

Effect of TGF- β RII mutation on TGF- β signaling

¹Iha Park, ^{*2}Jin Kim, ³Hwa-Kyung Son, ⁴Youn-Soo Shim

¹Chonnam National University Research Institute of Medical Sciences, ip071@hanmail.net

^{*2}Department of Oral Pathology, Oral Cancer Research Institute, Brain Korea 21 Project, Yonsei University College of Dentistry, Seoul, Korea, jink@yuhs.ac

³Department of Dental Hygiene, College of Health science, Baekseok University, rtardia@hanmail.net

⁴Department of Dental Hygiene, College of Health science, Cheongju University, shim-21@hanmail.net

Abstract

We have previously reported I170T mutation of transforming growth factor- β receptor II (T β R-II) in human oral squamous cell carcinoma samples. To analyze the functional consequences of I170T T β R-II mutation, we performed co-immunoprecipitation of T β R-II with T β R-I and determined intracellular signaling activities of T β R-II. As a result, either wild type or I170T mutant T β R-II was co-precipitated with T β R-I, regardless of TGF- β and both wild-type and I170T mutant T β R-II exhibited similar levels of transcriptional activities upon treatment of TGF- β 1. Moreover, I170T T β R-II localized at the cell membrane similar to wild-type T β R-II. Our data showed that I170T mutation of T β R-II does not affect the receptor oligomerization, membrane localization, and downstream signaling upon binding of TGF- β 1. Taken together, these results indicate that I170T mutation of T β R-II does not change structural or physiological characteristics of T β R-II, raising the possibility that I170T might be a new SNP of T β R-II.

Keywords: TGF- β 1, T β R-II Mutation, SNP

1. Introduction

Transforming growth factor- β (TGF- β) is a family of diverse growth factors that regulate proliferation, differentiation, motility, and apoptosis in various cell types [1]. The various actions of TGF- β can be switched by substitute pathways. TGF- β signaling exhibits tumor suppressive activities in the early stages of tumorigenesis, however, at the later stage, it exerts oncogenic activities [2]. TGF- β initiates cell signaling via dimerization of type I and type II receptors [3]. Type II receptor (T β R-II), which binds to TGF- β , recruits type I receptor (T β R-I), and the stimulated T β R-I phosphorylates smad2 and smad3, which form complex with smad4. Then the complex translocates into the nucleus and controls transcription of TGF- β target genes [4].

Mutations of T β R-II have been found in many human cancers mostly resulting in the loss of tumor suppressor function of T β R-II [5]. Previously, we have reported novel mutations of T β R-II from normal, dysplastic, cancerous region and metastatic lymph nodes (if available) from 18 patients with oral squamous cell carcinoma [6], among which E221V/N238I mutation enhanced TGF- β signaling by acting as a tumor promoter [7].

A single-nucleotide polymorphism (SNP) is a DNA sequence variation occurring when a single nucleotide in the genome differs between members of a biological species. SNP can make minor changes or no alteration in properties of human compared with severe mutations [8]. Nonetheless, some SNPs from T β R-II have been reported to be associated with several diseases including sudden cardiac arrest in patients with coronary artery disease [9] and vulnerability to intracerebral hemorrhage [10].

Codon 170 is located in the transmembrane domain of T β R-II and I170T mutation was identified in normal and dysplastic region of two patients, respectively. This study aimed at investigating the functional consequence of I170T mutation of T β R-II and suggests that I170T might be a new SNP of T β R-II.

2. Materials and Methods

2.1. Reagents

TGF- β 1, human recombinant protein was acquired from Calbiochem (San Diego, CA). cDNAs for human T β R-I and T β R-II were obtained from Origene (Rockville, MD). 3TP-lux, TGF- β luciferase promoter-reporter, was purchased from Addgene and pRL-TK (*Renilla reniformis* luciferase under thymidine kinase promoter) was purchased from Promega. Restriction enzymes, BamHI, ClaI, XbaI, XhoI and SacII, were acquired from New England Biolabs (Beverly, MA).

