading to higher levels of Cyclin E (Davis *et al.*, 2017). Therefore, FBXW7 mutations can lead to Cyclin E accumulation, which can cause chromosomal instability, aneuploidy, and cancer (Strohmaier *et al.*, 2001; Minella *et al.*, 2007; Rajagopalan *et al.*, 2004).

c-Myc

C-Myc is a master regulator of cellular gene transcription that has been shown to bind to up to 15% of the promoters in the human genome (Fernandez *et al.*, 2003). As a result, it can alter cellular survival and proliferation pathways and is frequently dysregulated in human malignancies. Skp2 and FBXW7 are two proteins of E3 complexes that have the ability to post-transcriptionally control c-Myc turnover. In fact, multiple studies have reported that loss of FBXW7 function leads to an increase in c-Myc expression and activity (Yada *et al.*, 2004; Reavie *et al.*, 2013). FBXW7-mediated degradation of c-Myc is dependent on the phosphorylation of Thr58 and Ser62 residues in c-Myc CPD (Fernandez *et al.*, 2003; Yada *et al.*, 2004). However, mutations of these residues are frequently found in cancers leading to increased c-Myc levels and accelerated tumor progression (Bahram *et al.*, 2000).

Notch1

A family of receptors known as Notch proteins ((*Drosophila*) Homolog 1 Translocation-Associated) are in charge of activating Notch signaling pathways, which have a variety of cellular effects, including functions in development, cellular differentiation, control of stem cells, cellular proliferation, and cell death (Louvi and Artavanis-Tsakonas, 2012). FBXW7 targets Notch1 for degradation by recognizing phosphorylation on residues Thr1851, Thr2123, Thr2125 and Ser2173 (Foltz *et al.*, 2002). Numerous hematological and solid cancers have been shown to contain genetic abnormalities that impede Notch1 turnover (Weng *et al.*, 2004). More than 30% of

children with T-ALL have FBXW7 mutations, which result in an extended FBXW7 half-life and resistance to Notch inhibitors (Weng et al. 2004).

MCL-1

The BCL-2 family member Myeloid Cell Leukemia-1 (Mcl-1) controls apoptosis in both healthy and malignant cells (Michels *et al.*, 2004). Following MCL-1 phosphorylation at Ser159 and Thr163, FBXW7 interacts with and degrades MCL-1 (Inuzuka *et al.*, 2011). In fact, it has been demonstrated that FBXW7 mutation in squamous cell cancer increases MCL expression and fosters resistance to conventional chemotherapy (He *et al.*, 2013).

mTOR

The mammalian target of rapamycin (mTOR) is a Ser/Thr kinase that plays crucial functions in cell growth, metabolism, survival, and autophagy. FBXW7-mediated ubiquitination and degradation controls mTOR turnover (Mao et al., 2008). FBXW7 deleted or mutant cells are more vulnerable to rapamycin treatment due to elevated mTOR expression (Mao et al., 2008). This could be utilized as a biomarker to identify people who could respond more favorably to therapy with rapamamycin.

Jun

The proteins Jun-Fos and Jun-ATF2 make up the majority of Jun dimers, which are crucial for regulating cell proliferation, stress reactions, and apoptosis. FBXW7 recognizes phosphorylation events of c-Jun at Thr239 and Ser243 and targets it for

degradation (Wei et al., 2005). The importance of FBXW7 regulating Jun in carcinogenesis is seen in animals with FBXW7 knockout in the gut. At 9–10 months of age these mice develop adenomas and exhibit increased c-Jun expression (Babaei-Jadidi et al., 2011).

Aurora kinase A (AURKA)

AURKA is a serine/threonine kinase that regulates the centrosome duplication checkpoint, spindle assembly checkpoint, and cytokinesis (Mao et al., 2004). AURKA's half-life is increased, according to studies, when the phosphatase and tensin homolog on chromosome 10 (PTEN) is lost (Kwon et al., 2012). Further research revealed that Ser245 and Ser387 phosphorylation was necessary for FBXW7-mediated proteasome degradation of AURKA and that Thr217 and Glu221 amino acids were essential for direct contact between AURKA and FBXW7 (Kwon et al., 2012). Therefore, FBXW7 and PTEN can work together to inhibit tumor growth via targeting AURKA (Kwon et al., 2012).

3.4 FBXW7 mouse models

At embryonic day 10.5, FBXW7-deficient mouse embryos pass away in utero as a result of poor yolk sac and brain vascular development (Bonetti et al., 2008; Durgan and Parker, 2010). It was discovered that the FBXW7 substrate NOTCH4 accumulated in mutant embryos, and that the abundance of its downstream target HEY1 was noticeably elevated in blood vessels, indicating that NOTCH signaling dysregulation is probably what causes the vascular abnormalities. Surprisingly, accumulation of Cyclin

E levels was not observed, likely due to a regulatory decrease in Cyclin E mRNA levels. The idea that FBXW7 is a tumor suppressor is supported by the fact that FBXW7^{+/-} mice appear to be healthy and fertile but exhibit an increased sensitivity to radiation-induced carcinogenesis, particularly on the Trp53^{+/-} or Pten^{+/-} background (Bonetti *et al.*, 2008; Durgan and Parker, 2010).

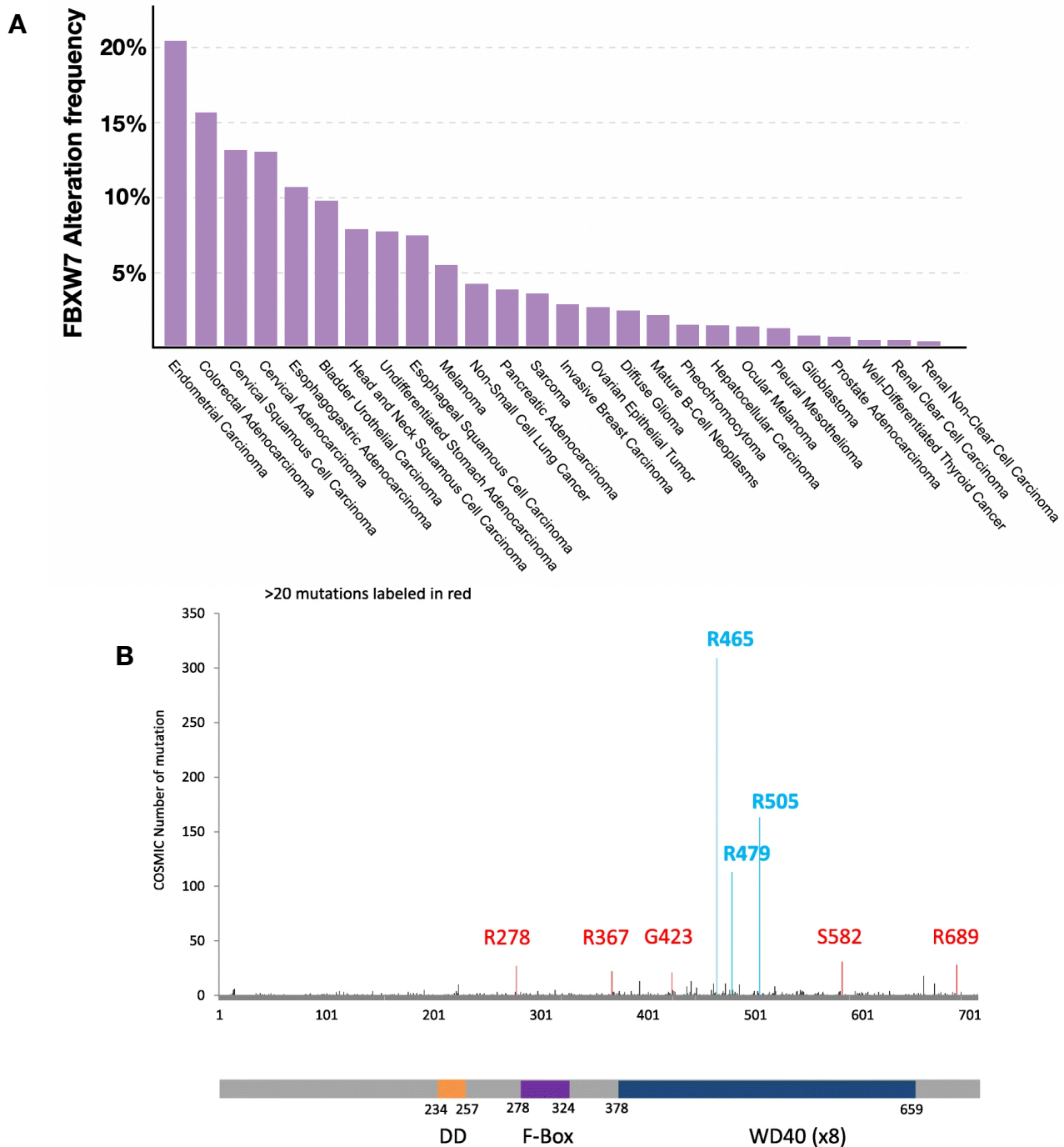
Overall, the phenotypes of mice with tissue-specific FBXW7 ablation have shown that this protein has pleiotropic effects on cell division and proliferation. For instance, FBXW7 conditional deletion in the thymus caused pronounced thymic hyperplasia, which was followed by spontaneous thymic lymphoma formation linked to the buildup of c-MYC (Welcker and Clubman, 2005). Hematopoietic stem cells (HSCs) self-renewal capacity was lost in mice lacking FBXW7, and HSCs became exhausted and c-MYC and NOTCH1 accumulated in quiescent HSCs (Thompson *et al.*, 2008). Hepatomegaly and steatohepatitis were seen in FBXW7-specific hepatocyte-deficient animals, most likely as a result of SREBP stabilization and impacts on the expression of its target genes (Onoyama *et al.*, 2011).

To better study the complete loss of function of FBXW7, a Cre-Lox system was developed to specifically knockout FBXW7 in tissue-specific tumors. The FBXW7 floxed allele has LoxP sites flanking exons 5 and 6, which encode the F-box and WD40 domains, such that after tissue-specific Cre-recombinase expression FBXW7 expression is lost (Thompson *et al.*, 2008).

3.4 FBXW7 dysregulation

3.4.1 Genetic dysregulation of FBXW7

FBXW7 is located within 4q32, a frequently deleted chromosomal region in cancers (Welcker and Clurman, 2008). According to the Catalogue of Somatic Mutations in Cancer (COSMIC) database, FBXW7 is the most frequently mutated F-box protein in cancers (Figure 13A) (Forbes *et al.*, 2017). FBXW7 mutations can reduce its ability to form SCF E3 complexes, or it may change its conformation leading to non-functional complexes. Across all human tumors in COSMIC, FBXW7 is mutated in 2.54% of cases (n=1,216 / n=47,844), of which 72.70% are missense mutations and 13.82% are nonsense mutations, whereas 7.89% are insertions/deletions (Yeh *et al.*, 2018). Further examination of tissues revealed that FBXW7 point mutations are more frequently seen in the endometrium (85/918: 9.26%), large intestine (346/4512: 7.73%), cervix (24/411: 5.84%), small intestine (8/143: 5.59%) and stomach (51/1182: 4.31%) (Figure 13A). Most FBXW7 mutations are found in hotspots R465 (25.41%), R505 (13.40% and R479 (9.29%), all of which are found in the WD40 substrate recognition domains (Forbes *et al.*, 2017). Additionally, the COSMIC database shows that residues R278, R367, G423, S582 and R689 are mutated in more than 20 distinct cancer cases. It's interesting to note that various FBXW7 mutations in the WD40 domains can influence how well-defined substrates degrade. In fact, studies have shown that the point mutant FBXW7 D510E retains its capacity to degrade Cyclin E, Mcl-1, and c-Myc, but not Notch1 (Yeh *et al.*, 2016).



Due to the heterozygous mutations and deletions that are present in most cancers, FBXW7 is regarded as a haploinsufficient tumor suppressor (loss of a single allele promotes tumorigenesis). Further evidence for this theory came from a study in which it was shown that the loss of a single FBXW7 allele occurs frequently in p53-heterozygous backgrounds while mice in p53 wild type backgrounds appear to be perfectly normal (Mao et al., 2004). Recent studies on the dimerization of FBXW7 and the mutational spectrum of this protein in human cancers reveal that mutations of a single FBXW7 allele can cause dominant-negative changes in addition to loss of function. Point mutations in FBXW7 can manifest in a variety of ways. Nonsense mutations cause protein truncations, which, depending on where they occur, might result in alleles that are either inactive or possibly dominant-negative. For instance, stop codons that appear after the DD domain result in truncated FBXW7 proteins that are unable to bind substrates but may nevertheless significantly obstruct the activity of the wild-type FBXW7 protein through dimerization. Upstream of the DD domain, however, nonsense mutations are more likely to result in the production of non-functional alleles.

There are a number of mechanisms that could explain these dominant negative impacts. For instance, the formation of non-functional FBXW7 dimerizing with wild-type FBXW7, which is particularly detrimental for low affinity substrates that require dimerization for their degradation. Theoretically, this scenario could be caused by either nonsense or missense mutations anywhere downstream of the DD domain. However, hotspot mutants in cancer concentrate in the WD40 substrate recognition domains, therefore, this does not explain the whole picture. Perhaps, these full-length

hotspot mutants acquire functions that the truncated mutants lack. Hot-spot mutations, for instance, might not completely eliminate all substrate interactions, allowing these mutant proteins to bind some substrates without targeting them for degradation. By dimerizing with wild-type FBXW7 to generate inactive dimers in this scenario and by stably attaching to substrates and obstructing their accessibility to wild-type FBXW7 monomers, respectively, the hot-spot mutants could damage both the dimeric and monomeric FBXW7 function.

3.4.2 Epigenetic dysregulation of FBXW7

The FBXW7 promoter is methylated in 43% of different cancer types, which is achieved through modifications of the DNA and histone proteins (Akhoondi *et al.*, 2010). This has been associated with high-grade tumors (Akhoondi *et al.*, 2010). Interestingly, P53 mutations have been linked to hypermethylation of the FBXW7 promoter and lower expression levels of FBXW7 (Kited *et al.*, 2016). This may be due to p53's capacity to boost DNA methyltransferase 1 expression (DNMT1).

Moreover, histone alterations are known to regulate FBXW7 expression in addition to DNA modifications. A histone methyltransferase called Enhancer of Zeste Homolog 2 Polycomb Repressive Complex 2 (EZH2) is involved in the epigenetic silencing of many genes, including FBXW7. Three methyl groups are added by EZH2 to FBXW7's histone H3 residue (Zhao *et al.*, 2015). This results in the FBXW7 gene's activity being silenced, which then triggers the Notch signaling pathway. It's interesting to note that FBXW7 has been found to be a substrate of EZH2, which is connected

adversely with FBXW7 expression in human PDAC samples and pancreatic cancer cells (Jin et al., 2017)

3.4.3 miRNA and lncRNA dysregulation of FBXW7

Non-coding microRNAs (miRNAs) bind to the 3' untranslated region (3' UTR) of transcript which targets the mRNA for degradation, preventing protein translation. In the case of FBXW7, it has been demonstrated that the miRNA miR-548 binds specifically to the 3'UTR of FBXW7, leading to lower levels of FBXW7 mRNA and protein (Zhang et al., 2016). Additionally, this study shows that the long non-coding RNA (lncRNA), such as lncRNA-MIF, works as a miR-548 sponge to block the effects of miR-548 (Zhang et al., 2016). Therefore, overexpression of lncRNA-MIF increases FBXW7 levels, which in turn reduces the expression of its targets such as c-Myc and c-Jun. Other miRNAs that inhibit FBXW7 are: miR-223, miR-25, miR-27, miR-32, miR-92, miR-155-3p, miR-182, and miR-503 (Yeh et al., 2016). In several of these instances, there was little or no association between a single miRNA and the expression of the FBXW7 gene in patient samples, suggesting that additional miRNAs or other regulatory mechanisms are needed to control the expression of FBXW7.

3.4.4 Post-translational dysregulation of FBXW7

Studies have shown that FBXW7 can be regulated post-translationally via auto-ubiquitination. For instance, it has been shown that the enzyme Pin1 (Peptidyl-prolyl cis-trans isomerase NIMA-interacting 1) negatively controls the FBXW7 protein by inducing conformational changes of FBXW7 that reduce its dimerization and promotes

self-ubiquitination and degradation (Min et al., 2012). This is achieved because Pin1 physically interacts with FBXW7 and binds to its Thr205-Pro in a phosphorylation-dependent way, causing conformational shifts (Min et al., 2012). Additionally, FBXW7 can be phosphorylated at Thr205 by the extracellular signal-regulated kinase (ERK), which causes FBXW7 to be ubiquitinated and degraded by the proteasome (Ji et al., 2015). The FBXW7 mutation Thr205A provided resistance to ERK-mediated phosphorylation and decreased pancreatic cancer cell proliferation and tumorigenesis, illuminating the relevance of ERK-mediated phosphorylation of FBXW7 in PDAC (Ji et al., 2015).

Aspects of the stability of FBXW7 can also be managed by SCF ubiquitin ligase complex members. Cullin1, an adapter for FBXW7 in the SCF ubiquitin ligase complex, is controlled by CNS6's neddylation, and CNS6 encourages FBXW7's auto-ubiquitination and destruction (Chen et al., 2014). In addition, loss of one of the components of the SCF complex, known as Glomulin (Glmn), decreases FBXW7 expression by promoting Rbx1-mediated FBXW7 ubiquitination (Iron et al., 2012).

There are more than 300 distinct interacting partners for FBXW7 in the BioGRID interactions database (Chatr-Aryamontri et al., 2017). Many of which have been shown to downregulate FBXW7 levels by promoting its proteasomal degradation, as it is the case with the family with sequence similarity 83, member D (FAM83D). FAM83D is frequently dysregulated in both breast and colon cancer, and breast cancer has increased expression of FBXW7 substrates, such as c-Myc, mTOR, and c-Jun, as a result of FAM83D-mediated FBXW7 down-regulation (Wang et al., 2013).

3.5 FBXW7 and the Hallmarks of Cancer

So far, we have covered how dysregulation of FBXW7 can lead to diseases, including cancer, in a substrate-dependent manner. Here is a summary of how FBXW7 impacts the Hallmarks of Cancer, such that when dysregulated, all these pathways are altered, promoting tumorigenesis (Figure 14).

