

# *p63* heterozygous mutant mice are not prone to spontaneous or chemically induced tumors

William M. Keyes\*, Hannes Vogel<sup>†</sup>, Maranke I. Koster<sup>‡</sup>, Xuecui Guo\*, Yi Qi<sup>§¶</sup>, Kristin M. Petherbridge<sup>‡</sup>, Dennis R. Roop<sup>‡</sup>, Allan Bradley<sup>||</sup>, and Alea A. Mills<sup>\*,\*\*</sup>

\*Cold Spring Harbor Laboratory, Cold Spring Harbor, NY 11724; <sup>†</sup>Department of Pathology, Stanford University, Stanford, CA 94305; Departments of <sup>‡</sup>Molecular and Cellular Biology and <sup>§</sup>Molecular and Human Genetics, Baylor College of Medicine, Houston, TX 77030; and <sup>||</sup>Wellcome Trust Sanger Centre, Genome Campus, Hinxton, Cambridge CB10 1SA, United Kingdom

Communicated by Bruce W. Stillman, Cold Spring Harbor Laboratory, Cold Spring Harbor, NY, April 10, 2006 (received for review November 15, 2005)

Homology between *p63* and *p53* has suggested that these proteins might function similarly. However, the majority of data from human tumors have not supported a similar role for *p63* in tumor suppression. To investigate this issue, we studied spontaneous tumorigenesis in *p63*<sup>+/-</sup> mice in both WT and *p53*-compromised backgrounds. We found that *p63*<sup>+/-</sup> mice were not tumor prone and mice heterozygous for both *p63* and *p53* had fewer tumors than *p53*<sup>+/-</sup> mice. The rare tumors that developed in mice with compromised *p63* were also distinct from those of *p53*<sup>+/-</sup> mice. Furthermore, *p63*<sup>+/-</sup> mice were not prone to chemically induced tumorigenesis, and *p63* expression was maintained in carcinomas. These findings demonstrate that, in agreement with data from human tumors, *p63* plays a markedly different biological role in cancer than *p53*.

mouse model | *p53* | tumor suppressor | cancer

The *p63* protein is a member of the *p53* family that includes *p53*, *p63*, and *p73*, which share extensive homology within the core DNA binding domain (DBD) (reviewed in ref. 1). A well established feature of *p53* is that it is frequently lost or inactivated in a variety of human cancers (2). Although some evidence suggests that *p63* may perform biological roles analogous to those of *p53* (3, 4), *p63* is rarely mutated, and *p63* expression is often retained in human tumors (reviewed in ref. 5). Although mutations in human *p63* have been identified, these mutations cause severe birth anomalies, and tumor susceptibility is not a typical feature of these syndromes (1). In contrast to *p53*'s ubiquitous pattern of expression, *p63* is most readily detectable in proliferating cells of stratified squamous epithelia such as the skin, the precursor cell type for the majority of human cancers. Interactions between *p63* and *p53* and subsequent degradation of *p63* can occur when *p53* contains tumor-derived missense mutations, suggesting that *p63* could affect the tumor-suppressive capabilities of *p53* (6). Thus, *p63*'s role in modulating tumor-suppressive mechanisms *in vivo* has not been fully evaluated.

To investigate whether *p63* functions as a tumor suppressor in the intact organism, we evaluated spontaneous and chemically induced tumorigenesis in mice with decreased levels of *p63*. In addition, spontaneous tumors were monitored in mice that had reduced levels of *p63* in combination with compromised levels of *p53* to assess whether combined *p63* and *p53* deficiency affects tumorigenesis *in vivo*.

## Results

***p63*<sup>+/-</sup> Mice Are Not Predisposed to Spontaneous Tumors.** *p53*<sup>-/-</sup> and *p53*<sup>+/-</sup> mice are highly tumor-prone with the majority of mice developing spontaneous tumors by 10 months and 2 years, respectively (7, 8). To determine the impact of compromised *p63* on tumorigenesis, we performed a spontaneous tumor study of 153 *p63*<sup>+/-</sup> mice and sibling controls for >2 years. Mice lacking *p63* die shortly after birth (9, 10), and therefore the effect of germ-line deficiency of *p63* in cancer could not be evaluated in *p63*<sup>-/-</sup> mice. We had previously disrupted the endogenous *p63* locus and gen-

erated two distinct *p63* null alleles, *p63*<sup>Brdm1</sup> and *p63*<sup>Brdm2</sup> (9) (Fig. 1 *A* and *B*). While characterizing the endogenous *p63* allele, we discovered that the previously reported genomic structure (4) was incorrect; the relative position of the exons (and hence the splicing pattern) was not accurately depicted (Fig. 1*A*). Because endogenous *p63* transcripts were not detected in mice homozygous for either *p63*<sup>Brdm1</sup> or *p63*<sup>Brdm2</sup>, both of these alleles are presumably functionally null and therefore deficient for all functional *p63* isoforms. To avoid the possibility of founder effects, the *p63*<sup>+/-</sup> cohort was derived from three independently targeted embryonic stem cell clones. Mice were monitored for spontaneous tumors twice weekly, and those that had palpable lesions or were moribund were killed and subjected to macroscopic analysis. Detailed histopathology was performed on 104 *p63*<sup>+/-</sup> mice and 18 WT sibling controls. In addition, an archival tumor study of 56 WT control mice conducted in the same facility was included for reference. Details on the genetic background for these cohorts are shown in Table 2, which is published as supporting information on the PNAS web site. By the 115-week time point, only a small percentage (13%) of *p63*<sup>+/-</sup> mice developed tumors, significantly fewer than WT controls (38%) ( $P < 0.001$ ) (Fig. 2*A* and *B*). At the end of the study, a total of 36 neoplasms were characterized from the WT cohort ( $n = 74$ ). In contrast, only 13 neoplasms developed in 104 *p63*<sup>+/-</sup> mice. The tumor class, age of onset, body site affected, and the particular null *p63* allele in the tumor-bearing *p63*<sup>+/-</sup> mice are shown in Table 3, which is published as supporting information on the PNAS web site. Neither *p63*<sup>Brdm1</sup>/<sup>+</sup> nor *p63*<sup>Brdm2</sup>/<sup>+</sup> mice developed the early tumors typical of *p53*<sup>+/-</sup> mice, although the majority of the *p63*<sup>+/-</sup> cohort consisted of mice heterozygous for the *p63*<sup>Brdm2</sup> allele. Thus, mice with haploid levels of *p63* are distinct from *p53*<sup>+/-</sup> mice; they are not predisposed to spontaneous tumors.