2.2. Cell culture and transfection

DR26 mutant cells that lack functional T β R-II (generously provided by Dr. J. Massague (Memorial Sloan-Kettering Cancer Center, New York, NY)), COS-7 and HeLa cells were cultured in Dulbecco's modified Eagle's medium (DMEM; Biowhittaker, USA) with 10% fetal bovine serum (FBS) at 37°C in the presence of 5% CO₂. Cells were transiently transfected using LipofectaminTM 2000 (Invitrogen) according to the manufacturer's protocol.

2.3. Luciferase assay

Luciferase assay was performed as described [7]. The data were normalized for transfection efficiency using *Renilla* luciferase activity.

2.4. Cloning and Mutagenesis

A T β R-II mutant with a threonine residue instead of Ile170 was constructed by site-directed mutagenesis using PCR. Primers used for site-directed mutagenesis are CAAGTGACAGGCACCAGCCTCCTGC (sense) and GCAGGAGGCTGGTGCCTGTCACTTG (antisense). Firstly, two sets of PCR were done using primers, F-BamHI with antisense and sense with R-XbaI. Then, PCR products of two sets of first PCR were used as templates for the second round of PCR using primers, F-BamHI and R-XbaI. The PCR product with mutation was digested with both corresponding restriction enzymes and then ligated to the vector to generate I170T T β R-II. All of the PCR products were sequenced.

2.5. Co-immunoprecipitation and immunoblotting

COS-7 cells were transfected with T β R-II and T β R-I construct and treated with TGF- β 1 at 24 hr after transfection. COS-7 cells were washed with binding buffer (phosphate-buffered saline (PBS) containing 0.9 mM CaCl₂, 0.49 mM MgCl₂, 1 mg/ml bovine serum albumin (BSA)) and treated with 2 ng/ml of TGF- β 1 in binding buffer for 3 hr at 4°C. For cross-linking of TGF- β and TGF- β receptors, cells were washed with binding buffer without BSA and followed by treatment with 0.5 mM of BS₃ in binding buffer without BSA for 30 min at 4°C. Cells were washed with cold PBS and lysed in Cell Lysis Buffer (Cell Signaling Technology, Beverly, MA). Antibodies against T β R-I or anti-Flag (or T β R-II) were added to cell extracts and incubated overnight at 4°C. Then protein A-agarose (Sigma) was added and incubated for 1 hr and the immune complexes were isolated. Protein complexes were then analyzed by using primary antibodies (T β R-I (V-22), T β R-II (C-16) or anti-Flag M2).

2.6. Localization of TGF- β RII

COS-7 cells were cultured on glass chamber slides and wild type RII-EYFP or I170T mutant RII-EYFP were transfected as described above. Cells were fixed with 4% paraformaldehyde for 10 min and the fluorescence signals were detected, captured and analyzed by LSM 510 laser scanning confocal microscope and image examiner (Carl Zeiss MicroImaging Inc., Thornwood, NY).

3. Results

3.1. Identification of a novel missense mutation in oral squamous cell carcinoma samples

A novel mutation of T β R-II with a single amino acid change from ATC(Ile) to ACC(Thr) in codon 170 was detected in normal and dysplastic region of two oral squamous cell carcinoma samples. Amino acid 170 resides in the transmembrane domain of T β R-II.