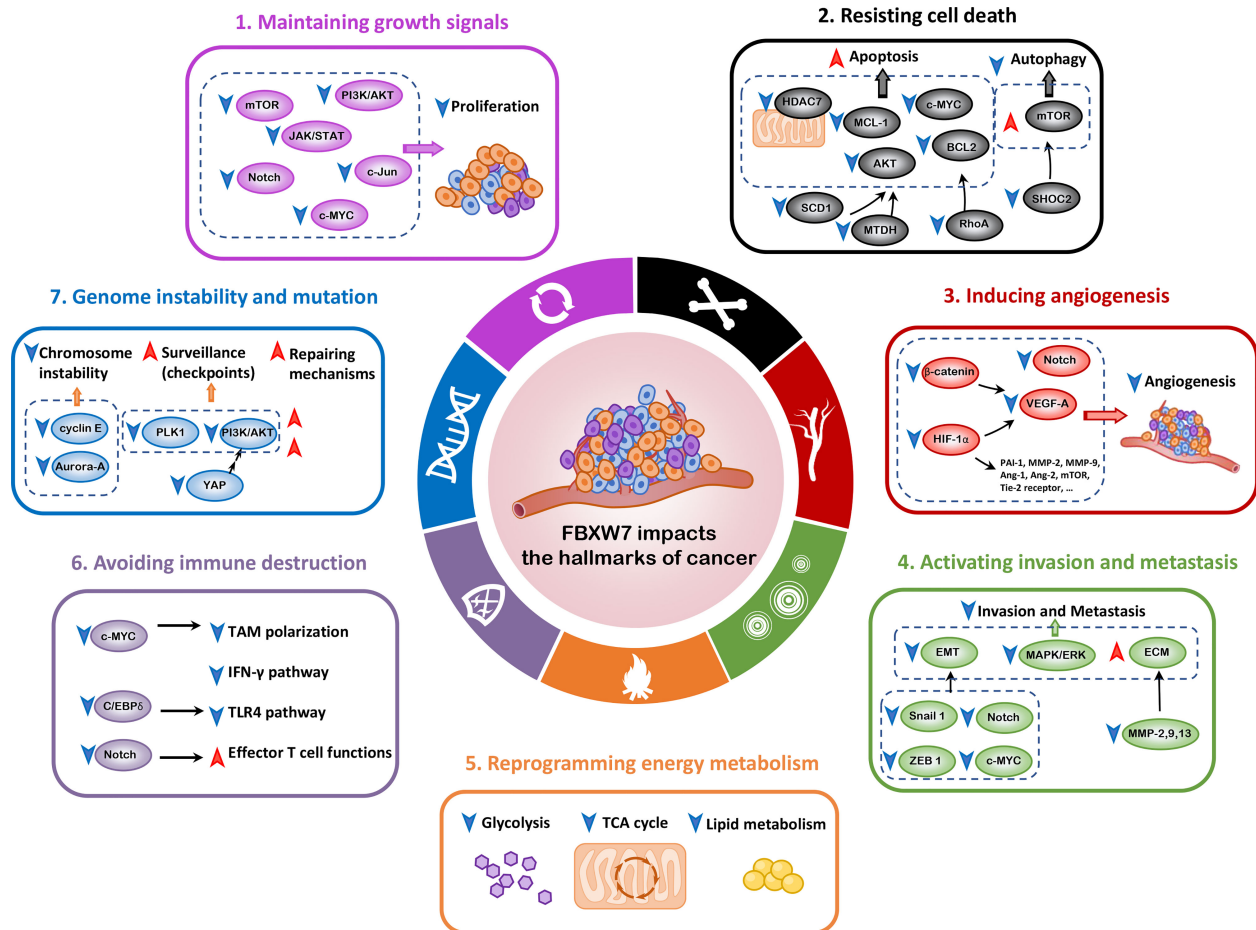


Figure 14: Role of FBXW7 in the Hallmarks of Cancer. Impact of FBXW7 in seven hallmarks of cancer. Figure taken from Chen *et al.* (2022).

1. Maintaining Growth Signals: Through the ubiquitination and degradation of multiple important signal molecules, including c-MYC, c-Jun, phosphatidylinositol 3-kinase (PI3K)/AKT, mTOR, Notch, as well as the JAK/STAT signaling cascade, FBXW7

reshapes the proliferative niches of tumor cells. Therefore, loss of FBXW7 leads to accumulation of these substrates in uncontrolled proliferation of cancer cells.

2. Resisting Cell Death: FBXW7 regulated apoptosis cascades through ubiquitination and degradation of MCL1. MCL1 is a member of BCL2 protein family, and functions as a crucial anti-apoptotic regulator. Therefore, dysregulation of FBXW7 leads to MCL1 accumulation, resisting cell death, and leading to chemotherapeutic resistance. Additionally, FBXW7 controls mTOR directly by ubiquitinating and degrading it. In response to growth hormones and an abundance of nutrients, mTOR is a crucial inhibitory regulator of autophagy. Therefore, accumulation of mTOR promotes auto-Nagy, which is protective to cancer cells.

3. Inducing angiogenesis: Angiogenesis is crucial in providing solid tumors with the oxygen and nutrients they need to meet their constantly increasing metabolic needs. The GSK-3 β /FBXW7 arm was found to affect angiogenesis and metastasis by ubiquitinating and degrading the hypoxia-inducible factor HIF-1 (Lv et al., 2016). This heterodimeric transcription factor induces the expression of factors that promote angiogenesis such as VEGF, VEGF-R1, VEGF-R2, plasminogen activator inhibitor-1 (PAI-1), matrix metalloproteinase-2 (MMP-2) and MMP-9, Angioproten-1 (Ang-1) and Ang-2 (Lv et al., 2016). Therefore, there is an increase in angiogenic activities that are advantageous to cancer cells by downregulating FBXW7 and increasing HIF-1-induced VEGF-A production. Interestingly, FBXW7 can deactivate the β -catenin pathway to affect how much VEGF-A is expressed, thereby decreasing ovarian angiogenesis.

4. Activating invasion and metastasis: The process of epithelial cells acquiring mesenchymal characteristics, known as epithelial-mesenchymal transition (EMT), is

essential for the development of malignant traits such migration, invasion, stemness, and resistance to treatment (Thiery, 2002). FBXW7 inhibits EMT upstream transcription factors like Snail 1 and zinc-finger E-box-binding homeobox 1 (ZEB1), inhibiting EMT processes (Li et al., 2016). As a result, downregulation of FBXW7 reverses its inhibitory function and encourages the spread of metastatic processes.

5. Reprogramming Energy Metabolism: Cancer cells exhibit accelerated glucose consumption, rapid ATP generation, and the conversion of glycolytic pyruvate to lactate, collectively known as "the Warburg effect," in the presence of hypoxia. Through the ubiquitin-dependent degradation of essential metabolic components as mTORC1, SREBP, HIF-1, c-MYC, and PGC-1, FBXW7 controls the rewiring of the metabolic network. Because of this, FBXW7 promotes metabolic reprogramming, which makes it easier for cancer cells to meet their early-stage nutritional needs for vital energy, anabolic processes, and redox functions.

6. Avoiding immune detection: The majority of tumor-associated macrophages are anti-inflammatory and pro-tumorigenic M2 macrophages. FBXW7 can slow cancer progression by preventing immunosuppressive niche formation and immune evasion. FBXW7 inhibits M2 polarization through regulating c-Myc degradation, as c-Myc has been shown to interact directly with the promoters of M2 macrophage-associated genes (Zhong et al., 2020). Indeed, animals with FBXW7-deficient macrophages had more aggressive tumor kinetics (Zhong et al., 2020).

7. Genome instability and mutation: Cyclin E, an FBXW7 substrate, promotes the G1/S phase transition. Cyclin E is frequently overexpressed in many human malignancies, which is connected to chromosome instability and cell cycle disruption.

Because of this, FBXW7 mutations cause an abnormal buildup of cyclin E, which results in improper chromosomal congression during metaphase and subsequent chromosome transmission. These genetic changes favor subclones of cells with superior mutant genotype to advance and take the lead within the local environment, promoting the acquisition of other cancer cell characteristics.

3.6 FBXW7 Dysregulation in Pancreatic Cancer

According to the COSMIC database, FBXW7 is mutated in ~3.8% of pancreatic cancer patients (Figure 13A), and in fact, FBXW7 ranks among the top 50 mutated genes in pancreatic cancer according to the TCGA Genome Data Analysis Center (Figure 4). In addition, looking at the Human Protein Atlas database, those pancreatic cancer patients with low FBXW7 expression have a poor probability of survival compared to patients with high FBXW7 expression (Figure 15). Collectively, this supports that FBXW7 behaves as a tumor suppressor in PDAC.

Several studies have looked further at the role of FBXW7 in pancreatic cancer progression. For instance, Calhoun *et al.* (2003) investigated the relationship of two potential mutational targets, *BRAF* and *FBXW7*, and their association with distinct subsets of pancreas carcinomas. Using pancreatic cancer microarrays and immunohistochemistry, the authors found that 6% of pancreatic adenocarcinomas overexpress cyclin E, which was partially explained by the presence of mutations in FBXW7 at the exons 8 and 9.

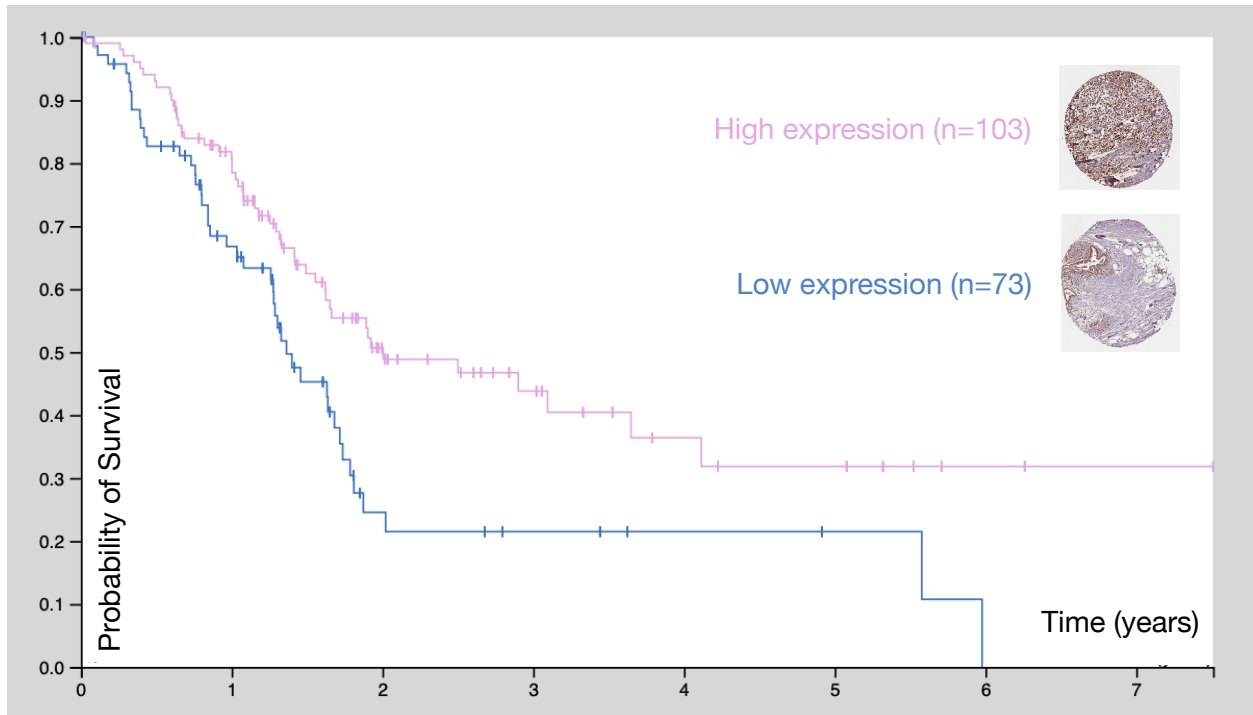


Figure 15: Probability of survival of pancreatic cancer patients based on FBXW7 expression levels. Representative histology images stained with FBXW7 antibodies validate the high vs. low expression of FBXW7. Adapted from the Human Protein Atlas. Data available from <https://v15.proteinatlas.org/ENSG00000109670-FBXW7/tissue>

According to Ishii et al. (2017), FBXW7 is a crucial regulator of the PDAC tumor's ability to become malignant, and its substrate MCL-1 regulates treatment resistance. In 122 pancreatic cancer tissues, the authors used immunohistochemistry to assess FBXW7 expression. Reduced FBXW7 expression was an independent predictor of poor prognosis and was substantially correlated with advanced venous invasion, increased MCL-1 expression, and elevated Ki-67 expression. Reduced FBXW7 expression was also substantially related with a poor prognosis among patients who received gemcitabine therapy following surgery. Additionally, *in vitro* knockdown of FBXW7 led to enhanced cell proliferation, migration, and invasion capacities as well as induced gemcitabine and nab-paclitaxel chemoresistance in pancreatic cancer cells, further

validating their findings. Moreover, the authors found that the enhanced chemo-resistance seen in the FBXW7 knockdown pancreatic cancer cells was eliminated by MCL-1 inhibition. Therefore, the FBXW7/MCL-1 axis may be a promising therapeutic approach to treat pancreatic cancer that is refractory to chemotherapy.

Gao et al. (2014) explored the mechanism of action by which nuclear export inhibitors prevent the proliferation of pancreatic cancer cells *in vitro* and slow down tumor growth. The researchers discovered that the chemical triggers G2-M cell cycle arrest and apoptosis in low nano molar ranges (IC50s~150 nM), inhibits PDAC cell growth and migration, and prevents tumor invasion, which was associated with nuclear retention of FBXW7. The proposed mechanism is that FBXW7 retention in the nucleus leading to decreased abundance of tumor promising markers such as Notch1, c-Myc, Cyclin-D1, Hes1 and VEGF.

Additionally, Jiang *et al.* (2016) described that FBXW7 is downregulated upon pancreatic cancer development. The authors showed that FBXW7 plays a tumor suppressor role in PDAC. The authors found that high levels of FBXW7 hindered pancreatic cancer cell growth and invasion, by the degradation of β -catenin leading to reduced activation of the WNT/ β -catenin signaling pathway. The research demonstrated that the FBXW7/ β -catenin axis also controls c-Myc transcription in pancreatic cancer cells, a well-known FBXW7 target. These findings suggest that the abnormal activation of Wnt signaling typically observed in PDAC may be caused by FBXW7 inactivation in pancreatic cancer tissues.

Additionally, FBXW7 has been connected to the control of ferroptosis and apoptosis in pancreatic cancer cells (Ye et al., 2021). This research demonstrated that

FBXW7 increased ferroptosis, a non-apoptotic form of cell death, and controlled lipid peroxidation. They discovered that FBXW7 blocked nuclear receptor subfamily 4 group A member 1 (NR4A1) in order to suppress the production of stearoyl-CoA desaturase (SCD1). According to reports, SCD1 inhibits ferroptosis as well as apoptosis, which is in line with the roles of FBXW7 and NR4A1, another gene that is downregulated by FBXW7. The authors also discovered that gemcitabine's cytotoxic activity was greatly potentiated by the FBXW7-NR4A1-SCD1, opening up new areas for chemotherapeutic intervention. Targeting FBXW7, for example, can get around resistance to targeted therapy.

Most of the studies that look at FBXW7 in pancreatic cancer have been mainly performed *in vitro* in 2D cell lines and xenograft models, which are not physiologically relevant. On the other hand, Zhang *et al.* (2016) looked at the contribution of FBXW7 to pancreatic tumorigenesis in mouse models of PDAC.

The authors developed a P48-Cre; LSL-Kras^{G12D/+}; Fbxw7^{fl/fl} (KFC fl/fl) mouse model to examine any potential interactions between the Kras mutation and FBXW7 inactivation in pancreatic carcinogenesis. They discovered all KFC fl/fl mice developed PDAC lesions by 40 days, with PDAC onset occurring by 2 weeks of age. PDAC in KFC fl/fl mice was associated with chromosomal instability, the buildup of FBXW7 substrates Yes-associated protein (Yap), c-Myc, and Notch, and was preceded by faster onset of acinar-to-ductal metaplasia (ADM) and pancreatic intraepithelial neoplasia (PanIN) lesions. The authors also discovered that Yap silencing inhibited the growth promoted by FBXW7 deletion. Putting this data together, it shows that FBXW7 is a strong tumor suppressor in Kras^{G12D}-driven PDAC, in part because of Yap's action.

Additionally, it has been demonstrated that FBXW7 controls Notch signaling to control stem cell self-renewal and differentiation in several organs. Using Pdx1-Cre, Sancho et al. (2014) demonstrated that conditional FBXW7 knockout in embryonic pancreatic progenitor cells or inducible deletion of FBXW7 in ductal cells of the adult pancreas, enhances cell neogenesis through ductal-to- β cell transdifferentiation. Their research shows that when FBXW7 was phosphorylated at Ser183 by GSK3 β , it facilitates the ubiquitination and degradation of neurogenic 3 (Ngn3), a crucial regulator for the formation of an endocrine cell identity in the pancreas. Patients with diabetes, one of the greatest health issues in the world and a risk factor for PDAC, should pay particular attention to this. Therefore, further research on targeting the FBXW7/Ngn3 axis for *in vivo* neogenesis of β cells has great potential for the treatment of diabetes and subsequently lowering the probability of developing PDAC.

3.6 Potential Therapeutic Strategies against FBXW7

Tumors can be resistant due to the combination of multiple factors, including physical barriers, tumor heterogeneity, tumor burden and growth dynamics, the tumor microenvironment, and "undruggable" genetic drivers (such c-MYC and TP53). The role of FBXW7 in many of the cancer hallmarks provides important insights into the relationship between FBXW7 and therapeutic resistance, highlighting the importance of identifying novel targets for precision therapy.

The creation of FBXW7 agonists has received some attention in the past years. Leukemia and lymphoma cells undergo apoptosis when the natural substance oridonin stimulates FBW7-mediated proteasomal degradation of c-Myc (Huang et al., 2012). Additionally, a small molecule screening discovered SCF-12, which allosterically inhibits the substrate recognition function of FBP Cdc4 in yeast (Orlicky et al., 2010). SCF-12 binds to the WD40 domain of Cdc4 between two beta strands. Even though SCF-12 did not inhibit Cdc4 activity in vivo, it shows great potential to allosterically inhibit the WD40 substrate recognition domains

The SCF-FBXW7 axis has been notably difficult to therapeutically target in the field. However, with an increased understanding of ubiquitination, and the relationship between structures/functions, we will improve the rational design of selective therapeutics and tool compounds by targeting this critical pathway. However, the field is moving with caution. FBXW7 can act as tumor suppressors or promoters in a substrate-dependent, therefore, one must understand in depth their activity in the specific tissue and/or tumor context.

Even though, the role of FBXW7 in pancreatic cancer has been studied to some extent, its role in pancreatic progression to metastasis is still a big question in the field. In Chapter 2 I will outline efforts to further understand the role of FBXW7 in metastatic progression of PDAC using genetically engineered mouse models.

Supplemental Tables

Supplemental Table 1: Mouse models of pancreatic cancer

(Adapted from Saki et al.)