***p63*<sup>+/-</sup> Mice Develop Nonmalignant Pathology.** During the course of this tumor study, we found that *p63*<sup>+/-</sup> mice often developed nonmalignant pathology consistent with features of accelerated aging (11). Although this phenotype often suggested malignancy, the majority of *p63*<sup>+/-</sup> animals were free of tumors upon autopsy and histological analyses. Epithelial hyperplasia was frequently observed; however, these lesions did not progress to tumors. To account for nontumor-related deaths, Kaplan–Meier analysis was performed on the entire cohort, with censoring of animals that were tumor free (Fig. 2*C*). This analysis further shows that the rare tumors that develop in *p63*<sup>+/-</sup> mice do not have a significantly earlier onset than tumors in WT mice, and that these mice do not

Conflict of interest statement: No conflicts declared.

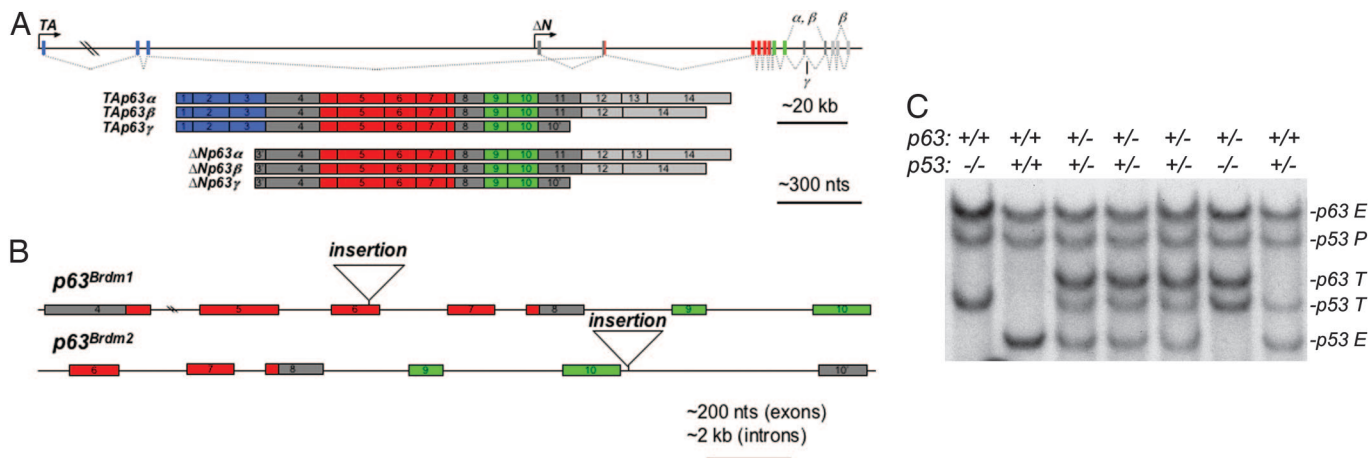
Abbreviations: DBD, DNA binding domain; LOH, loss of heterozygosity; SCC, squamous cell carcinoma.

Data deposition: The sequence reported in this paper has been deposited in the GenBank database (accession no. AF533892).

<sup>¶</sup>Present address: Department of Radiology, Duke University, Durham, NC 27705.

\*\*To whom correspondence should be addressed. E-mail: mills@cshl.edu.

© 2006 by The National Academy of Sciences of the USA



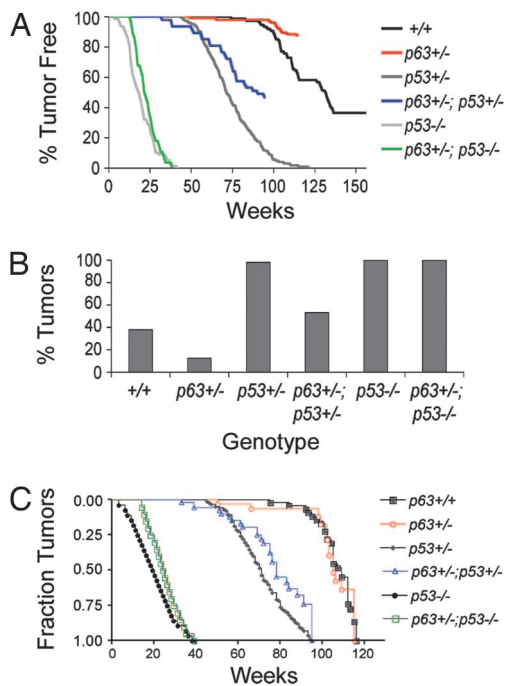
**Fig. 1.** *p63* mouse models. (A) Schematic diagram of *p63* with exons (rectangles) encoding the transactivating domain (blue), DBD (red), oligomerization domain (green), and sterile  $\alpha$  motif (light gray) (GenBank accession no. AF533892). In contrast to previous reports the last exon of the  $\gamma$  isoform, exon 10' (previously referred to as exon 15) is located between exons 10 and 11, which is also the case for human *p63* (data not shown). (B) Structure of the previously generated *p63<sup>Brdm1</sup>* and *p63<sup>Brdm2</sup>* null alleles is shown (9). (C) Genotyping by Southern blot analysis identifies endogenous (E) and targeted (T) alleles for both *p63* and *p53*. P denotes the *p53* pseudogene.