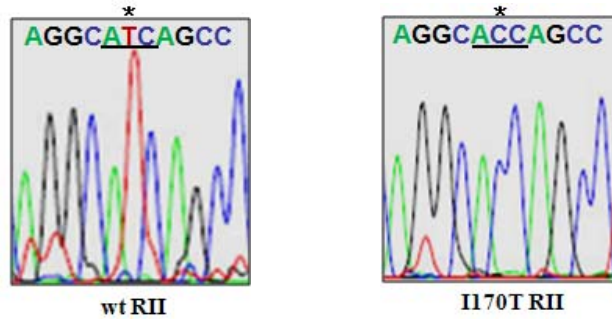


Figure 1. Identification of mutation at 170 amino acid of T β R-II from patients of oral squamous cell carcinoma. The PCR products were sequenced using MegaBACE 1000. In the analyzed result, Five amino acids before and after mutant amino acid are included. Single amino acid was changed from ATC(Ile) to ACC(Thr) in codon 170 of exon 4. (a) codon 170 of wild type T β R-II. (b) codon 170 of mutant T β R-II.

3.2. Interaction of mutant T β R-II with T β R-I

We tested whether the I170T mutant T β R-II can interact with T β R-I. Wild-type and mutant T β R-II were transiently transfected into COS-7 cells and the interaction with endogenous T β R-I was analyzed in the presence or absence of TGF- β 1. Immunoprecipitation was performed against T β R-I or flag tag of exogenous T β R-II. Fig. 2 showed that both wild-type and I170T mutant T β R-II can interact with T β R-I with similar efficiency. Moreover, these interactions were not affected by the presence of TGF- β 1. These results indicate that I170T mutation of T β R-II does not affect the interaction between T β R-I and T β R-II.

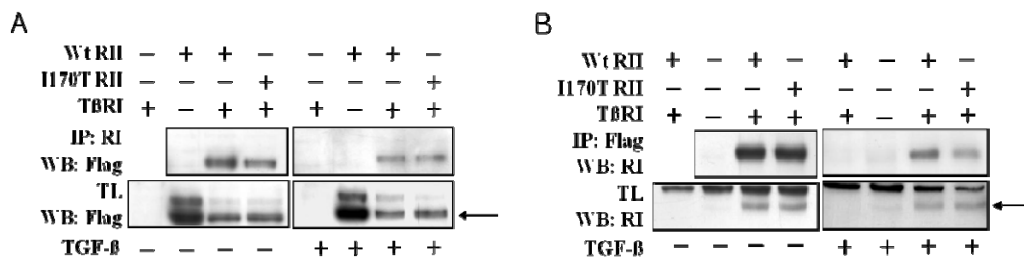


Figure 2. Co-immunoprecipitation of T β R-I and T β R-II. A. T β R-I and wild type or mutant T β R-II constructs with flag tag were transfected into COS-7 cells. Immune complexes were precipitated by adding antibodies against T β R-I to the cell extracts and analyzed. B. Immunoprecipitation was performed as in (A) except that anti-flag M2 antibody was used.

3.3 Intracellular signaling activities of mutant T β R-II

To compare the intracellular signaling activities of wild-type and mutant T β R-II, we carried out luciferase assay. p3TP-lux promoter-reporter construct, pRL-TK and wild type or mutant T β R-II were

transiently co-transfected into DR mutant cells. TGF- β 1 was treated to final concentration of 1 ng/ml. Signaling activities of both wild-type and mutant T β R-II were increased by TGF- β 1 treatment. But, there was no significant difference between wild type and mutant T β R-II (Fig. 3), further suggesting that I170T mutation of T β R-II does affect TGF- β signaling.

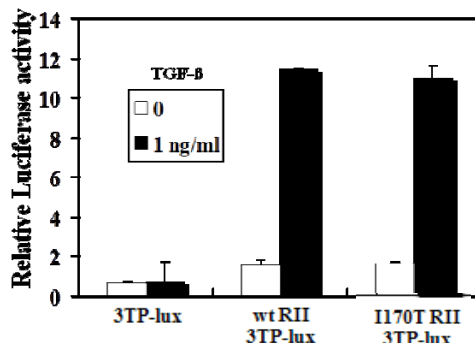


Figure 3. Transcriptional activities of wild-type and I170T T β R-II. Luciferase assay was performed to analyze the transcriptional activities induced by T β R-II constructs. DR cells were co-transfected with p3TP-lux promoter-reporter construct, pRL-TK and wild type T β R-II or I170T T β R-II, and then stimulated with TGF- β 1. Values of transfection efficiency were normalized using *Renilla* luciferase.