Genotype	Time of expression	Phenotype	Reference
<i>Sox9CreER;Kras^{LSL-G12D};Trp53^{flox/flox}</i> <i>Ptf1aCreER;Kras^{LSL-G12D};Trp53^{flox/flox}</i>	Inducible	PanIN, PDAC	Lee, 2019
<i>Tg(Ela⁵-Kras^{G12D})</i>	~P30	Preinvasive ductal neoplasia, acinar cell dysplasia PanIN, PDAC	Grippo, 2003
<i>Pdx1-Cre;LSL-Kras^{G12D}</i>	E8.5	PanIN, PDAC	Hingorani, 2003
<i>Ptf1^{Cre/+};LSL-Kras^{G12D}</i>	E9.5	PanIn, PDAC	Hingorani, 2003
<i>Kras^{G12Vgeo};Ela^s-tTA/tetO-Cre</i>	Inducible	PanIN, PDAC	Guerra, 2007
<i>Tg(CAG-lox-GFP-stop-lox-Kras^{G12V});Hinf1b/CreERT2</i>	Inducible	PanIN, PDAC	Singh, 2021
<i>Pdx1-Flp;FSF-Kras^{G12D/+};FSF-R26^{CAG-CreERT2}</i>	E9.5	PanIN, PDAC	Schönhuber, 2014
<i>Pdx1-FlpO;Frt-STOP-Frt kras^{G12D}</i>	E9.5	PanIN, PDAC	Wu, 2017
<i>Pdx1-CreERT2;Braf^{CA/+}</i>	Inducible	PanIN	Collisson, 2012
<i>Tg(Pdx1-Cre)Pik3cap110*</i>	E8.5	PanIN, PDAC	Payne, 2015
<i>Tg(Pdx1-Cre);Pik3ca^{H1047R}</i>	E8.5	PanIN, PDAC	Payne, 2015
<i>Sox9-CreERT2;Pten^{flox/flox};LSL-Kras^{G12D}</i>	Inducible	IPMN, PDAC	Kopp, 2018
<i>Tg(Ela-1-myc)</i>	~P30	Mixed acinar/ductal adenocarcinoma	Sandgren, 1991
<i>Pdx1-Cre;CAG-tTA;TetO-Myc</i>	Inducible	PanIN, PDAC	Lin, 2013
<i>Pdx1-Cre;CAG-tTA;TetO-Kras^{G12D}</i>	Inducible	PanIN, PDAC	Rajbhandari, 2017
<i>Pdx1CreER;Kras^{G12D};Trp53^{fl/+};Rosa^{confetti/YFP}</i>	Inducible	PanIN, PDAC	Maddipato, 2021

<i>Tg(CAG-LSL-GNAS^{R201H}); LSL-Kras^{G12D}; ptf1^{Cre/+}</i>	E9.5	IPMN	Taki, 2016
<i>Sox9-CreER^{T2}; LSL-Kras^{G12D}; Lkb1^{flox/flox}</i>	Inducible	IPMN	Collet, 2020
<i>Pdx1-Cre; LSL-Kras^{G12D}; Smad4^{flox/flox}</i>	E8.5	IPMN, PanIN	Bardeesy, 2006
<i>Pdx1-Cre; LSL-Kras^{G12D}; Ink4a/Arf^{flox/flox}; Smad4^{flox/flox}</i>	E8.5	IPMN differentiated PDAC	Bardeesy, 2006
<i>Pdx1-Cre; LSL-Kras^{G12D}; Ink4a/Arfflox/flox</i>	E8.5	PanIN, poorly differentiated PDAC	Aguirre, 2003
<i>Ptf1^{Cre/+}; LSL-Kras^{G12D}; LSL-Trp53^{R172H/+}</i>	E9.5	IPMN, PDAC	Hingorani, 2005
<i>Ptf1a-CreER; LSL-Kras^{G12D}; Tp53^{loxP/+}; LSL-Gnas^{R201C}</i>	Inducible	IPMN, PDAC	Patra, 2018
<i>LSL-Kas^{G12D}; ptf1a^{+/cre}; ATM^{loxP/loxP}</i>	E8.5	PDAC, metastasis	Misha, 2020
<i>Ptf1^{Cre/+}; LSL-Kras^{G12D}; rtTA3^{lox/lox}; sgRnf43; Tre3g- Cas9</i>	Inducible gene editing	PanIN, PDAC	Kimura, 2018
<i>Ptf1^{Cre/+}; LSL-Kras^{G12D}; Arid1a^{flox/flox}</i>	E9.5	IPMN, PDAC	Wang, 2019
<i>Ptf1^{Cre/+}; LSL-Kras^{G12D}; Brg1^{flox/flox}</i>	E9.5	IPMN, PDAC	Von Figura, 2014

Supplemental Table 2: FBXW7 substrates segregated by CPD

(Adapted from Yumimoto and Nakayama, 2020)

Optimal CDC4 phosphodegron (CPD):

Name	Localization	CPD sequence	CPD mutation (%)	Reference
c-MYC	N	53-FELLP T PPL S -62	18.60	Yada, 2004
N-MYC	N	53-FELLP T PPL S -62	3.99	Otto, 2009
OASIS	ER to N	202-VQMPP T PPS S -211	2.45	Yumimoto, 2013
BBF2H7	ER to N	200-LHLPP T PPS S -209	0.65	Yumimoto, 2013
GATA2	N	171-FGFPP T PPK E -180	1.09	Nakajima, 2015
GATA3	N	151-FTFPP T PPK D -160	1.33	Kitagawa, 2014
NFκB2	C to N	702-LCPLP S PPT S -711	1.49	Arabi, 2012
NONO	N	423-GTLGL T PPT T -432	1.09	Alfano, 2017
DISC1	Mito, C, CS	193-PEVPP T PPG S -202	4.67	Yalla, 2017
Cyclin E1	N	390-PSGLL T PPQ S -399	2.65	Welcker, 2003
		72-CSLIP T PDK E -81	1.59	
PGC1α	N	290-GTAGL T PPT T -299	0.00	Housley, 2009
		258-LSLPL T PESP -267	2.20	
KLF2	N	239-ARGLL T PPA S -248	0.00	Wang, 2013
		168-PPPPD T PPL S -177	0.00	

Semioptimal CDC4 phosphodegron (CPD):

Name	Localization	CPD sequence	CPD mutation (%)	Reference
KLF5	N	298-TYFPP S PPS S -307	22.97	Liu, 2010
KLF7	N	132-AVTSL T PPS S -141	11.49	Sugiyama, 2019
KLF10	N	88-PAFCL T PPY S -97	2.70	Yu, 2018
KLF13	N	114-AAAPP S PAW S -123	1.89	Kim, 2012
SOX9	N	231-SQGPP T PPT T -240	1.90	Hong, 2016

SOX10	C to N	235-SHGPP T PPT T -244	1.06	Lv, 2015
MyRF	ER to N	133-GTLPD S PPD S -142	1.52	Nakayama, 2018
GR α	C to N	399-PDVVS S PPS S -408	0.45	Malyukova, 2013
SREBP1	ER to N	421-VEDTL T PPP S -430	0.74	Sundqvist, 2005
SREBP2	ER to N	427-NVLLM S PPA S -436	3.57	Sundqvist, 2005
C/EBP α	N	221-QPGHP T PPP T -230	1.32	Bengoechea-Alonso, 2010
C/EBP δ	N	151-AAGQP T PPT S -160	0.00	Balamurugan, 2013
BRG1	N	26-AMLGP S PGP S -35	0.28	Huang, 2018
EGLN2	N	396-VQVPV S QPP T -405	2.86	Takada, 2017
MED13	N	321-SSVTL T PPT S -330	2.64	Davis, 2013
MED13L	N	321-CGMPL T PPT S -330	0.17	Davis, 2013
NOTCH1	PM to N	2506-EHPFL T PSP E -2515	11.09	O'Neil, 2007
NOTCH2	PM to N	2411-EHPYL T PSP E -2420	0.43	Conservation with NOTCH1
NOTCH3	PM to N	2241-EHPYL T PSP E -2250	0.22	Conservation with NOTCH1
NOTCH4	PM to N	1968-PPPCL T PSP E -1977	1.26	Conservation with NOTCH1
c-JUN	N	234-EMPGE T PPL S -243	1.16	Wej, 2005
JUNB	N	250-RSRDA T PPV S -259	5.81	Perez-Benavente, 2013
TGIF1	N	359-SGLFN T PPP T -368	4.48	Bengoechea-Alonso, 2010
HSF1	N, CS	298-KEEPP S PPQ S -307	2.92	Courtis, 2015
IRF1	N	175-VEQAL T PAL S -184	0.94	Garvin, 2019
GFI1	N	89-FWRPP S PSA S -98	2.90	Kuai, 2019
SNAIL	N	102-PPSPP S PAP S -111	3.75	Xiao, 2018
REV-ERB α	N	269-FPQQL T PPR S -278	0.55	Zhao, 2016
BLM	N	166-SKSFV T PPQ S -175	0.18	Kharat, 2016
BRAF	C, N	396-TGLSA T PPA S -405	0.00	De la Cova, 2012

NCOA3	C to N	500-VAGVH S PMA S -509	0.05	Wu, 2007
Presenilin-1	PM	111-GQLIY T PFT E -120	0.00	Li, 2002
NRF1	ER to N	374-DFLLF S PEV E -383	4.03	Biswas, 2011
RICTOR	C	1690-EAVLA T PPKQ-1699	0.29	Koo, 2015
NGN 3	N	178-QAGSL S PAA S -187	5.50	Sancho, 2014
EZH2	N	256-LPPEC T PNI D -265	0.45	Jin, 2017
FOXM1	N	484-LEEWP S PAP S -493	1.42	Chen, 2016
FAAP20	N	108-GGHLE S PAR S -117	4.35	Wang, 2016
ZNF322A	N	386-KGLEL S PPHA-395	10.53	Liao, 2017
CRY2	C to N	295-VKRNS T PPL S -304	1.99	Fang, 2015
p53	C, N, ER	28-ENNVL S PLP S -37	0.22	Cui, 2020
SETD3	C to N	369-ALHFTEPPI S -378	0.61	Cheng, 2017
SHOC2	C to N	502-GENLL T HLP E -511	2.44	Xie, 2019
Aurora-A	CS	212-YAPLG T VYR E -221	2.02	Kwong, 2012
Cyclin E2	N	387-NGGIM T PPK S -396	1.79	Klotz, 2009
		69-CIIIE T PHK E -78	0.89	
MCL1	N, Mito	116-ADAIM S PEE E -125	2.94	Inuzuka, 2011
		154-TSTDG S LPS T -163	3.53	
DEK	N	10-GEGTP T QPA S -19	3.70	Akhoondi, 2007
		62-KVERL T MQV S -71	1.85	
CCDC6	CS	422-KFKRP T PPP S -431	2.10	Zhao, 2012
		408-GITRP S PRR S -417	2.80	
CDX2	N	55-LDSAQ S PGP S -64	4.50	Kumar, 2016
		278-VPEPL S PVS S -287	0.00	
DAB2IP	PM	134-HESLL S PSSA-143	0.87	Dai, 2014
		697-FTRLR S PTP E -706	2.04	
EBP2 *	NL	1-MD T PPL S -7	1.63	Welcker, 2011
LSD1 *	N	776-MAQPI T PGP S -785	1.12	Lan, 2019

c-MYB	N	567-SSVLM T PVS E -576 **		Kitagawa, 2009
Fetuin-A	S	300-LRHAF S PVA S -309 ***		Zhao, 2018

Other CDC4 phosphodegron (CPD):

Name	Localization	CPD sequence	CPD mutation (%)	Reference
NF1	N	2752-EESLL T PTSP-2761	0.17	Tan, 2011
TOPOII α	N	1356-PKTKT S PKL S -1365	0.00	Chen, 2011
EYA1	N	152-LSQSQ S PGQ T -161	0.27	Sun, 2014
PLK1	N, CS	209-KTLCG T PNYI-218	1.21	Giraldez, 2014
PLK2	CS	238-RTICG T PNYL-247	0.87	Conservation with PLK1
PLK3	N, CS, Ga	218-KTICG T PNYV-227	1.44	Conservation with PLK1
PLK4	N, CS	169-YTLCG T PNYI-178	0.00	Conservation with PLK1
NDE1	CS	186-QEKPR T PMP S -195	3.17	Maskey, 2015
mTOR	Lyso, C, Mito, ER, Ga, N	626-CSRLL T PSIH-635	0.37	Mao, 2008
PTPN11	N	549-LADQT S GDQ S -558	0.91	Song, 2017
HIF1 α	N	493-QIQDQ T PSP S -502	1.73	Cassavaugh, 2011
Aurora-B	N, CS	Not found		Teng, 2012
ZEB2	N	Not found		Li, 2019
p63	N	Not found		Galli 2010
RCAN1	N	Not found		Lee, 2012
YAP	N	Not found		Tu, 2014
NRF3	N	Not found		Kannan, 2015
ENO1	PM, C, N	Not found		Zhan, 2015
GCSFR	PM	Not found		Ocher, 2013
STAT3	C to N	Not found		Yao, 2017

RHOGD1 α	C	Not found		Zhu, 2017
MTDH	ER	Not found		Chen, 2018
NDRG1	C	Not found		Gasser, 2014
XRCC4	N	Not degraded		Zhang, 2016
γ -Catenin	C to N	Not degraded		Li, 2018

* A pseudosubstrate.

** Mouse sequence; T572 is not conserved in human.

*** Mouse sequence; S305 is not conserved in human.

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CHAPTER 2

Suppression of the Ubiquitin Ligase Function of FBXW7 Accelerates Pancreatic Cancer Progression to Metastasis

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Abstract

Pancreatic ductal adenocarcinoma (PDAC) is the most lethal common malignancy because it is usually diagnosed at an advanced or metastatic stage. Dysregulation of protein stability and degradation has been associated with uncontrolled proliferation and genomic instability, leading to cancer progression to metastasis. One of the major regulators of protein degradation is the tumor suppressor FBXW7, a substrate recognition domain of the SCF E3 ubiquitin ligase, frequently dysregulated in many cancers. The function and clinical significance of FBXW7 in PDAC have been studied in some detail, showing that FBXW7 acts as a tumor suppressor in PDAC cells. However, studies on the impact of FBXW7 expression and its substrates on pancreatic cancer progression to metastasis remain unclear. Here, we demonstrate that *Fbxw7* loss accelerates the progression and metastatic potential of pancreatic cancer in *Kras*^{G12D/+}; *Trp53*^{-/-} PDAC models, in immunocompromised and immunocompetent hosts. We explore the impact of different *Fbxw7* mutants in tumorigenesis, where the hotspot mutant R465 recapitulates the phenotype seen in complete loss-of-function of *Fbxw7*. Finally, we looked at global proteomic changes when *Fbxw7* is lost to better understand mechanistically the role of *Fbxw7* in PDAC progression to metastasis. This study presents a novel and mechanistically distinct facets of pancreatic cancer progression to metastasis.

Introduction

Pancreatic ductal adenocarcinoma (PDAC) is the most lethal common malignancy and is currently the third leading cause of cancer deaths in the United States. The 5-year relative survival rate of all stages is 11.5%, mostly because 52% of patients are diagnosed at an unresectable and metastatic stage, for which the 5-year survival rate is only 3.1% (Howlander et al., 2021) and treatment options for these patients are very limited. The development of PDAC follows a stepwise progression driven by the gradual accumulation of genetic mutations. This progression is characterized by the transition of normal pancreatic ductal cells to a pre-invasive precursor lesion known as pancreatic intraepithelial neoplasia (PanIN) due to activating mutations of oncogenic *KRAS* (Hingorani et al., 2003; Kanda et al., 2012), which can ultimately develop into an invasive PDAC after inactivation of tumor suppressors such as *CDKN2A*, *TP53*, and *SMAD4* (Hustinx et al., 2005; Kanda et al., 2012; Morton et al., 2010; Wilentz et al., 2000). Typically, pancreatic cancer cells metastasize to the regional lymph nodes, then to the liver, and less commonly to the lungs, kidneys, and adrenal glands (Ryan et al., 2014). Despite the clinical importance of metastatic spread, our knowledge of the molecular processes that underlie PDAC's capacity for metastatic spread is still limited.

The ubiquitin-proteasome system regulates the abundance of various cellular proteins, vital for many cellular processes. As a result, its deregulation may result in uncontrolled proliferation and genomic instability, which can contribute to cancer development and metastasis. Ubiquitination is an enzymatic reaction that leads to the attachment of ubiquitin moieties to target proteins and to ubiquitin itself, creating

polyubiquitin chains. This process is orchestrated by the sequential activity of ubiquitin activation enzymes (E1), ubiquitin-conjugating enzymes (E2), and ubiquitin ligases (E3) (Ciechanover, 2015; Hershko et al., 1979), eventually leading to proteasomal degradation of targeted proteins, as well as changes in protein activity, localization, or complex formation (Husnjak & Dikic, 2012; Popovic et al., 2014; Senft et al., 2018; Yau & Rape, 2016). Many E3s are frequently dysregulated in cancer through epigenetic and genetic mechanisms, as well as altered post-translational mechanisms that change in response to extrinsic and intrinsic cues (Qi & Ronai, 2015; Senft et al., 2018).

A major class of ubiquitin ligases is the Skp1-Cul1-F-box protein (SCF) complex, which consists of four components: the invariable subunits *SKP1*, *CUL1*, and *RBX1* and a variable F-box protein that affects target specificity by acting as a receptor for target proteins (Skaar et al., 2014; Winston et al., 1999). According to an analysis of the Catalogue of Somatic Mutations in Cancer (COSMIC) database, the F-box and WD-40-containing protein 7 (FBXW7) has the greatest mutation frequency among the several F-box proteins that have been found (Cenciarelli et al., 1999; Winston et al., 1999; Forbes et al., 2017). The most common mutations are found in mutational hotspots, R505, R465, and R479, codons located in the WD40 substrate binding domains, which may reduce its stability to form a stable SCF complex or may affect its interaction with specific substrates (Forbes et al., 2017; Yeh et al., 2018). There are three FBXW7 isoforms: FBXW7 α , FBXW7 β , and FBXW7 γ , which localize to different sub-cellular compartments, further restricting interactions with specific partners and functions (Spruck et al., 2002). FBXW7 α is ubiquitously expressed in the majority of proliferating cells and is localized in the nucleoplasm, FBXW7 β is cytosolic and

FBXW7 γ is nucleolar. Many of the known FBXW7 targets are proto-oncogenes such as cyclin E, MYC, MCL1, MTOR, JUN, NOTCH, and AURKA, which support the role of FBXW7 as a tumor suppressor (Fernandez et al., 2003; Foltz et al., 2002; Grim et al., 2008; Inuzuka et al., 2010; Koepp et al., 2001; Kwon et al., 2012; Mao et al., 2008; Wei et al., 2005; Yada et al., 2004).

The function and clinical significance of FBXW7 in pancreatic cancer have been studied in some detail, showing that FBXW7 acts as a tumor suppressor in pancreatic cancer (Calhoun et al., 2003; Gao et al., 2014; Ishii et al., 2017; Ji et al., 2015; Pérez-Mancera et al., 2012; Sancho et al., 2014; Ye et al., 2021; Zhang, Zhang, et al., 2016). FBXW7 ranks amongst the top 50 mutated genes in pancreatic cancer patients, with a mutation frequency of ~3.8% (TCGA Genome Data Analysis Center). In fact, pancreatic cancer patients with low FBXW7 expression levels have a poor probability of survival compared to patients with high FBXW7 expression levels (Ishii et al., 2017; Uhlén et al., 2005). Furthermore, studies have shown that *Fbxw7* mutations and loss cooperate with *Kras*^{G12D} to accelerate PDAC formation with a high frequency (24%), showing that *Fbxw7* is an important tumor suppressor in *Kras*-driven pancreatic cancer (Pérez-Mancera et al., 2012; Zhang, Zhang, et al., 2016). Furthermore, *in vitro* studies suggest that loss of *Fbxw7* function promotes cell proliferation, migration, and the epithelial-to-mesenchymal transition (EMT) needed for metastasis in PDAC (He et al., 2017; Ishii et al., 2017; Jin et al., 2017). However, studies on the impact of *Fbxw7* expression and its substrates on pancreatic cancer progression to metastasis are very limited.

Here, we demonstrate that *Fbxw7* loss accelerates metastatic progression of pancreatic cancer in *Kras*^{G12D/+}; *Trp53*^{-/-} driven PDAC models, in immunocompromised and immunocompetent hosts. We show that loss of *Fbxw7* increases the metastatic potential of PDAC cells. Furthermore, we explore the impact of different *Fbxw7* mutants in tumorigenesis, where only the hotspot mutant R465 recapitulates the phenotype seen in complete loss-of-function of *Fbxw7*. Finally, we looked at global proteomic changes when *Fbxw7* is lost in an attempt to better understand mechanistically the role of *Fbxw7* in PDAC progression to metastasis.