exhibit the high tumor incidence characteristic of *p53*<sup>+/-</sup> mice (7, 8). In addition to epithelial hyperplasia, reactive inflammatory disease affecting the spleen, salivary glands, lymph nodes, and liver was observed in 77% ( $n = 82$ ) of the *p63*<sup>+/-</sup> mice. This pathology involved chronic inflammation and reactive hyperplasia of lym-

phoid tissues, including myeloid hyperplasia, plasma cell proliferation, and varying degrees of lymphoid atypia. Because of their unique pathology, these lesions could easily be misdiagnosed as lymphomas.

***p63* Heterozygosity Decreases Tumor Incidence in *p53*<sup>+/-</sup> Mice.** To determine whether *p63* heterozygosity could affect tumorigenesis in a *p53*-compromised background, cohorts of *p63*<sup>+/-</sup> mice in a *p53*<sup>+/-</sup> ( $n = 47$ ) or *p53*<sup>-/-</sup> ( $n = 28$ ) background and *p53*-compromised sibling controls ( $n = 14$ ) were generated (Fig. 1C) and monitored for spontaneous tumors. Archival tumor data from *p53*<sup>+/-</sup> ( $n = 217$ ) and *p53*<sup>-/-</sup> ( $n = 72$ ) mice conducted in the same facility were included for reference. For genetic background see Table 2. A comparison of tumor incidence of *p63*<sup>+/-</sup> mice with both the *p53*<sup>+/-</sup> and *p63*<sup>+/-</sup>;*p53*<sup>+/-</sup> cohorts was statistically significant ( $P < 0.001$  and  $0.01$ , respectively) (Fig. 2A and B). At 72 weeks,  $\approx 50\%$  of the *p53*<sup>+/-</sup> cohort had developed tumors, but  $< 2\%$  of *p63*<sup>+/-</sup> mice and only 28% of *p63*<sup>+/-</sup>;*p53*<sup>+/-</sup> mice had developed tumors at the same time point. Using Kaplan–Meier analysis to factor in nontumor-related deaths, the difference between *p63*<sup>+/-</sup> or *p63*<sup>+/-</sup>;*p53*<sup>+/-</sup> and the *p53*<sup>+/-</sup> cohorts was significantly different ( $P < 0.0001$  and  $0.0009$  respectively). These data indicate that combined *p63* and *p53* deficiency does not exacerbate tumor incidence; instead it appears that *p63* heterozygosity reduces tumorigenesis in mice with compromised levels of *p53*.

**The Tumor Spectrum of *p63*<sup>+/-</sup> Mice Is Distinct from That of *p53* Compromised Mice.** The most common tumor types in *p53*<sup>+/-</sup> and *p53*<sup>-/-</sup> mice are sarcoma and lymphoma, respectively (7, 8). To investigate whether *p63* deficiency would generate similar types of tumors, we analyzed the tumor spectrum in mice of different genotypes (Table 1). WT mice developed lymphomas most frequently; from 36 of the characterized neoplasms, 67% were lymphomas ( $n = 24$ ), 14% were sarcomas ( $n = 5$ ), and 19% were carcinomas ( $n = 7$ ). In the 13 neoplasms that developed in *p63*<sup>+/-</sup> mice, 39% were lymphomas ( $n = 5$ ), 15% were sarcomas ( $n = 2$ ), and 39% were carcinomas ( $n = 5$ ). When taken as a percentage of the total cohort, all tumor types occurred less frequently in *p63*<sup>+/-</sup> mice relative to WT controls (Table 1). Consistent with previous reports, we found sarcomas and lymphomas in the majority of *p53*<sup>+/-</sup> (59%) and *p53*<sup>-/-</sup> (64%) mice, respectively. However, mice with combined *p63* and *p53* deficiency developed a distinct



**Fig. 2.** Spontaneous tumor incidence is reduced by *p63* heterozygosity. (A) The percentage of tumor-free WT, *p63*<sup>+/-</sup>, *p53*<sup>+/-</sup>, *p63*<sup>+/-</sup>;*p53*<sup>+/-</sup>, *p53*<sup>-/-</sup>, and *p63*<sup>+/-</sup>;*p53*<sup>-/-</sup> mice is shown. (B) Tumor incidence at 115 weeks is dramatically reduced in mice haploid for *p63*. The numbers of mice subjected to detailed histopathology were: *p63*<sup>+/+</sup>, 74; *p63*<sup>+/-</sup>, 104; *p53*<sup>+/-</sup>, 225; *p63*<sup>+/-</sup>;*p53*<sup>+/-</sup>, 47; *p53*<sup>-/-</sup>, 78; and *p63*<sup>+/-</sup>;*p53*<sup>-/-</sup>, 28. (C) Tumor onset depicted by using the Kaplan–Meier format. Note that even though overall tumor onset of *p63*<sup>+/-</sup> and *p63*<sup>+/+</sup> cohorts appears similar when nontumor deaths are excluded, *p63*<sup>+/-</sup> mice develop significantly fewer tumors than WT mice. In addition, tumor onset is significantly delayed in mice heterozygous for both *p63* and *p53* relative to *p53*<sup>+/-</sup> mice.

