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Atm is a Negative Regulator of Intestinal Neoplasia

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Abstract

The *ATM* (Ataxia telangiectasia mutated) gene has been implicated as an early barrier to the growth and progression of incipient solid tumors. Here, we show that germline nullizygoty for the mouse *Atm* gene significantly increases the proliferative index, net growth rate, and multiplicity of intestinal adenomas in two distinct models of familial colon cancer: *Apc*^{Min/+} and *Apc*^{1638N/+}. These effects of *Atm* deficiency are quantitatively different from deficiency for either of the genomic stability genes Bloom's Syndrome helicase (*Blm*) or DNA ligase IV (*Lig4*), and the effect of *Atm* loss on tumor multiplicity is largely independent of the effect of ionizing radiation. Furthermore, the LOH (loss of heterozygosity) rates at the *Apc* (Adenomatous polyposis coli) locus are unaffected by *Atm* loss. Taken together, these data implicate the *Atm* gene product as a barrier to dysplastic growth in the early stages of intestinal tumor progression, independent of its effects on genomic stability.

Keywords

Gastrointestinal cancer; Atm; Apc; Blm; Lig4; modifier

Action of the *ATM* gene product is highly pleiotropic; its loss of function is associated with a wide range of neurological and aging phenotypes, including a strong predisposition to lymphoid malignancies (Savitsky *et al.*, 1995). Recently, it has been discovered that the *Atm* pathway suppresses the progression of various solid tumors by triggering DNA damage response mechanisms, including senescence (Gorgoulis *et al.*, 2005; Bartkova *et al.*, 2005; Bartkova *et al.*, 2006). *Atm*-deficient mice rapidly develop aggressive thymic lymphomas (Barlow *et al.*, 1996), but have not yet shown a predisposition to epithelial neoplasia. We have therefore sought to test these aspects of *Atm* function using mouse models for epithelial cancer. The intestine provides a powerful experimental platform to ask whether *Atm* deficiency affects the formation and progression of solid tumors on *Apc*-mutant backgrounds. *Apc*^{Min/+} mice - which have a stop codon at position 850 - develop multiple tumors throughout the intestinal tract, and are widely used to test for the effects of various mutations and environmental factors on tumorigenesis (Taketo, 2006); *Apc*^{1638N/+} - which truncates *Apc* at codon 1638 and decreases protein levels to ~2% (Fodde *et al.*, 1994) - is an independent model that develops 1–2 intestinal tumors with biological and molecular characteristics different from those of *Apc*^{Min/+} tumors (Haigis *et al.*, 2004). We compare the results of crosses of *Apc*-mutant mice to *Atm*-deficient mice with similar crosses to mice deficient in the genomic stability proteins Bloom's helicase (*Blm*) or DNA ligase 4 (*Lig4*).

We introgressed a null *Atm* allele (Barlow *et al.*, 1996) onto the C57BL/6J (B6) background before crossing it to B6.*Apc*^{+/-} mice. *Atm*^{-/-} animals on both the B6 and 129/S6 (129) backgrounds showed a significant reduction in body mass, accompanied by a consistent shortening of the small intestinal tract by an average of 3 cm (data not shown). B6.*Atm*^{-/-} mice are also infertile and developed thymic lymphomas at a reduced rate (10/44, 23%) compared

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to age-matched 129.*Atm*^{-/-} animals (9/14, 63%; $p < 0.05$, Fisher's Exact Test). However, the lymphoma phenotype did not correlate with any intestinal phenotypes in *Apc*^{+/-} derivatives of these *Atm*^{-/-} genotypes.