Results

***Fbxw7* loss accelerates PDAC metastatic progression in immunocompromised and immunocompetent mouse models**

We hypothesized that suppression of the ubiquitin ligase function of *Fbxw7* induces metastatic progression of pancreatic cancer. To test this hypothesis, we knocked out *Fbxw7* using CRISPR/Cas9 technology in the *Kras*^{LSL-G12D}; *p53*^{flox/flox} model, which faithfully mimics human KRAS-driven PDAC, displaying similarities at the molecular and histopathological level (Hruban et al., 2000; Lee et al., 2019). We derived pancreatic organoids from normal pancreata of *Kras*^{LSL-G12D/+}; *Trp53*^{flox/flox}; *Rosa26*^{LSL-Cas9/LSL-TdTomato} mice. Following *ex vivo* delivery of adenovirus containing Cre recombinase, pancreatic organoids express oncogenic *Kras* with loss of tumor suppressor *p53*, as well as expression of endonuclease Cas9 and the fluorescent protein TdTomato (KP Cas9/Tom). This system allows efficient CRISPR/Cas9 genomic editing, as well as *in vivo* tracking of cancer cells by fluorescence imaging. Organoids are three-dimensional cell clusters that self-organize into organ-like structures, that have been shown to recapitulate PDAC disease at the pathophysiological level (Boj et al., 2015). KP Cas9/Tom pancreatic organoids were transduced with lentiviral vectors expressing sgRNA against *Fbxw7* (sg*Fbxw7*.1) and *Olf102* as a control (sg*Olf102*) (**Figure 1A**). *Olf102* was identified as a non-essential gene in PDAC in multiple shRNA screens. Editing at the *Fbxw7* locus was confirmed by sequencing and TIDE analysis, which quantifies INDEL rates and provides an estimate of gene editing efficiency, which in this case was 48.3% (**Figure 1A**).

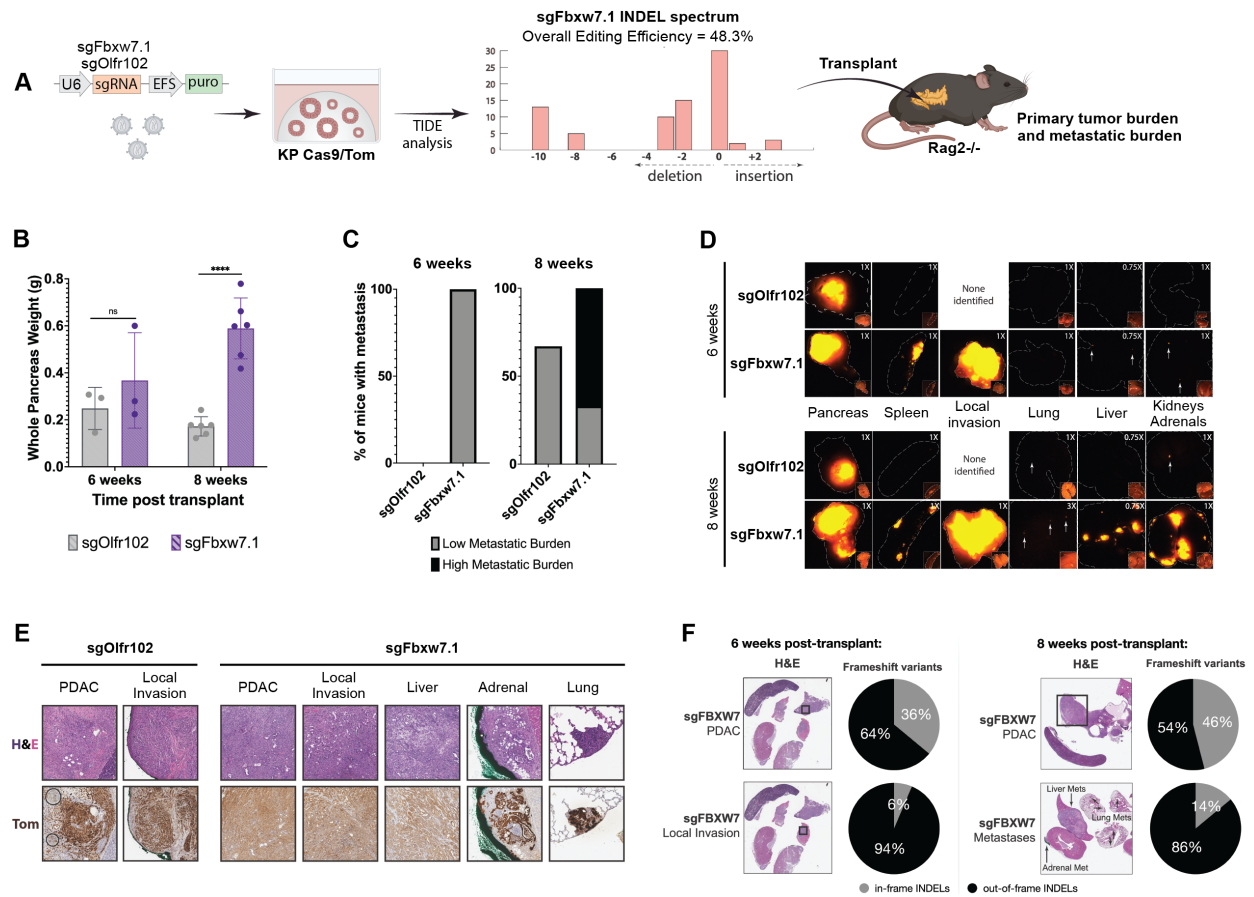


Figure 1: Loss-of-function of *Fbxw7* accelerates PDAC progression to metastasis in immunocompromised hosts.

- (A) Experimental design. Briefly, KP Cas9/Tom organoids were transduced with lentivirus containing sgRNA against *Fbxw7* and control *Olf102* for CRISPR/Cas9 editing. Editing efficiency was confirmed by sequencing and TIDE analysis, revealing a 48.3% overall editing efficiency at the *Fbxw7* locus. Organoids were orthotopically transplanted to Rag2^{-/-} hosts and primary and tumor progression were assessed at 6 and 8 weeks post-transplant.
- (B) Whole pancreas weight (grams) as a proxy for primary burden when *Fbxw7* is lost compared to control animals at 6 and 8 weeks post-transplant. **** p<0.0001.
- (C) Percentage of animals with distal metastases in the liver, kidneys, adrenal glands, and lungs when *Fbxw7* is lost compared to control animals at 6 and 8 weeks post-transplant.
- (D) Representative TdTomato fluorescence images of the pancreas and distal organs show primary tumors and metastatic foci from *Fbxw7* knockout and control animals at 6 and 8 weeks post-transplant. Arrows point to micrometastatic foci.
- (E) Representative images of the histopathology of tumors from *Fbxw7* knockout and control animals. TdTomato staining marks tumors formed from the transplanted organoid lines.
- (F) Distribution of *Fbxw7* in-frame and out-of-frame INDELs in laser captured primary and metastatic tumors.

To avoid tumor rejection due to the expression of antigenic proteins Cas9 and TdTomato, the organoid lines were orthotopically transplanted into immunocompromised *Rag2^{-/-}* animals (**Figure 1A**), which revealed a significant increase in primary and metastatic tumor burden when *Fbxw7* function is lost (**Figure 1B-1D**). Histological analysis of these tumors revealed that TdTomato⁺ primary and metastatic tumors recapitulate the histopathology of the human disease from abnormal glands to more advanced and poorly differentiated tumors, as well as the characteristic desmoplastic stroma in PDAC (**Figure 1E**). Furthermore, to look at the distribution of INDELS at the *Fbxw7* locus in the targeted tumors, primary and metastatic tumors from sgFbxw7.1 mice were laser-capture microdissected, and DNA from these tumors were sequenced by next-generation sequencing. Interestingly, at both early (6 weeks post-transplant) and late (8 weeks post-transplant) stages of tumor progression, the primary tumors show an equivalent representation of in-frame and out-of-frame INDELS (**Figure 1F**). On the other hand, the invasions and metastatic tumors showed significant enrichment of out-of-frame INDELS that more likely lead to complete loss-of-function of *Fbxw7* (**Figure 1F**). Collectively, this data shows that loss of *Fbxw7* function accelerates PDAC progression to metastasis in immunocompromised mouse models of PDAC.

Accelerated PDAC metastatic progression is not linked to the loss of a single Fbxw7 isoform, but, rather, the complete loss of all Fbxw7 isoforms

In principle, the three *Fbxw7* isoforms (*Fbxw7* α , *Fbxw7* β and *Fbxw7* γ) are functionally identical since they share the three main functional domains: the dimerization domain (DD), the F-box domain which interacts with Skp1 from the SCF complex, and eight WD40 domains that interact with target proteins for polyubiquitination (Yeh et al., 2018, p. 7; Yumimoto & Nakayama, 2020) (**Figure 2A**). Distinct N-terminal signals in the isoform-specific first exon direct FBXW7 α to the nucleoplasm, FBXW7 β to the cytoplasmic membranes and FBXW7 γ to the nucleolus, which restricts the protein pool they sample for degradation (Bonetti et al., 2008; Durgan & Parker, 2010; Grim et al., 2008; Matsumoto et al., 2006; Welcker et al., 2004).

To test whether the observed accelerated PDAC progression to metastasis is linked to the loss of a single *Fbxw7* isoform, we used CRISPR/Cas9 technology to knockout each individual isoform (sg*Fbxw7* α , sg*Fbxw7* β and sg*Fbxw7* γ), as well as to completely knockout all *Fbxw7* isoforms (sg*Fbxw7*.1, which targets the C-terminal WD40 domains, and sg*Fbxw7*.2, which targets upstream of all functional domains) (**Figure 2A**). Towards this goal, we derived genetically defined *Kras*^{LSL-G12D/+}; *Trp53*^{flox/flox}; *Rosa26*^{LSL-Cas9-eGFP/LSL-Cas9-eGFP} (KP Cas9-GFP) pancreatic organoids, and *ex vivo* transformed them with adenovirus expressing Cre recombinase. Transformed organoids were transduced with lentiviral vectors expressing the sgRNA against *Fbxw7* variants and *Olf102* control (sg*Olf102*, sg*Fbxw7* α , sg*Fbxw7* β and sg*Fbxw7* γ , sg*Fbxw7*.1 and sg*Fbxw7*.2) (**Figure 2A and S2A**). Organoid lines were cloned, and only clones with out-of-frame INDELS leading to homogenous knockouts were used (**Figure**

S2A and S2B). Orthotopic transplantation of these organoid lines into syngeneic, immunocompetent mice (C57BL/6 KP Cas9-GFP) revealed that only complete loss of *Fbxw7* (sgFbxw7.1 and sgFbxw7.2) lead to a significant increase in primary and metastatic tumor burden (**Figure 2B–2D and S2C**). Together this data shows that there is isoform redundancy (isoforms compensate each other) and that only complete loss-of-function of all three *Fbxw7* isoforms accelerates PDAC tumor progression to metastasis.

To further explore the metastatic potential of PDAC cells when *Fbxw7* function is lost, sgOlf102, sgFbxw7.1 and sgFbxw7.2 pancreatic organoid lines were adapted to 2D and followed up by *in vitro* and *in vivo* proliferation, migration, and invasion assays. While there was no significant difference observed in their *in vitro* proliferation and migration capacity (**Figure 2E and S2D–S2F**), *in vivo* tail vein injection of these lines revealed a significant increase in lung colonization when *Fbxw7* is lost (**Figure 2E and 2F**), demonstrating an increased metastatic potential of PDAC when *Fbxw7* is lost.

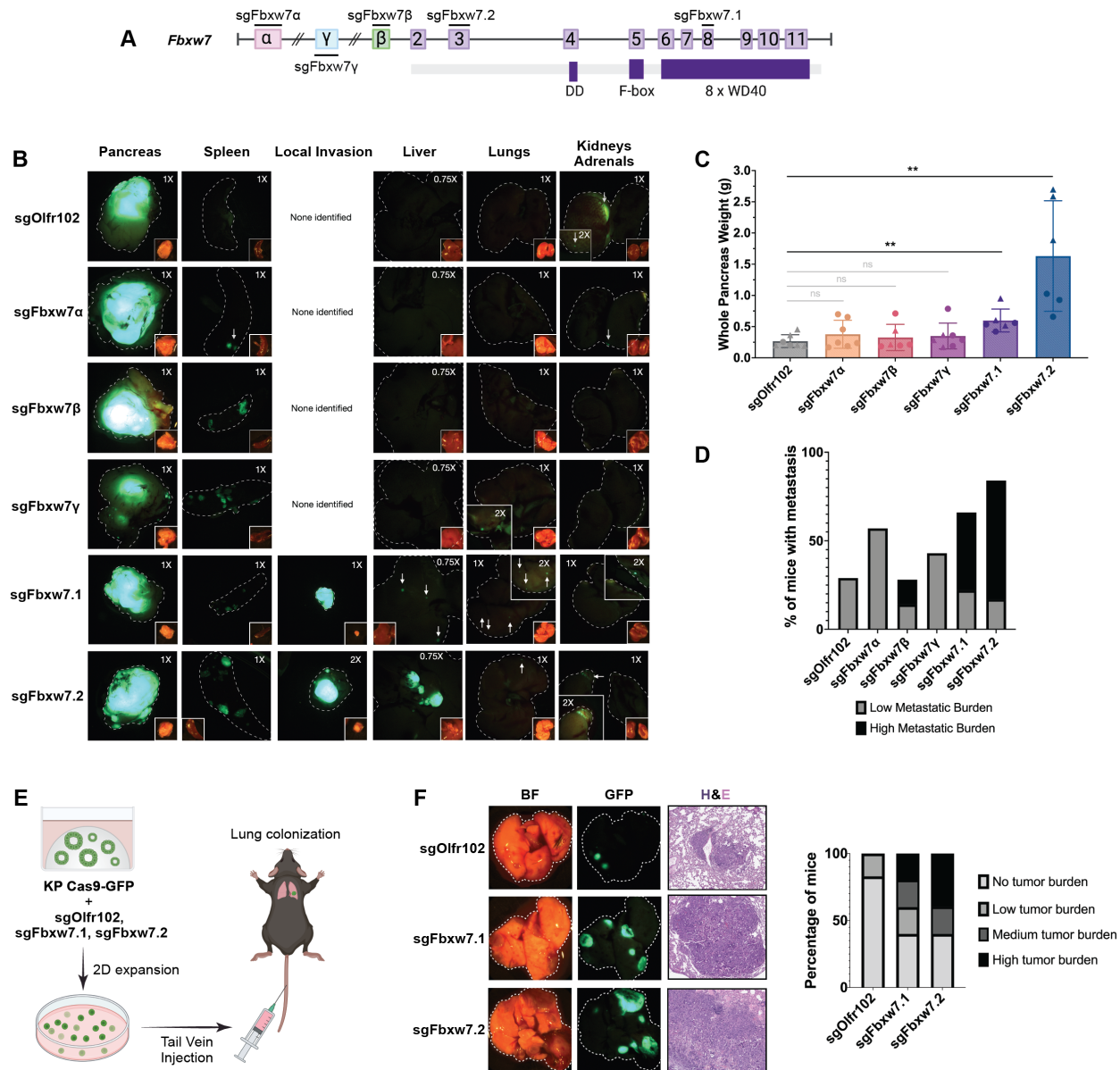


Figure 2: Interrogation of the the different Fbxw7 isoforms in PDAC progression to metastasis.

(A) Representative diagram of the Fbxw7 genomic locus and functional domains (DD, dimerization domain; F-box domain; WD40 repeats, substrate binding domains). sgRNAs targeting loci used to target each individual Fbxw7 isoform (sgFbxw7 α , sgFbxw7 β and sgFbxw7 γ), and all isoforms simultaneously (sgFbxw7.1 and sgFbxw7.2).

(B) Representative GFP fluorescence images of the pancreas and distal organs show primary tumors and metastatic foci from Fbxw7 α , Fbxw7 β , Fbxw7 γ , Fbxw7.1 and Fbxw7.2 knockout animals at 9 weeks post transplant. Arrows point to micrometastatic foci.

- (C) Whole pancreas weight (grams) as a proxy for primary burden from Fbxw7 α , Fbxw7 β , Fbxw7 γ , Fbxw7.1 and Fbxw7.2 knockout animals at 9 weeks post transplant.. ** p<0.01.
- (D) Percentage of animals with distal metastases in the liver, kidneys, adrenal glands, and lungs from Fbxw7 α , Fbxw7 β , Fbxw7 γ , Fbxw7.1 and Fbxw7.2 knockout animals at 9 weeks post transplant.
- (E) Experimental design of tail vein injections. Briefly, Fbxw7.1 and Fbxw7.2 knockout organoids were transiently adapted to 2D cultures, expanded and 100,000 cells were injected via tail vein. Lung colonization was analyzed by fluorescence imaging and histology.
- (F) Representative GFP fluorescence images and histology of lung tumors after tail vein injection of Fbxw7.1 and Fbxw7.2 knockout lines. Percentage of animals with low, medium or high lung tumor burden.

Fbxw7 loss leads to stabilization of c-Myc in PDAC tumors

So far, we have shown that *Fbxw7* loss increases the metastatic potential of PDAC, leading to accelerated progression in both immunocompromised and immunocompetent mouse models of PDAC. In order to mechanistically interrogate the role of *Fbxw7* in PDAC progression, we started by establishing a clean knockout system by introducing a Cre recombinase conditional *Fbxw7* allele (*Fbxw7*^{flox/flox}; F) to the *Kras*^{LSL-G12D/+}; *Trp53*^{flox/flox}; *R26*^{LSL-TdTomato} (KPT) mouse model (**Figure 3B**). This *Fbxw7*^{flox/flox} allele contains LoxP sites flanking exons 5 and 6, which encode the F-box domain and WD40 repeats, leading to complete deletion of *Fbxw7* after Cre-mediated recombination (**Figure 3B**) (Thompson et al., 2008). We derived genetically defined pancreatic organoids from normal pancreata of mice C57BL/6 KPT and KPFT mice (**Figure 3A**). Following *ex vivo* transformation by delivery of adenovirus expressing Cre recombinase, these organoids express oncogenic *Kras* with loss of tumor suppressor *p53* and *Fbxw7* (in the case of KPFT organoids), as well as expression of the fluorescent protein TdTomato (**Figure 3A, 3B and S2A**). Similar to what we have shown

before, these organoids show no difference in their *in vitro* proliferative capacity (**Figure 3C, S2B–S2D**), but upon orthotopic transplantation to syngeneic mice, there is a significant increase in PDAC primary and metastatic tumor burden when *Fbxw7* is lost (**Figure S2E–S2G**). Furthermore, KPFT mice have a significantly lower probability of survival with a median survival of 8.3 weeks post-transplant, while KPT mice have a median survival of 10.5 weeks post-transplant (**Figure 3D**). Histologic analysis of TdTomato+ tumors show similar histopathological features of the human disease, from abnormal glands to more advanced and poorly differentiated tumors in the case of KPFT mice (**Figure 3E**). In addition, immunohistochemistry staining of known *Fbxw7* targets revealed a significant accumulation of c-Myc in KPFT mice compared to KPT controls (**Figure 3E and 3F**).