**Table 1. Spontaneous tumor spectra in mice with compromised p63 in WT and p53-deficient backgrounds**

Genotype	Tumor type											
	Lymphomas			Sarcomas			Carcinomas			Other		
	No. of tumors	% of total tumors	% of total cohort	No. of tumors	% of total tumors	% of total cohort	No. of tumors	% of total tumors	% of total cohort	No. of tumors	% of total tumors	% of total cohort
+/+*	24	67	32	5	14	7	7	19	10	0	0	0
p63+/-	5	39	5	2	15	2	5	39	5	1	8	1
p53+/-†	28	30	12	55	59	24	7	8	3	3	3	1
p63+/-; p53+/-	5	19	11	17	63	36	5	19	11	0	0	0
p53-/-‡	61	64	78	27	28	35	1	1	1	7	7	9
p63+/-; p53-/-‡	14	44	50	18	56	64	0	0	0	0	0	0

\*Shows only the 36 tumors that were classified (of 48 tumors found).

†The majority (>80%) of p53+/- mice develop tumors (7,8).

‡Multiple tumors are typically found in this cohort.

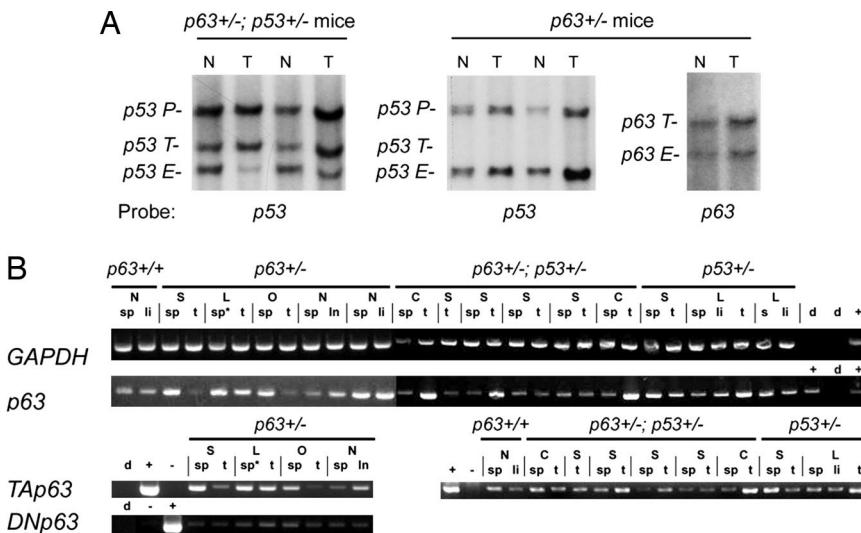
spectrum of tumors. In the p63+/-; p53+/- cohort there were 19% lymphomas (n = 5), 63% sarcomas (n = 17), and 19% carcinomas (n = 5). In contrast to the predominance of lymphomas characteristic of p53-/- mice, sarcomas were most frequent in p63+/-; p53-/- mice; of 32 neoplasms, 44% were lymphomas (n = 14) and 56% were sarcomas (n = 18). Carcinomas were not observed in the p63+/-; p53-/- cohort, a result consistent with the low percentage (1%) of carcinomas in p53-/- mice. Thus, not only was there a decrease in the total number of malignancies that developed in p63+/- mice, the tumor spectrum was distinct from p53-deficient mice.

**Tumors Arising in p63+/- Mice Are Distinct from Those of p53 Compromised Mice.** A frequent event in tumors that develop in p53+/- mice is loss of the WT p53 allele (12). To determine whether loss of p63 or p53 contributed to tumorigenesis, we evaluated tumors for loss of heterozygosity (LOH) at the p63 and p53 loci. A total of 12 lesions were analyzed for LOH at the p63 locus (3 tumors plus 2 reactive inflammatory lesions from p63+/- mice, and 7 p63+/-; p53+/- tumors); 13 tumors were analyzed for LOH at the p53 locus (2 p53+/- tumors and 11 p63+/-; p53+/- tumors). Loss of the endogenous p53 locus was observed in ~50% of the tumors obtained from p53+/- mice (data not shown), an observation consistent with results of previous studies. Similarly, the WT p53 allele was lost in ~50% (5/11) of the tumors from p63+/-; p53+/- mice. However, the p53 locus was retained in tumors that arose in p63+/- mice, and loss of the endogenous