To generate the three possible *Atm* genotypes on an *Apc*-mutant background, we intercrossed B6.*Atm*^{+/-};*Apc*^{+/-} and B6.*Atm*^{+/-};*Apc*^{+/+} mice. B6.*Atm*^{-/-} mice on an *Apc*^{Min/+} background developed 2-fold more intestinal tumors than heterozygous *Atm* or wildtype age-matched controls (Table 1a). To normalize for the length of the intestinal tract, tumors/cm² were measured and also found to be significantly different: *Atm*^{+/+}, 0.4 ± 0.1 ; *Atm*^{+/-}, 0.4 ± 0.1 ; *Atm*^{-/-}, 0.9 ± 0.1 ($p < 0.01$, Kruskal-Wallis test). *Atm* deficiency also produced a significant increase in colon tumor multiplicity and incidence. Notably, *Atm*^{+/-} heterozygotes did not differ significantly from *Atm*^{+/+} homozygous wildtype mice for tumor multiplicity in the small intestine ($p > 0.1$) or colon ($p > 0.2$) or for incidence of colonic tumors ($p > 0.6$). However, the average tumor diameter at 100–109 days of age increased significantly with decreasing allelic dosage of wildtype *Atm* (Fig. 1). The increase in size was uniform throughout the length of the intestine, with each quartile of the small intestine demonstrating a significant difference ($p < 0.02$, Jonckheere-Terpstra test; data not shown). Preliminary data from four mice indicates that this size increase also holds true at 160–168 days of age (data not shown). We investigated whether the increase in tumor size reflected an enhancement of cellular proliferation. Immunohistochemical staining for the Ki-67 antigen revealed an increase in the percentage of Ki-67-positive cells in *Atm*^{-/-};*Apc*^{Min/+} tumors and in tumor-associated hyperplasia when compared to *Atm*^{+/+};*Apc*^{Min/+} (Fig. 2a–f and Table 2).

We then asked whether *Atm*-deficiency affects a different model of intestinal tumorigenesis, *Apc*^{1638N/+}. First, we confirmed that the molecular mechanisms involved in *Apc*^{1638N/+} tumors differed from *Apc*^{Min/+} tumors. *Apc*^{Min/+} tumors showed a pattern of strong nuclear β -catenin staining in *Apc*-negative cells - a hallmark of neoplastic *Apc*^{Min/+} tissue. This observation was independent of the *Atm* status (12/14, 86% and 20/22, 91% for *Atm*^{+/+} and *Atm*^{-/-}, respectively; Fig. 2g–l). By contrast, all 28 *Apc*^{1638N/+}-induced tumors (14 *Atm*^{+/+} and 14 *Atm*^{-/-}) were negative or only weakly positive for nuclear β -catenin, despite the loss of detectable *Apc* antigen (Fig. 2, compare m–r to g–l). We controlled for differences in staining by processing *Apc*^{Min/+} and *Apc*^{1638N/+} tumor sections in parallel. A similar result has been reported elsewhere (Janssen et al., 2006), but it remains unclear by what alternative mechanism *Apc*^{1638N/+} tumors initiate.

Next, we found that nullizyosity for *Atm* dramatically increased the multiplicity of *Apc*^{1638N/+} tumors in the small intestine, by 16-fold (Table 1a). *Atm* heterozygotes did not differ from *Atm* wildtype mice in the multiplicity of *Apc*^{1638N/+} tumors in the small intestine ($p > 0.7$). Colonic tumor multiplicity and incidence were also significantly increased by *Atm* deficiency, as both *Atm*^{+/-} heterozygous and *Atm*^{+/+} wildtype control groups of *Apc*^{1638N/+} developed no colonic tumors, while 45% of *Atm*^{-/-} derivatives developed at least one. These colonic tumors showed a histological appearance indistinguishable from those of *Apc*^{Min/+} animals. The low overall tumor multiplicity in controls precluded a rigorous statistical analysis of tumor size. Overall, these results indicate that loss of *Atm* function enhances intestinal tumorigenesis, regardless of the initial underlying molecular mechanism.