3.4. Localization of I170T T β R-II in the cell membrane

Since I170T mutation resides in transmembrane domain of T β R-II, we then tested whether the membrane localization of T β R-II was affected by this mutation. T β R-II constructs with C-terminal EYFP was generated and transfected into COS-7 cells. Both wild-type and mutant T β R-II were shown to localize at the cell membrane (Fig. 4).

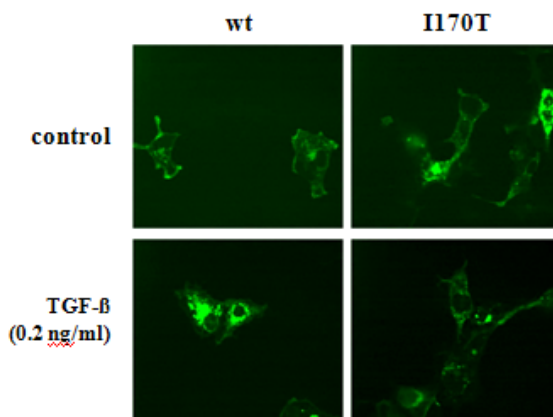


Figure 4. Localization of wild-type and I170T T β R-II. Wild-type or I170T T β R-II-EYFP constructs were transfected into COS-7 cells to determine the localization of T β R-II. 0.2 ng/ml of TGF- β was treated for 1 hr to identify the changes of T β R-II localization.

4. Discussion

A large number of missense mutations were identified in protein kinase domain of T β R-II while a few identified in extracellular domain of T β R-II. Most mutations in T β R-II were involved in the impairment of the TGF- β signaling as growth inhibitor in epithelial cells, resulting in tumor

progression [11] [12]. Garrigue-Antar L *et al.* reported two controversial missense mutations of T β R-II. One mutation was unable to phosphorylate T β R-I, however, the other one was constitutively stimulated [13]. In addition, mutation of functional binding sites in T β R-II impairs the intracellular signaling activity and ligand binding [14]. We have previously reported a novel gain-of-function mutation of T β R-II which harbors double mutation at E221V/N238I [7]. This mutant receptor enhanced the TGF- β signaling presumably due to delayed T β R-II internalization. In the current study we sought to analyze the I170T mutation of T β R-II identified in OSCC samples. I170T mutation was identified in two OSCC patient samples including normal region and dysplastic region, respectively. Since amino acid 170 resides in transmembrane domain of T β R-II and no mutation in the transmembrane domain has been reported, we compared the activities of wild-type and I170T mutant T β R-II.

Intracellular signaling activities of wild-type and mutant T β R-II were similar and were also similarly augmented by TGF- β 1 treatment. Several studies proposed that the cell surface level of the T β R-II determines the intensity of TGF- β signaling [15]. Therefore, we examined the membrane localization of T β R-II. I170T mutant T β R-II appeared to localize at the cell membrane with similar intensity to the wild-type receptor, further supporting that I170T mutation does not affect the structure and TGF- β signaling activities of T β R-II. These results suggest that I170T might be a new SNP which does not affect T β R-II activities.

5. Conclusion

Taken together, I170T mutation of T β R-II in transmembrane domain might be a new SNP of T β R-II, which does not alter structural and functional properties of T β R-II.