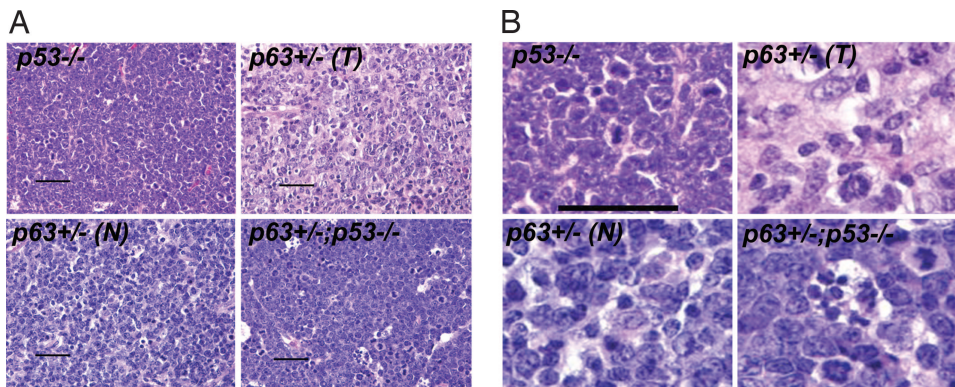
p63 locus was not observed in the tumors obtained from either p63+/- or p63+/-; p53+/- mice (Fig. 3A and data not shown). RT-PCR analysis indicated that tumors from p63+/- mice maintained expression of TAp63 and ΔNp63 isoforms (Fig. 3B). At the protein level, p63 was most readily detected in carcinomas, an observation consistent with p63's well documented expression in stratified epithelia (Fig. 7, which is published as supporting information on the PNAS web site). Thus, loss or inactivation of the WT p63 allele does not appear to accompany tumorigenesis in p63+/- mice, in striking contrast with loss of the WT p53 locus in tumors of p53+/- mice.

We next examined the histopathology of tumors arising in p63+/- mice to compare those tumors with p53-deficient tumors. Because lymphomas developed spontaneously in mice of each genotype (although only five lymphomas were found in the p63+/- cohort) we focused on them. Three of five lymphomas from the p63+/- cohort had pathology similar to the high-grade large cell lymphomas characteristic of p53-deficient mice (Table 3); two lesions were of lower grade, bordering on the atypical lymphoid hyperplasia seen in many (77%) of the p63+/- mice (Fig. 4). This analysis revealed that a subset of tumors in p63+/- mice had a distinct pathology, in clear contrast to the unambiguous pathology of malignant lymphomas obliterating the p53-deficient splenic or nodal tissue.

As genomic instability is a common feature of tumors from p53+/- and p53-/- mice (12), we used flow cytometry to assay for genomic instability in lymphomas in p63+/- mice. Whereas the



**Fig. 3.** Tumors from p63 mice do not exhibit LOH and retain expression of p63. (A) LOH analysis indicates that the p53 locus is frequently lost in tumors of p63+/-; p53+/- mice, whereas both p63 and p53 WT alleles are retained in tumors of p63+/- mice. Endogenous (E) and targeted (T) alleles for both p63 and p53 are shown. P denotes the p53 pseudogene. (B) Tumors were analyzed for expression of GAPDH and p63 by RT-PCR using primers common to all p63 transcripts. In addition, transcripts encoding TAp63 and ΔNp63 isoforms were detectable in all tumors analyzed. N, non-neoplastic; S, sarcoma; L, lymphoma; C, carcinoma; O, other; +, positive control (cDNA library was used for GAPDH and p63; plasmids containing cDNAs for either TAp63 or ΔNp63 isoforms were used as positive controls for specific transcript classes); -, negative controls (plasmids containing cDNA encoding the opposite p63 isoform). Total RNA was prepared from: sp, spleen; li, liver; t, tumor; in, lymph node; \* indicates malignancy.



**Fig. 4.** Histopathology of lymphomas. Tumors of p53-compromised mice have marked cytological atypia and a high mitotic rate, similar to some lymphomas (T) from  $p63+/-$  mice; other lesions were nonneoplastic (N) lymphoid proliferations. Lymphomas that developed in  $p63+/-; p53+/-$  mice had a large number of mitotic figures and apoptotic cells. (Scale bar: 100  $\mu\text{m}$ .)

genomes of tumors from  $p53+/-$  and  $p53-/-$  mice were often aneuploid (Fig. 5 and data not shown), genomic instability was not detected in malignant lymphomas from  $p63+/-$  mice, even in tumors with histopathology most closely resembling that of the high-grade tumors of  $p53+/-$  mice; these cells appeared diploid, as did the nonneoplastic lesions from  $p63+/-$  mice. Thus, tumors from  $p63+/-$  mice do not have the same degree of genomic instability as those developing in  $p53+/-$  mice. In contrast with the diploid nature of  $p63+/-$  lymphomas, those obtained from  $p63+/-; p53+/-$  and  $p63+/-; p53-/-$  mice had detectable genomic instability (data not shown and Fig. 5), consistent with the large number of mitotic figures observed histologically (see Fig. 4).

**$p63+/-$  Mice Are Not Susceptible to Chemical Carcinogenesis.** We next examined whether the well established two-stage chemical carcinogenesis protocol (13) would enhance tumorigenesis in  $p63+/-$  mice. This treatment causes benign papillomas in normal mouse skin and a proportion of these progress to squamous cell carcinoma (SCC). In a blinded study, a cohort of 38  $p63^{Brdm2}/+$  mice and 29  $p63+/+$  sibling controls were treated with dimethylbenz[*a*]anthracene/tetradecanoyl-phorbol-13-acetate and monitored weekly for tumor formation, size, and number. The first