To further explore the role of *Fbxw7* in metastatic progression of PDAC, we measured circulating tumor cell (CTC) shedding longitudinally, over 2 weeks during tumor progression in the same unanesthetized mouse using an optofluidic device (Hamza et al., 2019). Interestingly, KPFT mice showed lower numbers of CTCs normalized to primary tumor burden, compared to KPT mice, which showed variable higher numbers (**Figure 4A**). Moreover, tail vein injections of 2D adapted KPFT and KPT cells showed an increase in lung colonization (**Figure 4B and 4C**). Collectively, this suggests that KPFT CTCs have a higher potential of extravasation and/or foreign organ colonization, increasing their metastatic potential. However, further studies are required to dissect the role of *Fbxw7* in the metastatic cascade or PDAC.

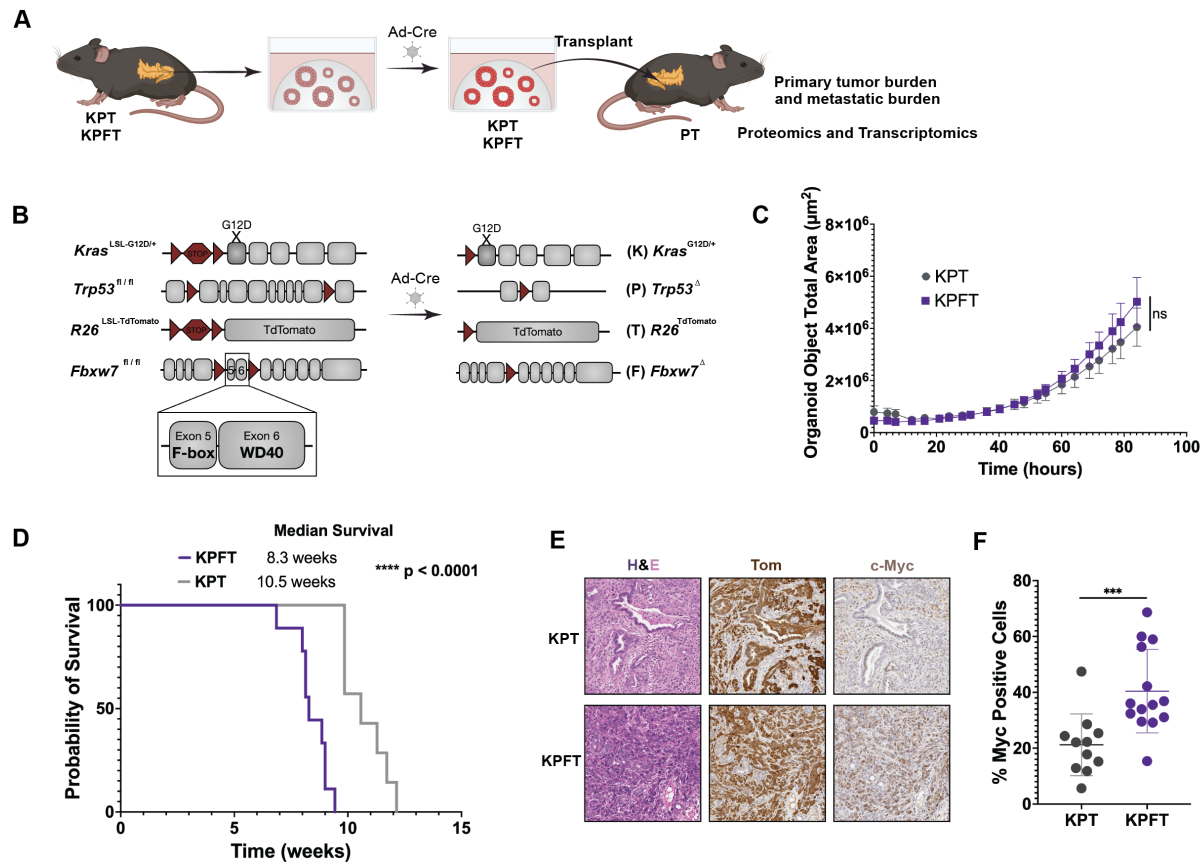


Figure 3: Cre-mediated deletion of Fbxw7 recapitulates accelerated PDAC tumor progression and leads to increased metastatic potential.

- (A) Experimental design for the establishment of pancreatic organoids from KPT (*Kras*^{LSL-G12D/+}; *Trp53*^{flx/flx}; *R26*^{LSL-TdTomato}) and KPFT (*Kras*^{LSL-G12D/+}; *Trp53*^{flx/flx}; *R26*^{LSL-TdTomato}; *Fbxw7*^{flx/flx}) animals. This is followed by *ex-vivo* transformation with adenovirus expressing Cre recombinase and Nutlin treatment for the selection of successful transformation. Organoids were orthotopically transplanted to immunocompetent (PT) hosts.
- (B) Representative diagrams of the Cre-conditional alleles used in this study: *Kras*^{LSL-G12D/+}; *Trp53*^{flx/flx}; *R26*^{LSL-TdTomato} and *Fbxw7*^{flx/flx}.
- (C) Total organoid area over time of KPT and KPFT organoids as a measure of proliferation.
- (D) Kaplan-Meier curve showing the probability of survival of animals after orthotopic transplant of KPT and KPFT organoid, accompanied by the median survival time for each experimental group. $**** p < 0.0001$.
- (E) Histopathology of KPT and KPFT tumors (H&E). Immunohistochemistry staining of TdTomato, which marks tumors from the transplanted organoid lines, and c-Myc.
- (F) Percentage of cells positive for c-Myc expression from IHC staining of KPT and KPFT tumors.

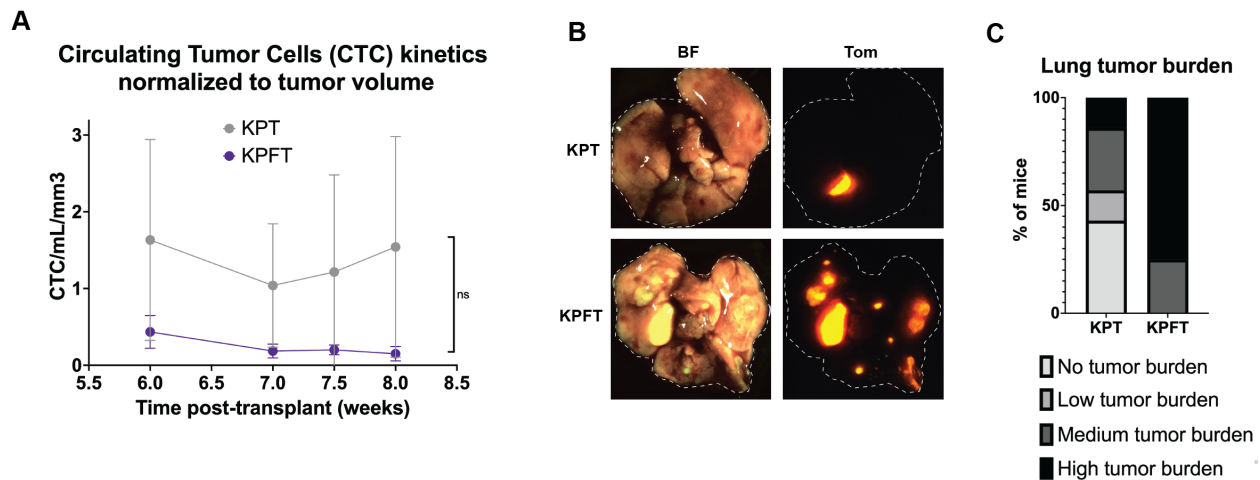


Figure 4: Fbxw7 loss increases the metastatic potential of PDAC cells.

- (A) Number of circulating tumor cells (CTCs) per mL of blood sampled, normalized to the tumor volume of KPT and KPFT animals (n=3 per group)
- (B) Representative TdTomato fluorescence images of lungs after tail vein injection of KPT and KPFT cells.
- (C) Percentage of mice of low, medium and high lung tumor burden after tail vein injection of KPT and KPFT cells.

The majority of Fbxw7 targets are known proto-oncogenes, leading to the degradation of cell cycle activators and oncogenic proteins such as Cyclin E, c-Myc, Aurora-A, Notch, c-Jun, and HIF-1a. Therefore, we looked at global proteomic and transcriptomic changes in KPFT and KPT tumors, in order to deeply understand the role of Fbxw7 in the metastatic progression of PDAC. Towards this goal, tumor cells were isolated from KPFT and KPT mice by fluorescence-activated cell sorting (FACS) of TdTomato+ tumor cells from late-stage tumors (8 weeks post-transplant), followed by mass spectrometry and RNA-sequencing. Differential protein expression analysis followed by gene set enrichment analysis revealed pathways that are downregulated or enriched in KPFT tumors compared to KPT control tumors (**Figure 5A and 5B**). These studies revealed a significant enrichment of c-Myc targets, hypoxia response pathways

and the unfolded protein response in KPFT tumors, as expected based on known *Fbxw7* targets. Interestingly, KPFT tumors show consistent downregulation of inflammatory processes such as interferon alpha and gamma response, as well as downregulation of antigen processing and presentation. This raises interesting biology to be further explored since recent studies have shown that *Fbxw7* loss impairs dsRNA sensing pathways, leading to impaired production of type I interferons and an altered tumor microenvironment (Gstalter et al., 2020; Song et al., 2017). Furthermore, gene ontology analysis of the most dysregulated proteins revealed downregulation of glutathione metabolic processes and an enrichment of hydrogen peroxide catabolic processes, iron metabolism, and oxygen transport.

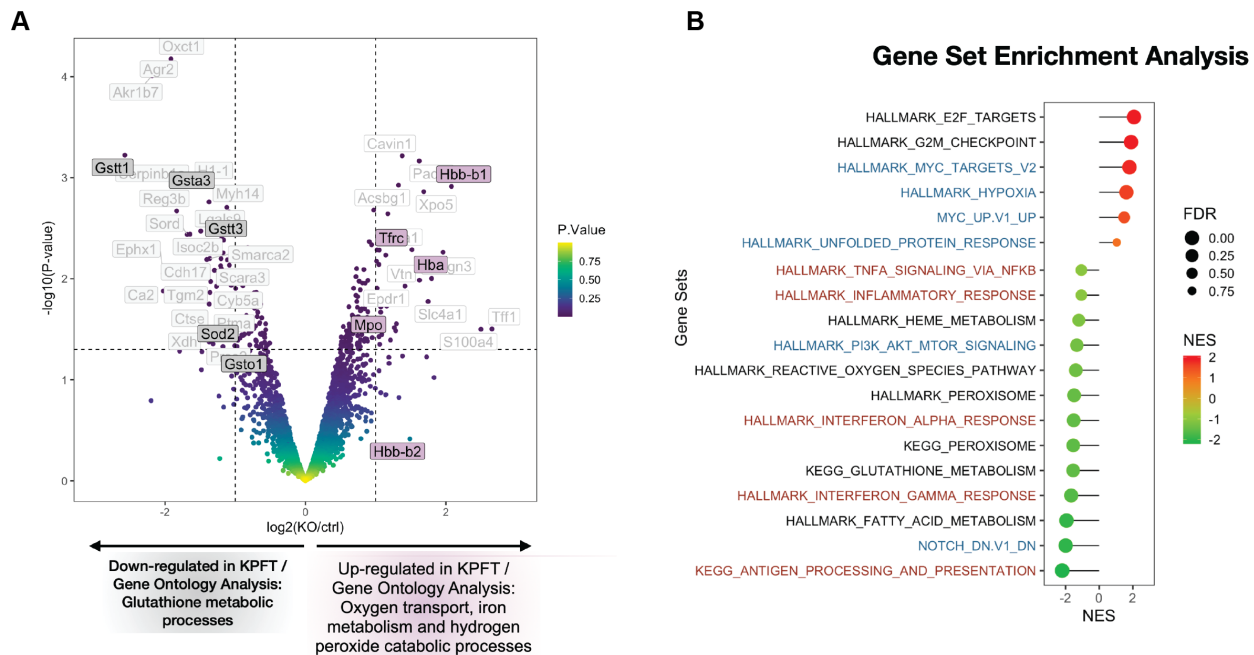


Figure 5: Global proteomic changes after loss of *Fbxw7* in PDAC tumors. (A) Differential protein expression analysis (DEqMS) between KPFT and KPT PDAC tumors is represented in a volcano plot. Bottom panel shows gene ontology analysis of the most differentially expressed proteins with a $\log_2(\text{KO}/\text{ctrl}) > 1$ and $-\log_{10}(\text{p-value}) > 1.3$. (B) Gene set enrichment analysis (GSEA) of DEqMS data in KPFT tumors compared to KPT tumors. NES, Normalized Enrichment Score; FDR, false discovery rate.

Conditional reexpression of Fbxw7 regresses phenotype

Aiming to further dissect the role of *Fbxw7* in pancreatic tumorigenesis and metastasis, we developed a system to conditionally re-express wild type *Fbxw7*, as well as hotspot mutants R505 and R465 (Forbes et al., 2017; Yeh et al., 2018), in the *Fbxw7* knockout organoids, and track how this affects PDAC metastatic progression. Towards this goal, we designed a doxycycline-inducible TetON system to regulate *Fbxw7* re-expression in tumors. These constructs have an EF1 α promoter driving constitutive expression of the transcriptional activator (rtTA), and a doxycycline-responsive promoter TRE3G driving expression of FLAG-tagged inserts of interest: *Fbxw7*^{WT}-FLAG, *Fbxw7*^{R465C}-FLAG, *Fbxw7*^{R505C}-FLAG, *Fbxw7* ^{Δ WD40}-FLAG and no insert control (NIC) (**Figure 6A**) (*Fbxw7* ^{Δ WD40} has functional DD and F-box domains but lacks all WD40 repeats). Transduction of KPFT and KPT organoids with lentivirus containing these constructs, leads to stable organoid lines with the ability to temporally regulate the expression of the inserts by adding doxycycline, both *in vitro* and *in vivo* (**Figure 6A**). Proof of concept of the system *in vitro* revealed increasing expression of FLAG-tagged *Fbxw7*^{WT} when doxycycline is given, in a dose-dependent manner (**Figure 6B**). Interestingly, c-Myc levels immediately decrease by ~75% when doxycycline is added (**Figure 6B**), suggesting that low levels of *Fbxw7* expression is sufficient to target c-Myc for degradation, and that it is not dose-dependent.

The established organoid lines (KPT NIC, KPFT NIC, KPFT + *Fbxw7*^{WT}, KPFT + *Fbxw7*^{R465C}, KPFT + *Fbxw7*^{R505C}, and KPFT + *Fbxw7* ^{Δ WD40}) were orthotopically transplanted into immunocompromised Rag2^{-/-} mice, and doxycycline diet was given to mice upon transplantation. Longitudinal ultrasound tracking of PDAC tumors

revealed that KPFT NIC tumor volume ($V_{\text{avg.}} = 247.7 \text{ mm}^3$ at 6 weeks post-transplant) is significantly larger compared to KPT NIC tumors ($V_{\text{avg.}} = 0 \text{ mm}^3$ at 6 weeks post-transplant), as expected from previous data, which is then rescued by the re-expression of $Fbxw7^{\text{WT}}$ (KPFT + $Fbxw7^{\text{WT}}$; $V_{\text{avg.}} = 0 \text{ mm}^3$ at 6 weeks post-transplant) (**Figure 6C**). Interestingly, the hotspot mutant $Fbxw7^{\text{R505C}}$ does not rescue the phenotype ($V_{\text{avg.}} = 303.4 \text{ mm}^3$ at 6 weeks post-transplant), meaning that these tumors recapitulate the accelerated progression observed with the complete loss-of-function of $Fbxw7$ (KPFT NIC) (**Figure 6D**). On the other hand, expression of mutants $Fbxw7^{\text{R505C}}$ ($V_{\text{avg.}} = 0 \text{ mm}^3$ at 6 weeks post-transplant) and $Fbxw7^{\Delta\text{WD40}}$ ($V_{\text{avg.}} = 28.03 \text{ mm}^3$ at 6 weeks post-transplant) behaved similar to expression of $Fbxw7^{\text{WT}}$ (**Figure 6D**). The fact that $Fbxw7^{\Delta\text{WD40}}$ expression does not recapitulate the phenotype seen in KPFT NIC raises interesting biology of $Fbxw7$, suggesting that $Fbxw7$ plays a role in PDAC progression outside of its main function as an E3 ubiquitin ligase.

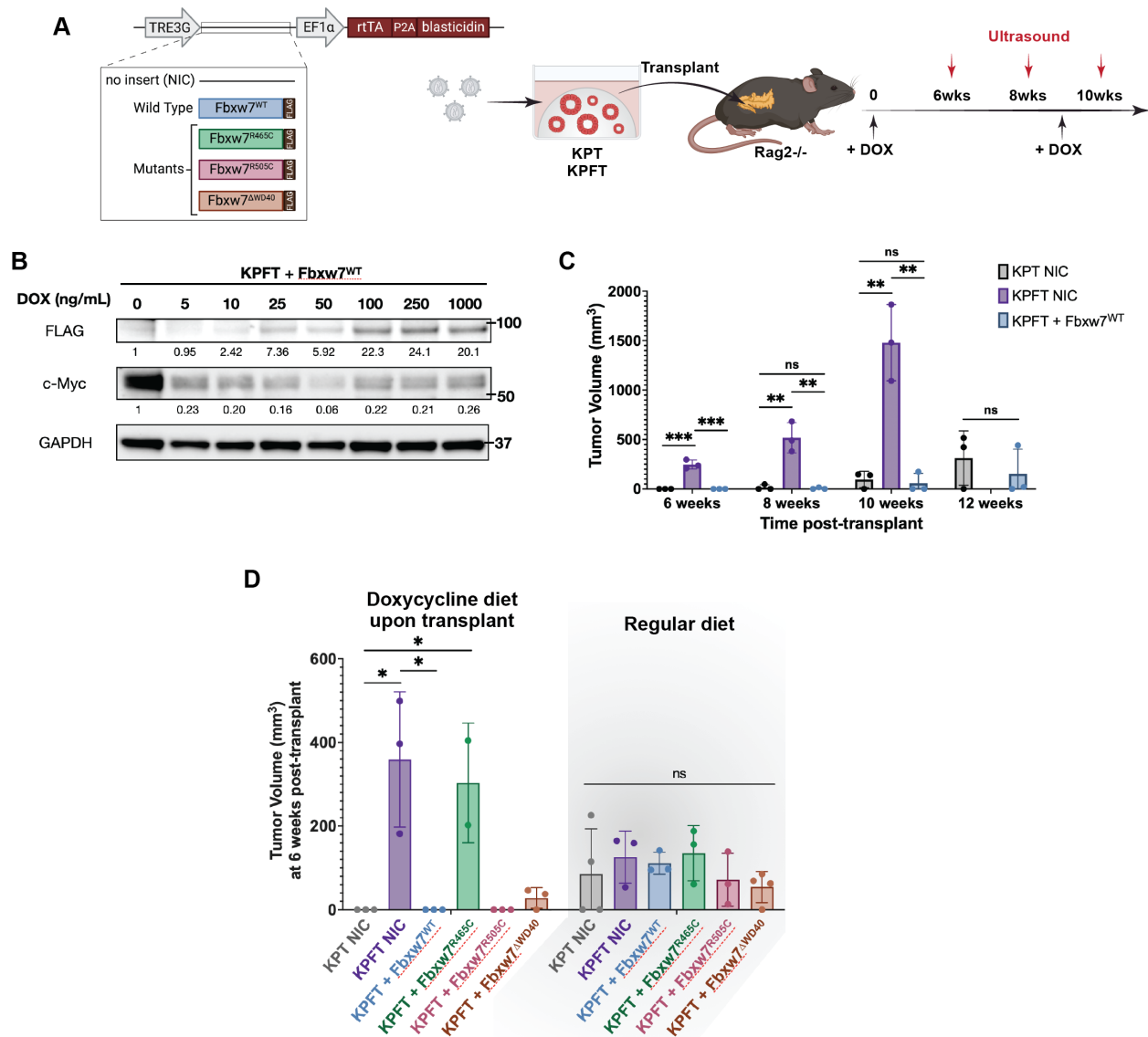


Figure 6: Conditional re-expression of wild-type Fbxw7 regresses phenotype.