Because the functions of *Atm* encompass more than cellular growth, we tested the effects of *Atm* loss on genomic stability. First, we measured rates of LOH at the *Apc* locus in *Apc*^{Min/+} mice. Quantitative Pyrosequencing® assays (Pyrosequencing is a registered trademark of Biotage) for the *Apc*^{Min/+} SNP (performed as described in Amos-Landgraf et al., 2007) demonstrated no statistically significant difference in the percentage of LOH-initiated tumors among the three genotypes: *Atm*^{+/+}, 31/33 (94%); *Atm*^{+/-}, 29/34 (85%); and *Atm*^{-/-}, 45/51 (88%), ruling out a strong effect of *Atm* loss on this mechanism of tumor initiation. Second,

we measured the regional localization of intestinal tumors, which is hypothesized to correlate with the mechanism of induction (Haigis *et al.*, 2004). *Atm* deficiency did not affect the regional distribution of tumors per 10%- or 25% sub-interval of the small intestine, for either *Apc*^{Min/+} or *Apc*^{1638N/+} mice (data not shown). Finally, we induced DNA double-strand breaks, using whole-body ionizing radiation (IR). Unlike the acute sensitivity of 129.*Atm*^{-/-} mice to IR, B6.*Atm*^{-/-} mice with or without *Apc* mutations survived for over two months after a single 5Gy dose at 10 days of age. Dissections of age-matched mice showed that, after IR, *Atm* deficiency affected the multiplicity of *Apc*^{Min/+}-induced tumors in the colon, but not in the small intestine, compared to irradiated *Atm*^{+/+};*Apc*^{Min/+} controls (Table 1a). However, after adjusting for intestinal length, a significant effect of *Atm* deficiency was seen for tumors/cm² in the small intestine: *Atm*^{+/+}, 3.3 ± 0.6; *Atm*^{+/-}, 3.4 ± 0.5; *Atm*^{-/-} 4.4 ± 0.4 (p<0.05, Jonkheere-Terpstra Test). Thus, *Atm* nullizygosity has an effect at least partially independent of the genomic instability caused by IR.

To probe further the effects of genomic stability on intestinal tumors, we contrasted *Atm* mutants with a mutant for the *Blm* gene. In agreement with other observations (Luo *et al.*, 2000), homozygosity for a *Blm* hypomorphic allele (*Blm*^{m3}) increased *Apc*^{Min/+} tumor multiplicity 3.8-fold (Table 1b). *Blm*^{m3/+} heterozygotes and homozygous wildtypes did not differ significantly from each other (p>0.3). No studies have yet been reported for *Blm* and *Apc*^{1638N/+}; we found that, in contrast to *Atm*-deficiency, *Blm*-deficiency had only a 5-fold enhancing effect on B6.*Apc*^{1638N/+} tumor multiplicity (Table 1b). Importantly, the 95% CI for the fold-increase caused by *Blm*-deficiency does not overlap with the larger effect caused by *Atm*-deficiency. Furthermore, only one of 20 B6.*Blm*^{m3/m3};*Apc*^{1638N/+} mice developed colonic tumors, which is not statistically different from heterozygotes or wildtype controls (p>0.4) but is significantly different from *Atm*^{-/-};*Apc*^{1638N/+} (p<0.01). This *Blm* hypomorph is known to increase *Apc*^{Min/+} tumor multiplicity via an increase in somatic recombination proximal to the *Apc* locus (Luo *et al.*, 2000; Goss *et al.*, 2002). Therefore, our results with the *Blm*^{m3} allele argue that the generation of *Apc*^{1638N/1638N} cells is not sufficient to induce adenomas at a high rate. Thus, although genome-wide somatic hyperrecombination strongly enhances *Apc*^{Min/+}-induced tumors, it is insufficient to explain the dramatic affect of *Atm* loss on *Apc*^{1638N/+} tumorigenesis.