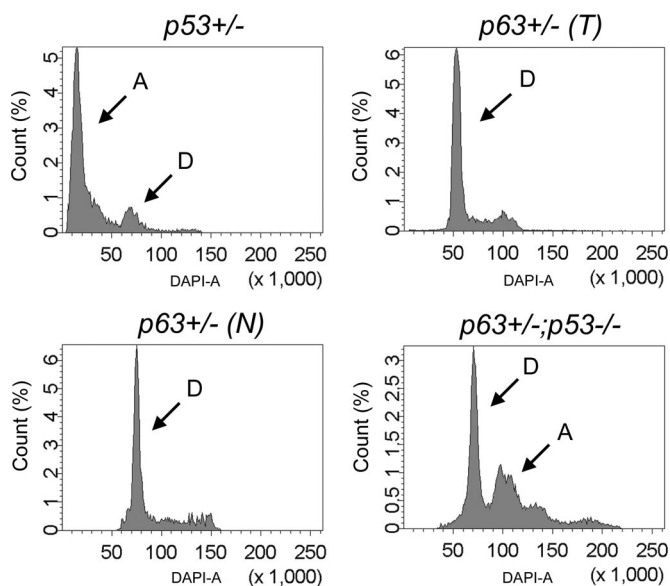
tumors in this model appeared at 10 and 12 weeks after initiation for  $p63+/-$  and  $p63+/+$  cohorts, respectively. The percentage of  $p63+/-$  mice developing tumors was approximately the same as that of the WT cohort ( $P = 0.19$ ) (Fig. 6A). The average number of tumors per mouse was not statistically different between  $p63+/-$  and  $p63+/+$  mice over the course of the study (Fig. 6B;  $P = 0.46$ ). The tumors were monitored weekly for signs of malignant conversion. In contrast to  $p53+/-$  mice that had been exposed to the two-stage chemical carcinogenesis protocol (14), tumors of  $p63+/-$  mice did not undergo malignant conversion at an accelerated rate relative to WT controls (Fig. 6C;  $P = 0.07$ ). These data indicate that  $p63+/-$  mice are no more susceptible than WT mice to chemically induced skin tumors.

Given the robust expression of p63 in the skin, we evaluated whether p63 expression is maintained in skin tumors. Sections from papillomas and SCCs that developed in  $p63+/+$  and  $p63+/-$  mice were immunofluorescently costained for keratin 14 and p63. Papillomas from WT and  $p63+/-$  mice expressed p63 in a similar nuclear pattern, and even papillomas that converted to malignant SCC maintained robust levels of p63. Thus, loss of p63 does not accompany tumorigenesis, even in tissues that normally express high levels of endogenous p63.

## Discussion

As *p53* is the most frequently mutated gene in human cancer (2) the discovery of the two related proteins, p63 and p73, led to speculation that these proteins would function similarly in tumor suppression. However, most studies have not supported a similar mechanism for p63 loss or inactivation, and *p63* mutations have been reported in only a few cancers (refs. 15–18 and reviewed in ref. 5). In fact, robust expression of p63 or amplification of the *p63* locus is common in many epithelial tumors (19–34). Although missense mutations in human *p63* that correlate with hot-spot mutations in *p53* have been identified, these mutations cause developmental syndromes, rather than a predisposition to cancer (reviewed in ref. 1).

In this study, we sought to explore the physiological role of p63 in spontaneous cancer development. While investigating the hypothesis that p63 might function as a tumor suppressor, we found that *p63* heterozygosity does not accelerate tumorigenesis, even when p53 is compromised. At the end of an extensive tumor study, the percentage of  $p63+/-$  mice bearing tumors was reduced  $\approx 3$ -fold compared with WT mice. Similarly, overall tumor incidence was reduced nearly 2-fold when a single *p63* heterozygous null allele was placed in the context of a tumor-prone p53-compromised background. So, p63 deficiency does not appear to enhance cancer risk in the context of the whole organism, at least when *p63* heterozygosity is the initiating genetic event. Conversely, p63 deficiency may even confer tumor protection. To take this one step further, we investigated whether a well characterized chemical carcinogenic insult might uncover a tumor predisposition in



**Fig. 5.** Genomic instability is not increased in lymphomas of p63-compromised mice. Flow cytometry indicates that  $p53+/-$  tumors are aneuploid (A), whereas both tumors (T) and nonneoplastic lesions (N) from  $p63+/-$  mice are diploid (D). In contrast, tumors from  $p63+/-; p53-/-$  mice are aneuploid.



**Histology.** Histological analysis of multiple tissues was performed on a total of 211 mice. Tissues were fixed in 10% buffered formalin, dehydrated, embedded in paraffin, and sectioned at 5- $\mu$ m thickness. Paraffin was removed, and the sections were rehydrated, stained in hematoxylin, counterstained in eosin, and dehydrated in an ethanol series ending in xylene. Pathology was assessed by H.V.

**Immunofluorescence and Western Blotting.** For Western blotting, protein samples were prepared in Laemmli buffer, and protein concentration was determined by Bradford protein assay (Bio-Rad). Thirty micrograms of protein was loaded in each lane. p63 was detected by using the 4A4 anti-p63 antibody (1:800; Santa Cruz Biotechnology), and the same blot was probed with actin (anti- $\beta$ -actin, Sigma; 1:10,000). Tumor sections were subjected to immunofluorescent analysis using the 4A4 anti-p63 antibody (1:500; a gift from Frank McKeon, Harvard Medical School, Boston) and guinea pig anti-K14 (44) antibodies. Primary antibodies were detected by using Alexa-conjugated fluorochromes 594 goat anti-guinea pig and 488 goat anti-mouse (Molecular Probes).