- (A) Experimental design. KPT and KPFT organoids were transduced with lentivirus expressing a doxycycline-inducible system for the temporal regulation of Fbxw7^{WT}, Fbxw7^{R465C}, Fbxw7^{R505C} and Fbxw7^{ΔWD40} expression. Organoids were orthotopically transplanted to Rag2^{-/-} mice, and mice were given doxycycline food upon transplant. Tumor burden was tracked via ultrasound. NIC, no insert control.
- (B) Representative western blot of KPFT+ Fbxw7^{WT}-FLAG organoid line exposed to increasing concentration of doxycycline (0-1000 μg/mL). Normalized band intensity quantification is shown below each panel.
- (C) Longitudinal tumor volume was measured by ultrasound at 6, 8, 10 and 12 weeks post transplant of KPT NIC, KPFT NIC and KPFT+ Fbxw7^{WT} organoids. Doxycycline was given to all mice upon transplant. ** p<0.01
- (D) Tumor volume measured by ultrasound at 6 weeks post transplant of KPT NIC, KPFT NIC, KPFT+Fbxw7^{WT}, KPFT+Fbxw7^{R465C}, KPFT+Fbxw7^{R505C}, and KPFT+Fbxw7^{ΔWD40} organoids. Left panel shows tumor volume with doxycycline upon transplant and right panel shows tumor volume without doxycycline. * p<0.05.

Discussion

Studies have explored the role and clinical significance of *Fbxw7* in pancreatic cancer to some extent, showing that *Fbxw7* is an important tumor suppressor in *Kras*-driven PDAC (Calhoun et al., 2003; Gao et al., 2014; He et al., 2017; Ishii et al., 2017, 2017; Ji et al., 2015; Jin et al., 2017; Pérez-Mancera et al., 2012; Sancho et al., 2014; Ye et al., 2021; Zhang, Zhang, et al., 2016). However, the function of *Fbxw7* dysregulation and its substrates in metastatic progression of PDAC remains unclear. Here, we interrogate this mechanistically distinct pathway in PDAC progression to metastasis.

In this study we demonstrate that *Fbxw7* loss accelerates PDAC progression to metastasis in the KP mouse model (*Kras*^{LSL-G12D/+}; *Trp53*^{fl/fl}) in both immunocompromised and immunocompetent backgrounds. We show that while *Fbxw7* loss does not significantly impact proliferation and migration of PDAC organoids *in vitro*, it does lead to increased tumor colonization in distal organs *in vivo*, by tail vein injections. Furthermore, we show that only complete loss-of-function of all *Fbxw7* isoforms leads to accelerated metastatic progression of PDAC, while isoforms can compensate for the loss of any one of them.

We show that this phenotype is rescued by re-expression of wild type *Fbxw7*, while the expression of the hotspot mutant *Fbxw7*^{R465C} recapitulates the phenotype seen in complete loss-of-function of *Fbxw7*. Interestingly, *Fbxw7*^{ΔWD40} expression, which lacks the substrate recognition domains (ΔWD40), but still has functional DD and F-box domain, does not recapitulate the phenotype seen with complete loss-of-function of *Fbxw7*. This suggests that *Fbxw7* plays other functions in PDAC

progression in addition to supplying substrates for polyubiquitination and degradation. In fact, non-canonical functions of *Fbxw7* including complex formation, target protein stabilization, DNA damage repair and cell proliferation, have been previously described (Lan et al., 2019; Li et al., 2018; Song et al., 2017, p. 2; Zhang, Karnak, et al., 2016). Future studies could further dissect the different functional roles of *Fbxw7* in PDAC progression.

Moreover, we performed proteomic studies on *Fbxw7* knockout tumors, which revealed an enrichment of c-Myc targets, hypoxia response pathways, the unfolded protein response, and hydrogen peroxide catabolic processes. The data also shows consistent downregulation of inflammatory processes such as interferon alpha and gamma response and antigen processing and presentation, as well as glutathione metabolic processes. These dysregulated pathways raise interesting biology of *Fbxw7* in pancreatic cancer to be further explored. Collectively, data suggests that the dysregulation of multiple of these pathways potentially synergies to accelerate PDAC progression to metastasis. However, more studies are needed to dissect the mechanism of action.

In summary, this study presents novel and mechanistically distinct facets of pancreatic cancer progression to metastasis, which we envision will lead to more mechanistic studies with the potential to uncover novel therapeutic strategies for pancreatic cancer patients.

Materials and Methods

Mice:

All animal studies described in this study were approved by the MIT Institutional Animal Care and Use Committee. Mouse strains in this study were previously published: *Kras*^{LSL-G12D} (Jackson et al., 2001), *Trp53*^{flox} (Marino et al., 2000), *FBXW7*^{flox} (Thompson et al., 2008), *Rosa26*^{LSL-tdTomato} (Madisen et al., 2010) and *Rag2*^{-/-} (Hao & Rajewsky, 2001). Mice were maintained in a C57BL/6 genetic background and bred in-house. *FBXW7*^{flox/flox} and *Rag2*^{-/-} were purchased from The Jackson Laboratory (JAX) and bred in-house. Tumors were initiated by pancreas orthotopic transplant surgery (see details below). When needed for experimental design, animals were fed with 625 ppm doxycycline rodent diet (Harlan-Tekla, catalog no. TD.01306). Animal health was monitored daily by the investigators and/or veterinary staff at the Department of Comparative Medicine at MIT. Mice were euthanized by CO₂ inhalation or cervical dislocation at defined time points (6, 8, or 10 weeks post-transplant) or upon reaching a body condition score under 2 for long-term studies.

Organoid generation and propagation:

Pancreatic organoid generation and propagation as previously described (Boj et al., 2015). Briefly, to generate pancreatic organoids from genetically defined mice, the pancreas was manually minced with razor blades and dissociated in digestion buffer (1X PBS, 125 U/mL collagenase IV, Worthington) for 20-30mins at 37°C. Cells were filtered through 70µm cell strainers, washed with PBS, and centrifuged with slow deceleration. Cell pellets were embedded in 85-100% Matrigel (Corning) and solidified

at 37°C for 30mins. Subsequently, cells were cultured in complete medium AdDMEM/F12 medium supplemented with HEPES (1x, Invitrogen), GlutaMAX (1x, Invitrogen), penicillin/streptomycin (1x, VWR), B27 (1x Invitrogen), R-Spondin1-Conditioned Medium (Cultrex HA, R&D Systems, as per manufacturer's instructions) (10% v/v), A83-01 (0.5µM, Tocris), murine Epidermal Growth Factor (mEGF, 0.05µg/mL, PeproTech), Fibroblast Growth Factor 10 (FGF-10, 0.1µg/mL, PeproTech), Gastrin I (0.01µM, Tocris), recombinant murine Noggin (0.1µg/mL, PeproTech), N-acetyl-L-cysteine (1.25mM, Sigma-Aldrich), Nicotinamide (10mM, Sigma-Aldrich) and Y-27632 (10.5µM, Cayman Chemical Company, added right before use when organoids are thawed, or when organoids are dissociated to single cells) (minor modifications from previously described formulation (Boj et al., 2015)). Organoids were passaged with TrypLE Express (Life Technologies) for at least 4 passages to purify the ductal cells before proceeding with experiments.

For Cre recombinase-mediated recombination, organoids were spininfected with adenovirus Ad5-CMV-Cre at a MOI>100. Briefly, dissociated organoids and virus at desired MOI were centrifuged at 1700 rpm for 1 hour at room temperature, followed up by a 6 hour incubation at 37°C. Cells were then embedded in 100% Matrigel and cultured as described above. Recombination was confirmed by genotyping at the *Kras*, *Trp53* and *Fbxw7* loci.

For single organoid cloning, whole organoids were dissociated from Matrigel using dispase (1X, Corning) and plated individual organoids. Briefly, matrigel domes were incubated with dispase for 20-30 mins at 37°C, and then diluted with PBS. Using a pipette, individual organoids were picked under a microscope and transferred to a

well of a 96 well V-bottom plate. Organoid clones were resuspended in 30 μ L of 100% Matrigel and plated in 96 well flat bottom plates. Organoid clones were passaged as previously described.

Pancreas Orthotopic Transplants:

Orthotopic transplants of pancreatic organoids were performed with minor modifications from previously described protocols (Boj et al., 2015). Briefly, animals were anesthetized with Isoflurane, the left abdominal side was depilated with Nair and the surgical region was disinfected with Chloraprep swabstick (BD). A small incision (~1.5cm) was made in the left subcostal area and the spleen and pancreas were exteriorized with ring forceps. The organoid suspension (containing 1×10^5 organoid cells in 100 μ L of 50% PBS + 50% Matrigel) was injected using a 30-gauge needle into the pancreatic parenchyma parallel to the main pancreatic artery. Successful injection was verified by the appearance of a fluid bubble without signs of intraperitoneal leakage. The pancreas and spleen were gently internalized, and the peritoneal and skin layers were sutured independently using 4/0 PGA suture and 4/0 silk suture respectively (AD Surgical). All mice received pre-operative analgesia Buprenorphine Sustained-Release (Bup-SR, 0.5mg/kg) and were followed up post-operatively for any signs of distress. Organoids/Matrigel mixtures were kept on ice throughout the whole procedure to avoid solidification. Male pancreatic organoids were only transplanted into male recipients.

Mice ultrasound:

Tumor volume quantification by high resolution ultrasound as previously described (Sastra & Olive, 2013). Briefly, animals were anesthetized by Isoflurane and the lateral and ventral abdominal areas were depilated using Nair. To improve visualization of the pancreas, sterile 0.9% saline (1mL) was administered by intraperitoneal injection. Imaging was done using the Vevo3100/LAZRX ultrasound and photoacoustic imaging system (Fujifilm-Visualsonics). Animals were placed on the imaging platform in the supine position and a layer of ultrasound gel was applied to whole depilated abdominal area. The ultrasound transducers (VisualSonics 550S and/or 250S) were placed on the abdomen orthogonal to the plane of the platform.

The area of the pancreas was defined by identifying landmark organs such as the kidney, spleen, and liver. The transducer was placed at the scanning midpoint of the normal pancreas or pancreatic tumor, and a 3D image of 10-20 mm was obtained at a Z- slice thickness of 0.04 mm, depending on tumor size. 3D images were loaded to the Vevo Lab Software and the volumetric analysis function was used to define the tumor border at various Z-slices throughout the tumor and calculate the final tumor volume. (As shown in Freed-Pastor et al., 2021).

Molecular cloning:

Lentiviral vectors (LV-U6-sgRNA-EFS-puromycin, LV-TRE3G-FBXW7-EF1 α -rtTA-P2A-blasticidin and LV-TRE3G-EF1 α -rtTA-P2A-blasticidin) were generated using gBlocks (IDT) and Gibson assembly. To insert sgRNAs, the vector was digested with FastDigest Esp3I (Thermo Fisher) and ligated using BsmBI-compatible annealed

oligonucleotides. sgRNAs were designed and assessed for off-target effects using Benchling (www.benchling.com).

Name	Protospacer Sequence
sgFbx7 α	GAGCAAAAGACGACGAACTGG
sgFbxw7 β	GTATGTCACAGATTCTAACG
sgFbxw7 γ	GGAAAAGCTCCTGTGAACCA
sgFbxw7.1	ACGTTAGTGGGACATACAGG
sgFbxw7.2	GTGTTGCTGAACATGGTACA

Lentiviral production:

Lentiviruses were produced by co-transfection of HEK293 cells with lentiviral plasmids and packaging vectors PsPax2 (gift from Didier Trono - Addgene plasmid # 12260 ; <http://n2t.net/addgene:12260> ; RRID:Addgene_12260) and Pmd2.G (gift from Didier Trono - Addgene plasmid # 12259 ; <http://n2t.net/addgene:12259> ; RRID:Addgene_12259) at a 4:3:1 ratio. All plasmids were prepared using endotoxin-free midiprep kits (QIAGEN). Briefly, 7.5×10^6 HEK293 cells were seeded in 15cm plates (Corning), 24 hours later cells were transfected using Mirus transfection reagent, and the media was replaced 24 hours after transfection. Viral supernatant were harvested at 48 and 72 hours post-transfection, filtered through a 0.45 μ m low-protein binding PVDF filter (EMD Millipore), and concentrated by ultracentrifugation at 25,000 rpm for 2 hours at 4°C. Concentrated virus was resuspended in Opti-MEM (Gibco) overnight at 4°C and aliquots were stored at -80°C.

Histology and Immunohistochemistry:

Tissues were fixed overnight in zinc formalin within 1 hour of necropsy, transferred to 70% ethanol, and embedded in paraffin. Sections were cut at 4- μ m thickness and stained for hematoxylin and eosin (H&E) for histologic examination. For immunohistochemical analysis (IHC), unstained slides were dewaxed and antigen retrieval was done with citrate buffer (pH=6). Slides were blocked using the Endogenous Peroxidase Block (Dako) according to manufacturer's instructions, and endogenous species proteins were blocked using the appropriate species serum (Vector Labs) depending on the secondary antibody for 1 hour at room temperature. Slides were incubated with primary antibody overnight at 4°C. Primary antibodies used were: anti-TdTomato (anti-RFP, Rockland, catalog no. 600-401-379, 1:400), anti-GFP (Novus Biological, catalog no. NB600-308SS, 1:1000), anti-Myc (Abcam, catalog no. ab32072, clone Y69, 1:1000). For signal detection, slides were incubated with ImPRESS horseradish peroxidase secondary antibodies (Dako) and the DAB Peroxidase Substrate Kit (Vector Labs). Identification of primary and metastatic tumors was performed by microscopic examination of H&E-stained and RFP-/GFP-stained sections. Measurements of the percentages of c-Myc were performed using QuPath.

Laser capture microdissection, DNA extraction, and sequencing of tumors:

Tumors identified by IHC were laser-capture microdissected (LCM) from paraffin sections using the Veritas Laser-Capture Microdissection microscope. Briefly, tissues were sectioned into Arcturus PEN Membrane Glass Slides and were H&E stained. Right before LCM, slides were dehydrated by serial incubations with 95% and

100% ethanol, followed by xylene and air dry. Tumors were microdissected as per the manufacturer's instructions. DNA was extracted from individual tumors using the Arcturus PicoPure DNA Extraction Kit (Applied Biosystems). Briefly, tumor sections were incubated in proteinase K extraction solution at 65°C for 16-18 hours, spun down, incubated at 95°C for 10 minutes, and cooled. The Fbxw7 loci was amplified using the primers below and analyzed via Sanger Sequencing followed by TIDE analysis and/or CRISPR sequencing.

Name	Forward primer	Reverse primer
sgFbxw7 α	GAACTGCTCTCTGTGGGCA	TGCTCTTCCTGATTTCCCGA
sgFbxw7 β	TGGTGCTGGGGAGTTTTGCT	GCACAGGAAGAAAACAGATT
sgFbxw7 γ	TGCCTGTAGTACATATTGAGAGTGT	ACAGACAACACACAGGCGAT
sgFbxw7.1	GTGTAGTCTTTGACTTACTT	GTAATGCGAGCCCCAATCAT
sgFbxw7.2	TCTTACGTATAAGCAGGAAATCCA	TCTGTACTCCCACCCTGACC

Tail Vein Injections:

Cells were dissociated to single cells by Trypsin-EDTA (0.25%, Invitrogen) incubation for 5-10 minutes at 37°C, counted using a hemocytometer, and the desired number of cells were resuspended in 1X PBS (100,000 cells/100 μ L/mouse). Prior to injection, mice were warmed for 5-10 minutes using an overhead heat lamp to dilate the veins and then placed in a tail access rodent restrainer (Stoelting, catalog no. 51338). Lateral tail veins were further dilated with 70% ethanol wipes and cells were injected into the tail vein using a 30-gauge needle. If resistance was encountered and/or a white blister appeared, the needle was removed and reinserted above the first site.

IncuCyte Proliferation, Scratch Wound Healing Assay and Organoid modules:

Cells were plated in 48 well plates (Corning 3338) at a seeding density of ~30,000 cells/well and growth was analyzed using the IncuCyte live-cell imaging analysis system, as per manufacturer's instructions. For scratch wound healing assay, after cells arrived at 80% confluency, a scratch was made using a p20 pipette tip, pictures were taken at different time points using the IncuCyte live-cell imaging system and wound closure was determined using ImageJ. For organoid growth assays, organoids were dissociated as described above, 5,000 cells were plated in 10 μ L 100% Matrigel domes in 48 well plates (Corning 3338). Analysis was done as per manufacturer's instructions using the IncuCyte Organoid Module which tracks total organoid area, organoid count, darkness, and eccentricity.

Longitudinal circulating tumor cell (CTC) detection:

All animal based procedures were approved by the Massachusetts Institute of Technology Committee of Animal Care (CAC), Division of Comparative Medicine (DCM). Briefly, mice underwent cannulation surgery for circulation through an optical detection platform for CTC detection as previously described on (Hamza et al., 2019). Briefly, candidate mice for the arteriovenous shunt surgery were identified by ultrasound using the Vevo 3100 LAZR-X (FUJIFILM-Visualsonics). Catheters are inserted into the right jugular vein and the left carotid artery and are externalized using standard cannulation surgical techniques in anesthetized mice. A peristaltic pump (Instech Laboratories Inc., Plymouth Meeting, PA, USA) is then connected to the catheters for blood sampling and return through the carotid artery and jugular vein, respectively, in the conscious mouse.

The blood is directed into the main flow channel of the CTC sorter chip. For TdTomato-positive cells, a green (532-nm) laser illuminates two points along the main flow channel of the CTC chip separated by a known distance, and are detected by a photomultiplier tube.

Tumor digestion and Fluorescence-Activated Cell Sorting:

Tumors were manually minced with razor blades and dissociated for 30 minutes at 37°C in digestion buffer: 1X HBSS (Gibco), 10mM HEPES (Gibco), 1% heat-inactivated FBS, 125 U/mL collagenase IV (Worthington), 40 U/mL DNase I, grade II (Roche), 1 U/mL Dispase (Corning), 0.25 mg/mL Trypsin inhibitor (Sigma-Aldrich). The digested cell mixture was diluted with cold HBSS and passed through a 70µm cell strainer. Single cell suspensions were pelleted at 2000 rpm for 5 minutes and transferred to 96 well U-bottom plates for flow cytometry staining. Surface staining of CD45+, CD31+, CD11b+ and TER119+ was performed in PBS with 1% heat-inactivated FBS on ice for 30 minutes in the dark. Right before sorting, the cell suspension was stained with DAPI (Thermo Fisher) for Live/Dead separation. TdTomato positive cancer cells were sorted by FACS, excluding all cells positive for the previous stains.