6. Acknowledgements

This work was supported by the basic Science Research Program through the National Research Foundation of Korea(NRF) funded by the Ministry of Education (2009-0094027)

7. References

- [1] Marcin K, Ulrich V, Rosita B, Carl-Henrik H and Aristidis M, "Id2 and Id3 Define the Potency of Cell Proliferation and Differentiation Responses to Transforming Growth Factor β and Bone Morphogenetic Protein", *Molecular and cellular biology*, vol. 24, no. 10, pp. 4241-4254, 2004.
- [2] Wakefield LM, Roberts AB, "TGF-beta signaling: positive and negative effects on tumorigenesis, *Current Opinion in Genetics & Development*", vol. 12, no. 1, pp. 22-29, 2002.
- [3] Franck V and Alain M, "Transforming growth factor- β signaling through the smad pathway: Role in extracellular matrix gene expression and regulation", *Journal of Investigative Dermatology*, vol. 118, pp. 211-215, 2002.
- [4] Connolly EC, Freimuth J, Akhurst RJ, "Complexities of TGF- β targeted cancer therapy", *International Journal of Biological Sciences*, vol. 8, no. 7, pp. 964-978, 2012.
- [5] Melanie A, Lynch, Ryuichi N, Huijuan S, et al, "Mutational Analysis of the Transforming Growth Factor β ", *Cancer Research*, vol. 58, pp. 4227-4232, 1998.
- [6] Lee EH, Bae KJ, Kim TK, Park HS, Lee EJ, Kim J, "Genetic mutation of transforming growth factor beta type II receptor in oral squamous cell carcinoma", *Basic and Applied pathology*, vol. 2, pp. 82-88, 2009.
- [7] Park I, Son H, Che Z, Kim J, "A novel gain-of-function mutation of TGF- β receptor II promotes cancer progression via delayed receptor internalization in oral squamous cell carcinoma", *Cancer Letters*, vol.315, pp.161-169, 2012.
- [8] Chanock S, "Candidate genes and single nucleotide polymorphisms (SNPs) in the study of human disease", *Disease Markers*, vol. 17, no. 2, pp. 89-98, 2001.
- [9] Tseng ZH, Vittinghoff E, Musone SL, Lin F, Whiteman D, Pawlikowska L, Kwok PY, Olgin JE, Aouizerat BE, "Association of TGFBR2 polymorphism with risk of sudden cardiac arrest in patients with coronary artery disease", *Heart Rhythm*, vol. 6, no. 12, pp. 1745-1750, 2009.

- [10] Lim YH, Jeong YS, Kim SK, Kim DH, Yun DH, Yoo SD, Kim HS, Baik HH, "Association between TGFBR2 gene polymorphism and intracerebral hemorrhage in Korean population", *Immunological Investigations*, vol. 40, no. 6, pp. 569-580, 2011.
- [11] Markowitz S, Wang J, Myeroff L, Parsons R, Sun L, Lutterbaugh J, Fan RS, Zborowska E, Kinzler KW, Vogelstein B, "Inactivation of the type II TGF-beta receptor in colon cancer cells with microsatellite instability", *Science*, vol. 268, no. 5215, pp. 1336-1338, 1995.
- [12] Parsons R, Myeroff LL, Liu B, Willson JK, Markowitz SD, Kinzler KW, Vogelstein B, "Microsatellite instability and mutations of the transforming growth factor beta type II receptor gene in colorectal cancer", *Cancer Research*, vol. 55, no. 23, pp. 5548-5550, 1995.
- [13] Garrigue-Antar L, Muñoz-Antonia T, Antonia SJ, Gesmonde J, Vellucci VF, Reiss M, "Missense mutations of the transforming growth factor beta type II receptor in human head and neck squamous carcinoma cells", *Cancer Research*, vol. 55, no. 18, pp. 3982-3987, 1995.
- [14] Shimanuki T, Hara T, Furuya T, Imamura T, Miyazono K, "Modulation of the functional binding sites for TGF-beta on the type II receptor leads to suppression of TGF-beta signaling", *Oncogene*, vol. 26, no. 23, pp. 3311-3320, 2007.
- [15] de Jonge RR, Garrigue-Antar L, Vellucci VF, Reiss M, "Frequent inactivation of the transforming growth factor beta type II receptor in small-cell lung carcinoma cells", vol. 9, no. 2, pp. 89-98, 1997.