**RT-PCR.** Total RNA was isolated from frozen tumors by using Trizol reagent (Invitrogen) and a Tissue-Tek homogenizer (Brinkman). RT-PCR was performed on 0.5  $\mu$ g of total RNA by using a Superscript first-strand cDNA synthesis kit (Invitrogen), and cDNA was amplified by PCR using the following primers: GAPDH1, 5'-AAGGTCGGTGTGAACGGATT-3'; GAPDH2, 5'-TGGTG-

GTGCAGGATGCATTG-3'; p63 $\Delta$ N-1, 5'-TTGTACCTG-GAAAACAATG-3'; p63 $\Delta$ N-2, 5'-GCATCGTTTCACAAC-CTCG-3'; p63TA-1, 5'-AACCCAGCTCATTCTC-3'; p63TA-2, 5'-GGCCGGGTAATCTGTGTTGG-3'; p63DBD-1, 5'-ATGGACAGCAGATTCCAGACGG-3'; and p63DBD-2, 5'-GCATCGTTTCACAACCTCG-3'. PCR was performed with a MasterCycler gradient thermocycler (Eppendorf). Reaction products were resolved on a 4% agarose gel.

**DNA Content Analysis.** Sections of 50  $\mu$ m were cut from each tumor, paraffin was removed in xylene, and tissues were rehydrated in an ethanol series. After overnight incubation in 100  $\mu$ g/ml RNaseA in PBS, nuclei were treated with 5 mg/ml trypsin for 3 h and washed in 70% ethanol. The isolated nuclei were stained with 0.5  $\mu$ g/ml DAPI for 30 min. To determine the diploid cell population within each tumor sample, cycling mouse embryonic fibroblasts (MEFs) were used as an internal control. Samples were analyzed on the BD LSRII cell analyzer (BD Biosystems) before and after addition of paraformaldehyde-fixed MEFs, and data were analyzed by FACS DIVA software (BD Biosystems).

We thank Alex Gann for critical reading of the manuscript, Larry Donehower for archival tumor data, Mike Hemann and Allan Balmain for helpful discussions, and Ying Wu for technical assistance. This work was supported by National Institutes of Health Grants CA52607 and CA105491 (to D.R.R.) and National Institutes of Health Grant AR47898 (to A.A.M. and D.R.R.).