Mass Spectrometry:

Reduction, Alkylation and Tryptic Digestion:

Cells were lysed in 8M urea. Proteins were reduced with 10mM dithiothreitol (Sigma) for 1h at 56°C and then alkylated with 20mM iodoacetamide (Sigma) for 1h at

25°C in the dark. Proteins were then digested with modified trypsin (Promega) at an enzyme/substrate ratio of 1:50 in 100mM ammonium bicarbonate, pH 8.9 at 25°C overnight. Trypsin activity was halted by addition of formic acid (99.9%, Sigma) to a final concentration of 5%. Peptides were desalted using Pierce peptide desalting spin columns (cat#89851) per manufacturer's instructions.

TMT labeling

Desalted peptides were dissolved in 100 µL of 100 mM triethylammonium bicarbonate, pH 8.5, and the TMT 6-plex, TMT 10plex or 16-Plex reagents was dissolved in 41 µL of anhydrous acetonitrile. The solution containing peptides were mixed with the appropriate TMT reagent, vortexed and incubated at room temperature for 1 h. Samples labeled with different isotopic TMT reagents were combined and concentrated to completion in a vacuum centrifuge.

Peptide Fractionation:

The TMT labeled peptides were fractionated via Pierce High pH Reversed-phase peptide fractionation kit (cat#84868) per manufacturer's instruction with the slight modification of 10 fractions instead of 8 fractions. . Each of the fractions were speed-vac to dryness than re-suspended in 0.2% formic acid and run on the LC-MS.

LC-MS/MS:

TMT 6-plex and 10-plex: The TMT labeled tryptic peptides were separated by reverse phase HPLC (Thermo Ultimate 3000) using a Thermo PepMap RSLC C18

column (2 μ m tip, 75 μ m \times 50cm PN# ES903) over a 100 minute gradient before nanoelectrospray using a Exploris mass spectrometer (Thermo). Solvent A was 0.1% formic acid in water and solvent B was 0.1% formic acid in acetonitrile. The gradient conditions were 1% B (0-10 min at 300nL/min) 1% B (10-15 min, 300 nL/min to 200 nL/min) 1-10% B (15-20 min, 200nL/min), 10-25% B (20-68.4 min, 200nL/min), 25-36 B (68.4-75 min, 200nL/min), 36-80% B (75-75.5 min, 200 nL/min), 80% B (75.5-80 min, 200nL/min), 80-1% B (80-80.1 min, 200nL/min), 1% B (80.1-100 min, 200nL/min).

The mass spectrometer was operated in a data-dependent mode. The parameters for the full scan MS were: resolution of 120,000 across 375-1600 m/z and maximum IT 25 ms. The full MS scan was followed by MS/MS for as many precursor ions in a two second cycle with a NCE of 36, dynamic exclusion of 30 s and resolution of 30,000 for 6-plex and 45,000 for 10-plex.

TMT 16-plex: The TMT labeled tryptic peptides were separated by reverse phase HPLC (Thermo Ultimate 3000) using a Thermo PepMap RSLC C18 column(2 μ m tip, 75 μ m \times 50cm PN# ES903) over a 140 minute gradient before nanoelectrospray using a Exploris mass spectrometer (Thermo). Solvent A was 0.1% formic acid in water and solvent B was 0.1% formic acid in acetonitrile. The gradient conditions were 1% B (0-10 min at 300nL/min) 1% B (10-15 min, 300 nL/min to 200 nL/min) 1-5% B (15-20 min, 200nL/min), 5-25% B (20-104.8 min, 200nL/min), 25-35 B (104.8-112 min, 200nL/min), 35-80% B (112-115.5 min, 200 nL/min), 80% B (115.5-120 min, 200nL/min), 80-1% B (120-120.1 min, 200nL/min), 1% B (120.1-140 min, 200nL/min).

The mass spectrometer was operated in a data-dependent mode. The parameters for the full scan MS were: resolution of 60,000 across 450-1600 m/z and maximum IT 50

ms. The full MS scan was followed by MS/MS for as many precursor ions in a two second cycle with a NCE of 36, dynamic exclusion of 30 s and resolution of 45,000.

Database Search and data analysis:

Raw mass spectral data files (.raw) were searched using Sequest HT in Proteome Discoverer (Thermo). Request search parameters were: 20 ppm mass tolerance for precursor ions; 0.05 Da for fragment ion mass tolerance; 2 missed cleavages of trypsin; fixed modifications were carbamidomethylation of cysteine and TMT modification on the lysines and peptide N-termini; variable modifications were methionine oxidation, methionine loss at the N-terminus of the protein, acetylation of the N-terminus of the protein and also Met-loss plus acetylation of the protein N-terminus. For peptide groups data only PSMs with a Xcorr score greater than 2, isolation interference less than or equal to 30 and a deltaM(ppm) between -3 and 3 were used.

Data analysis was performed using the previously described DEqMS R package for differential protein expression analysis (Zhu *et al.*, 2020).

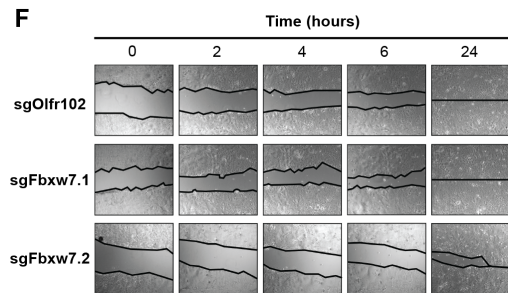
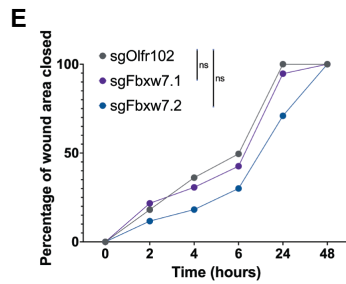
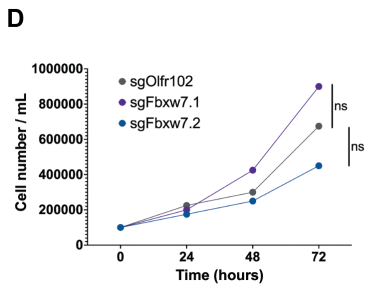
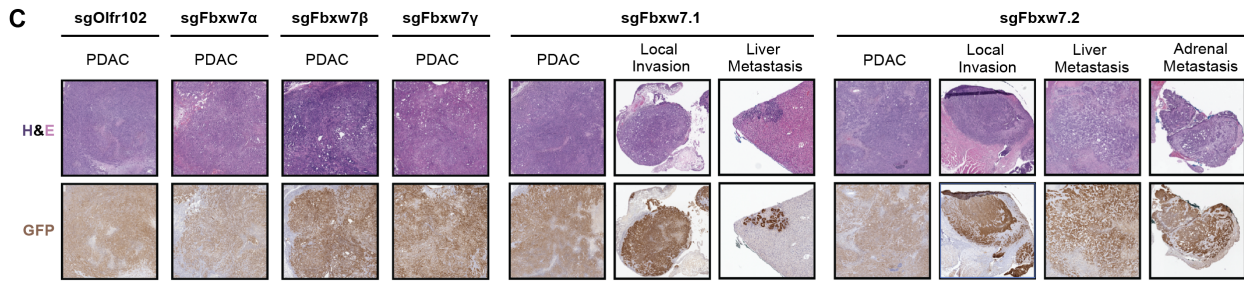
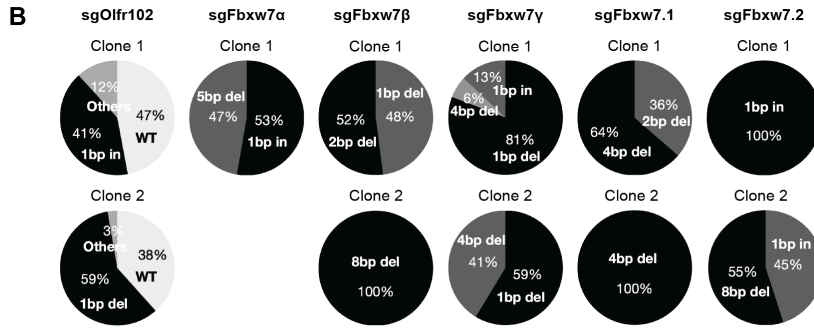
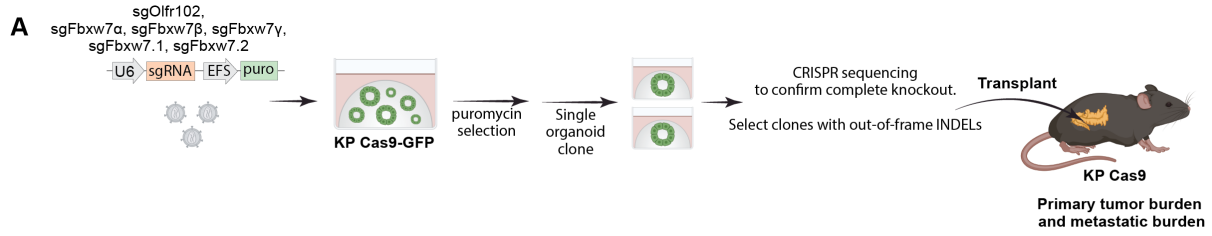
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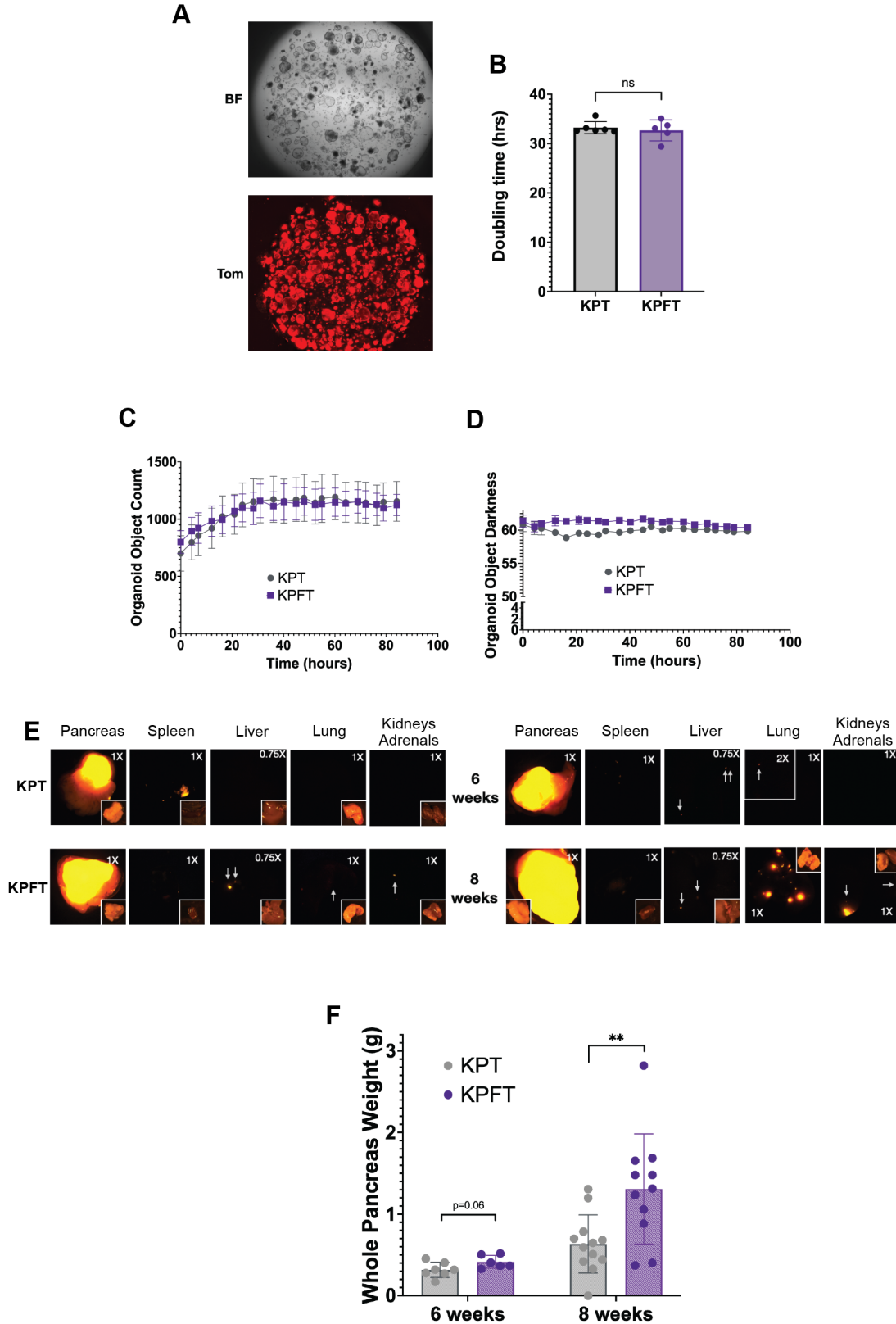
Supplemental Figure 1



Supplemental Figure 1: Further interrogation of Fbxw7 isoforms in PDAC progression and metastatic potential.

- (A) Experimental design. Briefly, KP Cas9-GFP organoids were transduced with lentivirus expressing sgRNAs targeting individual Fbxw7 isoforms (sgFbxw7 α , sgFbxw7 β and sgFbxw7 γ), as well as sgRNA targeting all isoforms at different loci (sgFbxw7.1 and sgFbxw7.2) and control sgOlf102; and puromycin resistance. Successful transduction was selected by puromycin treatment. Stable organoid lines were single organoid clones, and editing was confirmed by CRISPR-sequencing. Two clones with out-of-frame INDELS were orthotopically transplanted to syngeneic KP Cas9 mice.
- (B) CRISPR-sequencing results of selected clones with out-of-frame INDELS at the different Fbxw7 loci. Bp, base pairs; del, deletion; in, insertion; WT, wild type.
- (C) Representative histopathology images of primary and metastatic tumors. GFP immunohistochemistry marks tumors from the transplanted organoids.
- (D) In vitro proliferation assay of control organoid line (sgOlf102) and complete Fbxw7 loss-of-function lines (sgFbxw7.1 and sgFbxw7.2)
- (E) Percentage of wound closure after scratch wound healing assay of control organoid line (sgOlf102) and complete Fbxw7 loss-of-function lines (sgFbxw7.1 and sgFbxw7.2)
- (F) Representative images over time of Scratch Wound Healing Assay of control organoid line (sgOlf102) and complete Fbxw7 loss-of-function lines (sgFbxw7.1 and sgFbxw7.2)

Supplemental Figure 2



Supplemental Figure 2: Further interrogation of the Fbxw7 flexed allele in PDAC progression to metastasis

- (A) Representative brightfield (BF) and TdTomato fluorescence (Tom) images of derived organoids from KPFT mice.
- (B) Doubling time of derived organoids lines KPT and KPFT
- (C) Total organoid count over time of KPT and KPFT organoids
- (D) Organoid darkness over time of KPT and KPFT organoids as a proxy for organoid necrosis
- (E) Representative TdTomato fluorescence images of the pancreas and distal organs show primary tumors and metastatic foci from KPT and KPFT animals at 6 and 8 weeks post transplant. Arrows point at micrometastatic foci.
- (F) Whole pancreas weight (grams) as a proxy for primary burden from KPT and KPFT animals at 6 and 8 weeks post transplant.. ** $p < 0.01$.

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CHAPTER 3

DISCUSSION AND FUTURE DIRECTIONS

Discussion and Future Directions

The genetic progression of pancreatic cancer from a normal cell to pre-invasive lesions (PanINs) and finally to PDAC is well understood. However, the molecular processes behind the metastatic spread of PDAC remain unclear. Therefore, there is still a need to discover novel modulators of PDAC metastasis for better treatments for this devastating disease.

Advances in this field have been made by several groups who have identified some novel genetic and epigenetic regulators of PDAC. As covered in Chapter 1, there have been a few studies that have evaluated naive primary tumor and metastases heterogeneity through whole-genome sequencing such as Yachida *et al* (2010), Campbell *et al* (2010), Sanborn *et al* (2015), Hoogstraat *et al* (2014) and Makohon-Moore *et al* (2018). However, studies have not yet identified a recurrent, metastasis-specific driver mutation. Furthermore, acquired molecular changes can promote the spread of primary tumor cells to distant tissues. Chiou *et al* (2017) used genetically engineered mouse models (GEMMs) of PDAC and uncovered a transient subpopulation of cancer cells with exceptionally high metastatic potential driven by the transcription factor BLIMP1. In addition, Whittle *et al* (2015) identified that the transcription factor RUNX3 controls a metastatic switch in PDAC using GEMMs. Lastly, Maddipati *et al* (2021) used a multi-fluorescent lineage labeled mouse model of PDAC to examine primary tumors and matched metastases in order to gauge the degree of metastatic heterogeneity in the tumor-bearing mice, which was connected to higher levels of Myc expression. Moreover, studies have identified epigenetic modulators of PDAC metastasis. Roe *et al* (2017) shows that metastatic progression of PDAC involves large-

scale enhancer reprogramming by FOXA1, which activates an early endodermal stem cell transcriptional program.

Despite the clinical importance of metastatic spread, our knowledge of the molecular processes that underlie PDAC's capacity for metastatic spread is still limited, which prompted me to question metastatic progression at the protein abundance level. The work presented in this thesis focuses on gaining a deeper understanding of the dynamics of pancreatic ductal adenocarcinoma (PDAC) progression to metastasis in the context of FBXW7 dysregulation (Figure 1). I have demonstrated that *FBXW7* loss accelerates metastatic progression of PDAC in the KP (*Kras*^{LSL-G12D/+}; *Trp53*^{fl/fl}) mouse model in both immunocompromised and immunocompetent hosts. I showed that only complete loss-of-function of all *FBXW7* isoforms leads to accelerated metastatic progression of PDAC, while isoforms can compensate for the loss of any one of them. Interestingly, I showed that the phenotype is rescued by re-expression of wild type *FBXW7*, while the expression of the hotspot mutant *FBXW7*^{R465C} recapitulates the phenotype seen in complete loss-of-function of *FBXW7*. Lastly, early efforts to mechanistically interrogate the role of *FBXW7* in PDAC progression to metastases showed a myriad of dysregulated pathways including c-Myc targets, the unfolded protein response, hydrogen peroxide catabolic pathways, and the anti-tumor immune response, among others. These findings deepen our understanding of the biology behind pancreatic cancer progression to metastasis. In this section, I will discuss the implications of these findings for our understanding of pancreatic cancer biology, metastatic progression, and the potential clinical translatability that further work could reveal.

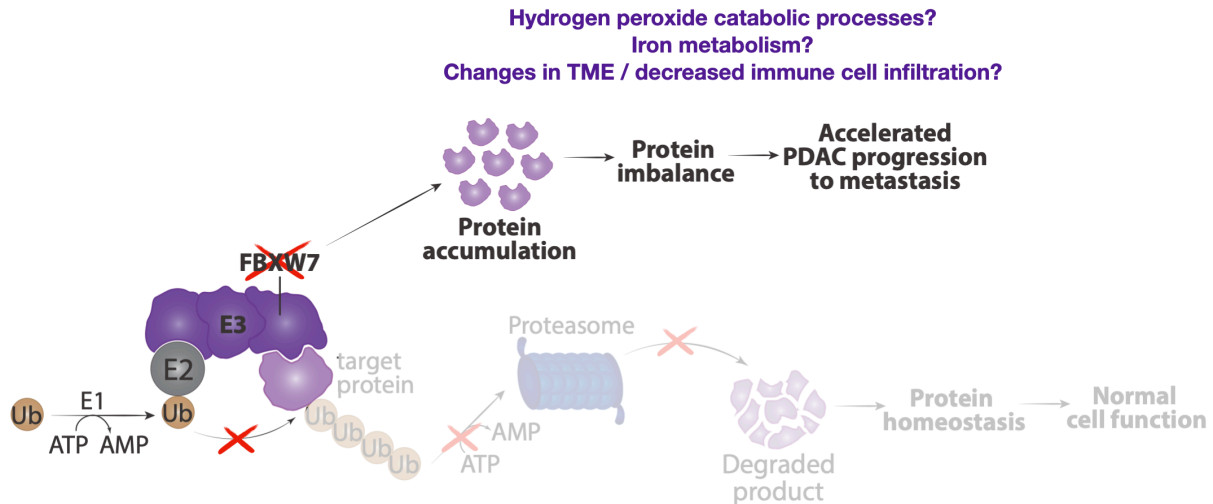


Figure 1: Working model presented in this thesis. In normal cells, FBXW7 recognizes substrates and catalyzes polyubiquitination of the substrate which is then recognized and degraded by the proteasome. This maintains protein homeostasis and normal cell function. When FBXW7 function is lost, substrates are no longer polyubiquitinated and degraded, causing their accumulation leading to protein imbalance and accelerated PDAC progression to metastasis.

3.1 FBXW7 role in PDAC metastasis remains largely understudied

FBXW7 is mutated in ~3.8% of pancreatic cancer patients, and low expression of FBXW7 has been associated with a poor probability of survival compared to patients with high FBXW7 expression (Figure 13, 15). Collectively, this supports that FBXW7 behaves as a tumor suppressor in PDAC.

Since the mutational frequency of FBXW7 in pancreatic cancer is not high, a frequent question that I ask myself is: what other mechanisms are at play in PDAC that lead to loss-of-function of FBXW7? This has been studied to some extent in other cancer types such as glioblastoma, breast cancer, colorectal cancer, esophageal cancer and leukemia (Kim et al., 2012; Li et al., 2014; Ma et al., 2016; Mansour et al., 2013; Teplyuk et al., 2015; Yokobori et al., 2012). However, not many studies have

looked at other mechanisms of FBXW7 dysregulation in PDAC. There is evidence that ERK kinase phosphorylates and destabilizes FBXW7 in pancreatic cancer (Ji *et al.*, 2015). In this work, the scientists discovered that, predominantly as a result of KRAS mutations in pancreatic cancer, low FBXW7 expression was correlated with ERK activation in clinical samples. They also demonstrated that FBXW7 was directly contacted by ERK, which phosphorylates FBXW7 at Thr205, promoting FBXW7 ubiquitination and proteasomal degradation. These findings showed how the oncogenic KRAS mutation suppresses the tumor suppressor FBXW7, highlighting the pivotal role that oncogenic KRAS play in accelerating pancreatic cancer progression. Nevertheless, the aforementioned studies have revealed other epigenetic, post-transcriptional and post-translational mechanisms of FBXW7 dysregulation in cancer that are worth further exploring in PDAC.

Moreover, as I covered in chapter 2, FBXW7 loss-of-function significantly accelerates PDAC progression to metastasis, revealing that FBXW7 is an important tumor suppressor in PDAC. However, just looking at its mutational frequency in PDAC would not necessarily suggest the same. Since FBXW7 dysregulation could also happen post-transcriptionally and post-translationally, it raises the importance of all the efforts to map the proteome in health and disease, such as the Human Protein Atlas (Uhlén *et al.*, 2005, 2015). The proteome is the chief mediator of cellular function, therefore, a better understanding of how protein abundance and stability change from normal tissues to different diseases has the potential to uncover novel and druggable targets for better therapeutics. Furthermore, having matched samples from primary and metastatic tumors could significantly improve our understanding of metastatic drivers.

This work also revealed interesting FBXW7 biology in PDAC. In chapter 1, I covered the molecular characteristics of FBXW7. Briefly, FBXW7 has three functional domains: a dimerization domain (DD), an F-box domain which interacts with the rest of the SCF E3 complex, and eight WD40 repeats which interact with the different substrates (Sprunk *et al.*, 2002; Yeh *et al.*, 2018). There are three FBXW7 isoforms: FBXW7 α , FBXW7 β , and FBXW7 γ , which only differ in their N-terminal signals, sending them to different cellular compartments, further restricting the substrate pool they can sample (Sprunk *et al.*, 2002; Yeh *et al.*, 2018). The most common FBXW7 mutations are found in mutational hotspots, R505, R465, and R479, codons located in the WD40 substrate binding domains, which may reduce its ability to form a stable SCF complex or may affect its interaction with specific substrates (Forbes *et al.*, 2017; Yeh *et al.*, 2018). Interestingly, in chapter 2 I showed that in the KP mouse model of PDAC, different FBXW7 variants have different effects on tumor progression. Firstly, I showed that the loss of an individual Fbxw7 isoform does not accelerate metastatic progression in PDAC mouse models. This suggests that the other functional isoforms are able to restore the function of the lost isoform. An interesting question to be further explored is the mechanisms behind this phenomenon. Can the different FBXW7 isoforms translocate to other subcellular compartments to compensate for the lost isoform, or are they able to restore the lost isoform since they all share the same functional domains? These are questions that I continue to ask myself. Furthermore, I showed in chapter 2 that the hotspot mutant FBXW7^{R465C} recapitulates the phenotype seen in complete loss-of-function of FBXW7, while FBXW7^{R505C} does not. Is this a human to mouse difference? Do these mutants affect differently the stability of the

protein? Since these mutants are in different WD40 repeats, are they affecting different substrates with distance relevance to the disease in our mouse models? These are very intriguing questions, and very interesting question to further pursue. More interestingly, deletion of the WD40 domains only partially recapitulates complete loss-of-function phenotype, which suggests that *FBXW7* plays other functions in PDAC progression in addition to supplying substrates for polyubiquitination and degradation. In fact, non-canonical functions of *FBXW7* including complex formation, target protein stabilization, DNA damage repair and cell proliferation, have been previously described (Lan et al., 2019; Li et al., 2018; Song et al., 2017, p. 2; Zhang, Karnak, et al., 2016).

In addition, the DOX inducible system developed in this study allows us to re-express different *FBXW7* functional versions once a tumor is established and dependent on the loss of *FBXW7*. This will give great insights into the role of *FBXW7* in PDAC tumor progression, which has not been done in the literature to this point. To achieve this, we need the re-expression to be very tight and controlled. An improvement to this system would be to add a degron domain to either the inner of interest or the rtTA itself, such that it is degraded under normal conditions, and only in the present of TMP (trimethoprim) would the system be stabilized. Therefore, in order to re-express the insert of interest, both DOX and TMP need to be present, allowing more control to the system. Future studies using these models could further dissect the different functional roles of *FBXW7* in PDAC progression, which could also be related to the fact that the majority of the differentially expressed proteins identified in the proteomics studies presented in this thesis are not known or predicted *FBXW7* targets.

3.2 Proteomics is a powerful tool to better understand global changes in protein abundance, but still poses limitations

To better understand the mechanism of action by which loss of FBXW7 leads to accelerated progression of PDAC, Chapter 2 describes the use of global proteomics of murine tumors when FBXW7 is lost. These studies revealed the dysregulation of multiple pathways, including: an enrichment of c-Myc targets, hypoxia response pathways, the unfolded protein response, hydrogen peroxide catabolic processes and glutathione catabolic processes, among others. Obvious future direction for this project is the dissection of these pathways and how they play a role in FBXW7 biology in PDAC progression. However, because FBXW7 targets many proteins involved in the regulation of a myriad of cellular processes important in cancer progression, there is a high probability that it is not just one pathway in play, but rather the combination of many of these dysregulated pathways that are leading to the accelerated metastatic progression of PDAC when FBXW7 is lost. This makes the task of finding the mechanism of action extremely challenging. A passion of mine is to find vulnerabilities to treat these tumors and find better therapeutics for PDAC patients, but, this is equally challenging for the same reasons. In an attempt to find vulnerabilities of KPFT tumors, I treated KPT and KPFT organoids with an inhibitor of myeloperoxidase (MPOi), involved in hydrogen peroxide catabolic processes, and iron chelators, two pathways seen consistently enriched in KPFT tumors, and no significant difference in organoids growth and death was observed (Figure 2). However, an unbiased CRISPR screen could be a good strategy to tackle this question with more depth. To take this idea a step further, it would be very interesting to look at cooperation between the different dysregulated

pathways. For this, a CRISPR screen using the endonuclease Cpf1 will be a great strategy. Cpf1 has the ability to process its own CRISPR ran (crRNA) from the same transcript, which allows simple and efficient multiplexed genome editing. This has the potential to find synergistic effects of targeting different identified pathways, which could uncover potential novel combination therapies.

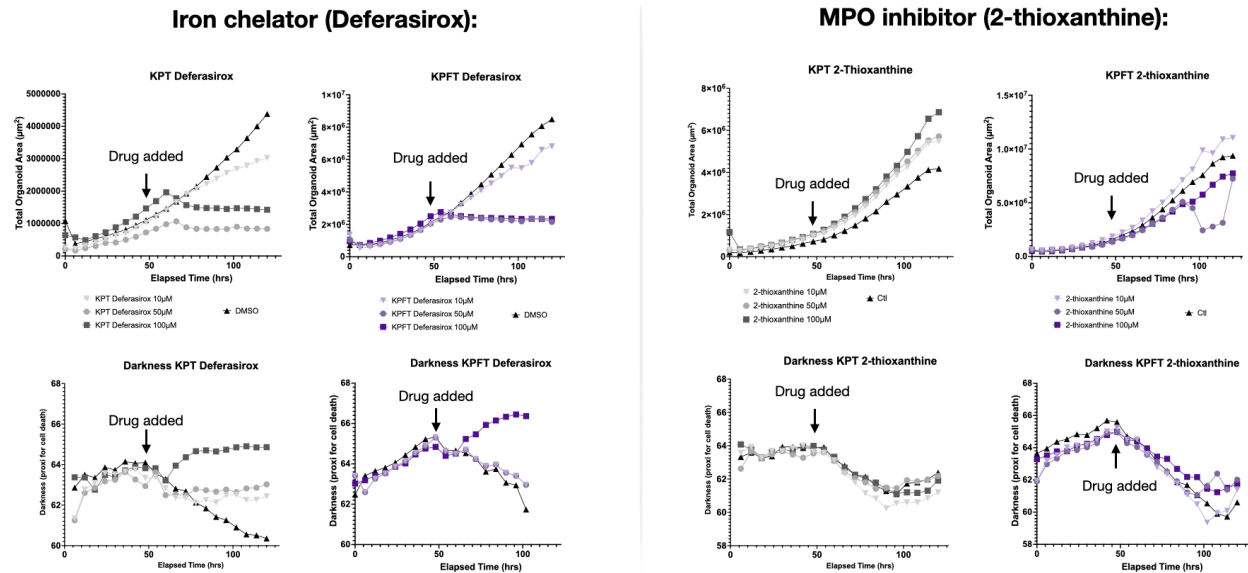


Figure 2: Iron chelators and MPO inhibitor treatments of KPT and KPFT organoids. Organoids were exposed to increasing concentrations of the inhibitors and organoid growth was measured longitudinally using live-imaging and quantification tools of the IncuCyte.

A surprising result consistently observed in this work is the downregulation of inflammatory processes such as interferon alpha and gamma response and antigen processing and presentation. These dysregulated pathways raise interesting biology of *FBXW7* in pancreatic cancer to be further explored. Recent studies have shown that *FBXW7* loss impairs dsRNA sensing pathways leading to impaired production of type I interferons and altered tumor microenvironment (Gstalter et al., 2020; Song et al., 2017). In more details, these studies show that *FBXW7* plays an important role in

antiviral immune responses by maintaining the stability of RIG-I, meaning that FBXW7 protects RIG-I from degradation. Therefore, inactivation of FBXW7, leads to unstable RIG-I which impairs the dsRNA sensing pathway leading to impaired immune responses. This further supports the hypothesis that FBXW7 plays roles in PDAC progression to metastasis, outside of its main function as a substrate recognition component of the SCF E3 ubiquitin ligase. Interestingly, these studies also show that FBXW7 inactivation leads to resistance to the immunotherapy PD-1 blockade (Gstalter et al., 2020; Song et al., 2017). This is particularly important in PDAC since PDAC is known to be largely unresponsive to immunotherapies (Hilmi et al., 2018). Therefore, a better understanding of novel mechanisms of treatment resistance can help identify patients that would benefit from these treatments, as well as potentially identify novel therapeutic targets for these patients. In an effort to begin the study of changes in the tumor microenvironment when FBXW7 is lost in PDAC, I looked at overall changes in immune cell infiltration in tumors by immunohistochemistry and flow cytometry analysis. Immunohistochemistry against CD4⁺ T cells, CD8⁺ T cells, and regulatory T cells (Tregs) in KPT and KPFT tumors revealed an overall decrease in tumor immune cell infiltration when FBXW7 is lost (Figure 3A). Further analysis using flow cytometry revealed that there is also a significant decrease in antigen-experienced CD4⁺ T cells, CD8⁺ T cells, as well as a significant decrease in overall and antigen-experienced Tregs (Figure 3B). Collectively, my hypothesis is that loss of FBXW7 cannot stabilize the RIG-I sensing pathway, leading to a decrease in type I interferons and pro-inflammatory cytokines which are needed to activate an immune response against the cancer cells.

Because there's not an active immune response to begin with, Tregs are not as needed in the tumor microenvironment to dampen the immune response.

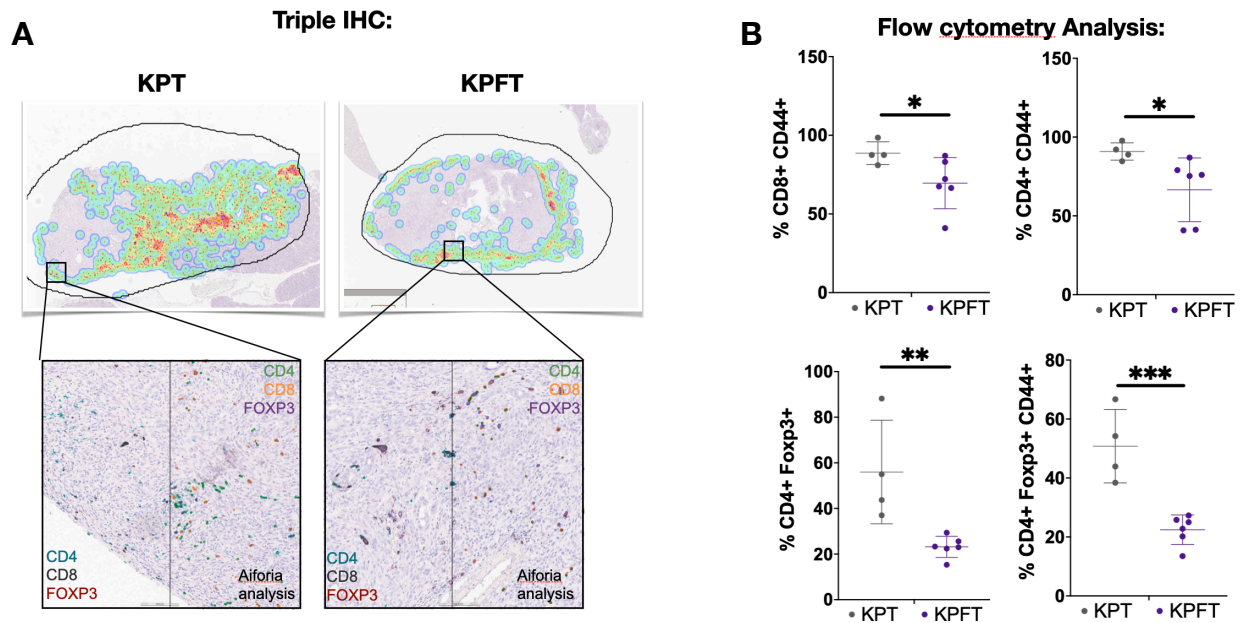


Figure 3: Changes in the tumor microenvironment when FBXW7 is lost. (A) Representative images of KPT and KPFT tumors after triple Immunohistochemistry against CD4+ T cells, CD8+ T cells and regulatory T cells (Tregs). Heatmap created with Aiforia software. **(B)** Quantification of flow cytometry analysis of immune cells in the tumor microenvironment of KPT and KPFT tumors. Graphs show the percentage of CD45+ cells that are antigen experienced (CD44+) CD4+ T cells, CD8+ T cells and regulatory T cells (Tregs). * $p < 0.05$; ** $p < 0.01$, *** $p < 0.001$.

However, further studies are needed to better understand this mechanism. With this versatile system in place we could further investigate the changes in the tumor microenvironment when FBXW7 is lost. Firstly, introducing a defined antigen, such as the MHC-I restricted antigens: OVA₂₅₇₋₂₆₄ [SIINFEKL], LAMA4-G1254V or ALG8-A506T (Alspach et al., 2019; Gubin et al., 2014; Freed-Pastor et al., 2021) to the tumors will allow us to better track tumor specific immune response in the context of FBXW7 knockout. In addition, looking at changes in the myeloid compartment both in the tumor microenvironment and the draining lymph nodes could also raise very interesting

biology in this setting, since the literature points that FBXW7 affects early activation mechanisms, therefore we would expect changes in dendritic cells function. Lastly, our data also shows that antigen processing and presentation pathways are downregulated in the FBXW7 knockout setting, therefore, a closer look at the different members in this pathway as well as the differences in antigens being presented specifically in the tumor cells could further our understanding of FBXW7 role in the tumor microenvironment.

While the proteomics data revealed known and novel biology of FBXW7 loss in PDAC tumors, the technique has some limitations, one of which is the need for large amounts of protein material in order to obtain good coverage data. This was particularly challenging in this study because PDAC tumors are known to have low purity, meaning only ~10-20% of the tumors are actually cancer cells. For the study of primary tumors, we were still able to obtain enough material to generate this rich dataset. However, I was particularly interested in comparing the proteome of matched primary and metastatic tumors in both KPT and KPFT tumors. However, these animals succumb to the primary tumor burden before the metastatic lesions are significantly large to obtain enough material for proteomics studies. Unfortunately, we were not able to do this with the techniques available to us at this time. This raises the importance of continuing work in the development and improvement of novel proteomics technologies that have the ability to effectively detect proteins in low-input samples. Some recent technologies, such as the development of single-cell mass spectrometry (Tajik et al., 2022) have great potential to improve these issues, and therefore, we should consider pursuing them for this and other projects.

3.3 Final Perspectives

Translating basic cancer research findings into therapies is a lengthy process. Similar to the history of the development of molecular targeted therapies directed at oncogenes such as KRAS, EGFR, and BRAF, targeting tumor suppressor genes is a decade-long effort. Therefore, continued progress in basic research of tumor suppressor genes biology and related fields such as signaling pathways, the cancer epigenome, and the immune system, are essential to inform translational laboratory work bringing novel compounds to the clinic. In this thesis, we present for the first time the molecular consequences of the loss of the tumor suppressor FBXW7 in the KP (*Kras*^{LSL-G12D/+}; *Trp53*^{fl/fl}) mouse model of pancreatic ductal adenocarcinoma (PDAC), as well as the different FBXW7 hotspot mutants found in cancers. This study shows great potential to identify FBXW7-specific vulnerabilities for better therapeutics.

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