- Murray-Zmijewski, F., Lane, D. P. & Bourdon, J. C. (2006) *Cell Death Differ.*, in press.
- Hollstein, M., Sidransky, D., Vogelstein, B. & Harris, C. C. (1991) *Science* **253**, 49–53.
- Wu, G., Nomoto, S., Hoque, M. O., Dracheva, T., Osada, M., Lee, C. C., Dong, S. M., Guo, Z., Benoit, N., Cohen, Y., et al. (2003) *Cancer Res.* **63**, 2351–2357.
- Yang, A., Kaghad, M., Wang, Y., Gillett, E., Fleming, M. D., Dotsch, V., Andrews, N. C., Caput, D. & McKeon, F. (1998) *Mol. Cell* **2**, 305–316.
- Moll, U. M. & Slade, N. (2004) *Mol. Cancer Res.* **2**, 371–386.
- Gaiddon, C., Lokshin, M., Ahn, J., Zhang, T. & Prives, C. (2001) *Mol. Cell Biol.* **21**, 1874–1887.
- Donehower, L. A., Harvey, M., Slagle, B. L., McArthur, M. J., Montgomery, C. A., Jr., Butel, J. S. & Bradley, A. (1992) *Nature* **356**, 215–221.
- Jacks, T., Remington, L., Williams, B. O., Schmitt, E. M., Halachmi, S., Bronson, R. T. & Weinberg, R. A. (1994) *Curr. Biol.* **4**, 1–7.
- Mills, A. A., Zheng, B., Wang, X. J., Vogel, H., Roop, D. R. & Bradley, A. (1999) *Nature* **398**, 708–713.
- Yang, A., Schweitzer, R., Sun, D., Kaghad, M., Walker, N., Bronson, R. T., Tabin, C., Sharpe, A., Caput, D., Crum, C. & McKeon, F. (1999) *Nature* **398**, 714–718.
- Keyes, W. M., Wu, Y., Vogel, H., Guo, X., Lowe, S. W. & Mills, A. A. (2005) *Genes Dev.* **19**, 1986–1999.
- Venkatachalam, S., Shi, Y. P., Jones, S. N., Vogel, H., Bradley, A., Pinkel, D. & Donehower, L. A. (1998) *EMBO J.* **17**, 4657–4667.
- DiGiovanni, J. (1992) *Pharmacol. Ther.* **54**, 63–128.
- Kemp, C. J., Donehower, L. A., Bradley, A. & Balmain, A. (1993) *Cell* **74**, 813–822.
- Osada, M., Ohba, M., Kawahara, C., Ishioka, C., Kanamaru, R., Katoh, I., Ikawa, Y., Nimura, Y., Nakagawara, A., Obinata, M. & Ikawa, S. (1998) *Nat. Med.* **4**, 839–843.
- Ikawa, S., Nakagawara, A. & Ikawa, Y. (1999) *Cell Death Differ.* **6**, 1154–1161.
- Nishi, H., Isaka, K., Sagawa, Y., Usuda, S., Fujito, A., Ito, H., Senoo, M., Kato, H. & Takayama, M. (1999) *Int. J. Oncol.* **15**, 1149–1153.
- Sunahara, M., Shishikura, T., Takahashi, M., Todo, S., Yamamoto, N., Kimura, H., Kato, S., Ishioka, C., Ikawa, S., Ikawa, Y. & Nakagawara, A. (1999) *Oncogene* **18**, 3761–3765.
- Crook, T., Nicholls, J. M., Brooks, L., O'Nions, J. & Allday, M. J. (2000) *Oncogene* **19**, 3439–3444.
- Hibi, K., Trink, B., Patturajan, M., Westra, W. H., Caballero, O. L., Hill, D. E., Ratovitski, E. A., Jen, J. & Sidransky, D. (2000) *Proc. Natl. Acad. Sci. USA* **97**, 5462–5467.
- Yamaguchi, K., Wu, L., Caballero, O. L., Hibi, K., Trink, B., Resto, V., Cairns, P., Okami, K., Koch, W. M., Sidransky, D. & Jen, J. (2000) *Int. J. Cancer* **86**, 684–689.
- Ito, Y., Takeda, T., Wakasa, K., Tsujimoto, M., Sakon, M. & Matsuura, N. (2001) *Int. J. Mol. Med.* **8**, 67–71.
- Quade, B. J., Yang, A., Wang, Y., Sun, D., Park, J., Sheets, E. E., Cviko, A., Federschneider, J. M., Peters, R., McKeon, F. D. & Crum, C. P. (2001) *Gynecol. Oncol.* **80**, 24–29.
- Wang, T. Y., Chen, B. F., Yang, Y. C., Chen, H., Wang, Y., Cviko, A., Quade, B. J., Sun, D., Yang, A., McKeon, F. D. & Crum, C. P. (2001) *Hum. Pathol.* **32**, 479–486.
- Choi, H. R., Batsakis, J. G., Zhan, F., Sturgis, E., Luna, M. A. & El-Naggar, A. K. (2002) *Hum. Pathol.* **33**, 158–164.
- Di Como, C. J., Urist, M. J., Babayan, I., Drobnjak, M., Hedvat, C. V., Teruya-Feldstein, J., Pohar, K., Hoos, A. & Cordon-Cardo, C. (2002) *Clin. Cancer Res.* **8**, 494–501.
- Reis-Filho, J. S., Torio, B., Albergaria, A. & Schmitt, F. C. (2002) *J. Cutan. Pathol.* **29**, 517–523.
- Hu, H., Xia, S. H., Li, A. D., Xu, X., Cai, Y., Han, Y. L., Wei, F., Chen, B. S., Huang, X. P., Han, Y. S., et al. (2002) *Int. J. Cancer* **102**, 580–583.
- Patturajan, M., Nomoto, S., Sommer, M., Fomenkov, A., Hibi, K., Zangen, R., Poliak, N., Califano, J., Trink, B., Ratovitski, E. & Sidransky, D. (2002) *Cancer Cell* **1**, 369–379.
- Wang, B. Y., Gil, J., Kaufman, D., Gan, L., Kohtz, D. S. & Burstein, D. E. (2002) *Hum. Pathol.* **33**, 921–926.
- Massion, P. P., Taflan, P. M., Jamshedur Rahman, S. M., Yildiz, P., Shyr, Y., Edgerton, M. E., Westfall, M. D., Roberts, J. R., Pietenpol, J. A., Carbone, D. P. & Gonzalez, A. L. (2003) *Cancer Res.* **63**, 7113–7121.
- Reis-Filho, J. S., Simpson, P. T., Martins, A., Preto, A., Gartner, F. & Schmitt, F. C. (2003) *Virchows Arch.* **443**, 122–132.
- Pruneri, G., Fabris, S., Dell'Orto, P., Biasi, M. O., Valentini, S., Del Curto, B., Laszlo, D., Cattaneo, L., Fasani, R., Rossini, L., et al. (2005) *J. Pathol.* **206**, 337–345.
- Tonon, G., Wong, K. K., Maulik, G., Brennan, C., Feng, B., Zhang, Y., Khatri, D. B., Protopopov, A., You, M. J., Aguirre, A. J., et al. (2005) *Proc. Natl. Acad. Sci. USA* **102**, 9625–9630.
- Koster, M. I., Kim, S., Mills, A. A., DeMayo, F. J. & Roop, D. R. (2004) *Genes Dev.* **18**, 126–131.
- Kurita, T., Mills, A. A. & Cunha, G. R. (2004) *Development (Cambridge, U.K.)* **131**, 1639–1649.
- Keyes, W. M. & Mills, A. A. (2006) *Cell Cycle* **5**, 260–265.
- Koster, M. I., Lu, S. L., White, L. D., Wang, X. J. & Roop, D. R. (2006) *Cancer Res.* **66**, 3981–3986.
- Flores, E. R., Sengupta, S., Miller, J. B., Newman, J. J., Bronson, R., Crowley, D., Yang, A., McKeon, F. & Jacks, T. (2005) *Cancer Cell* **7**, 363–373.
- McKeon, F. (2004) *Genes Dev.* **18**, 465–469.
- Flores, E. R., Tsai, K. Y., Crowley, D., Sengupta, S., Yang, A., McKeon, F. & Jacks, T. (2002) *Nature* **416**, 560–564.
- Mills, A. A., Qi, Y. & Bradley, A. (2002) *Genesis* **32**, 138–141.
- Perez-Losada, J., Wu, D., DelRosario, R., Balmain, A. & Mao, J. H. (2005) *Oncogene* **24**, 5521–5524.
- Yuspa, S. H., Kilkenny, A. E., Steinert, P. M. & Roop, D. R. (1989) *J. Cell Biol.* **109**, 1207–1217.