Finally, we sought further evidence for an effect of *Atm* deficiency distinct from genomic instability by studying *Apc*-mutant mice haploinsufficient for *Lig4*, which encodes a protein involved in maintaining genomic stability and which, unlike some modifiers of *Apc*^{Min/+} - *Blm* (Luo *et al.*, 2000; Goss *et al.*, 2002), *Recq14* (Mann *et al.*, 2005), or *Bub1R* (Rao *et al.*, 2005)- has no known role in cell cycle checkpoints (Frank *et al.*, 2000). *Lig4*^{+/-} mice have previously been shown to increase the genomic instability and multiplicity of sarcomas in *Ink4a/Arf*^{-/-} mice (Sharpless *et al.*, 2001). By contrast, B6.*Lig4*^{+/-};*Apc*^{Min/+} or B6.*Lig4*^{+/-};*Apc*^{1638N/+} mice did not have a significantly different tumor multiplicity (p>0.6; data not shown) or average size (p>0.9) when compared to *Lig4*^{+/+} controls. Taken together, these and the preceding results suggest that the effect of *Atm* deficiency on intestinal tumorigenesis involves functions beyond the maintenance of genomic stability.

Atm encodes a protein with pleiotropic functions involving cell cycle checkpoints, DNA double strand break repair, senescence, and apoptosis. It has recently been proposed that *Atm* and other checkpoint proteins also serve as barriers to the growth of incipient tumors (Gorgoulis *et al.*, 2005; Bartkova *et al.*, 2005). Various human solid tumors show a sharp increase in an activated form of *Atm* protein at early stages, signals that are then diminished or lost in later-stage carcinomas. Other recent evidence in human tumors correlates a decrease in colon tumor-specific *Atm* protein levels (Grabsch *et al.*, 2006) and an increase in *Atm* promoter hypermethylation (Bai *et al.*, 2004) with progression to carcinoma and decreased survival. Allelic imbalance at the 11q22–23 interval containing *Atm* is also associated with polyploidy

in colorectal carcinomas (Sugai *et al.*, 2001). Inactivation of the *Atm* and/or related pathways might therefore be required for tumor progression. We have reported here that ablation of the *Atm* gene significantly sensitizes intestinal epithelia to both tumor multiplicity and growth. These findings, along with the recent studies of *Atm* knockdown in mouse cell line explants and the inverse correlation between senescence and colorectal tumor progression (Bartkova *et al.*, 2006) lends strong support to the hypothesis that the *Atm* function can negatively regulate tumor emergence in epithelial tissues. Additionally, heterozygosity for the *Atm* mutation appeared to affect intestinal tumor size (but not multiplicity); *Atm* haploinsufficiency has long been controversially associated with human breast cancer (Renwick *et al.*, 2006).

How exactly does *Atm* control intestinal tumor multiplicity and size via proliferation? The pleiotropy of *Atm* action makes this a difficult question to answer, and is further complicated by the possibility that *Atm* could act in a non-cell autonomous fashion, similar to studies implicating stromal p53 loss in mouse models of prostate cancer (Hill *et al.*, 2005). Nevertheless, models of possible pathways can be constructed. For example, p53 protein is phosphorylated directly by the *Atm* kinase (Westphal *et al.*, 1997); perhaps perturbed p53 signaling, including decreased expression levels of p21, potentiates increased cell survival and/or proliferation. Indeed, we have shown previously that p53 nullizygosity on the B6 background increases *Apc*^{Min/+} tumor multiplicity from 32 to 45 tumors (Halberg *et al.*, 2000); however, this is significantly less than the increase from *Atm* loss (p<0.05). Thus, other pathways are likely involved: for example, *Atm* also regulates cell cycle checkpoints, lying directly upstream of many key effectors such as Chk2 (Matsuoka *et al.*, 2000). In principle, defective checkpoint signaling can result in the deregulation of cell division. Finally, the increase in proliferation is consistent with a loss of senescence induction, as recently proposed for the knockdown of *Atm* (Bartkova *et al.*, 2006). Confirmation of this speculation will require analysis of senescence markers.

In summary, we have demonstrated that *Atm* can negatively regulate tumorigenesis in epithelial tissues by opposing the proliferation of dysplastic cells, acting independently of effects on genomic stability.

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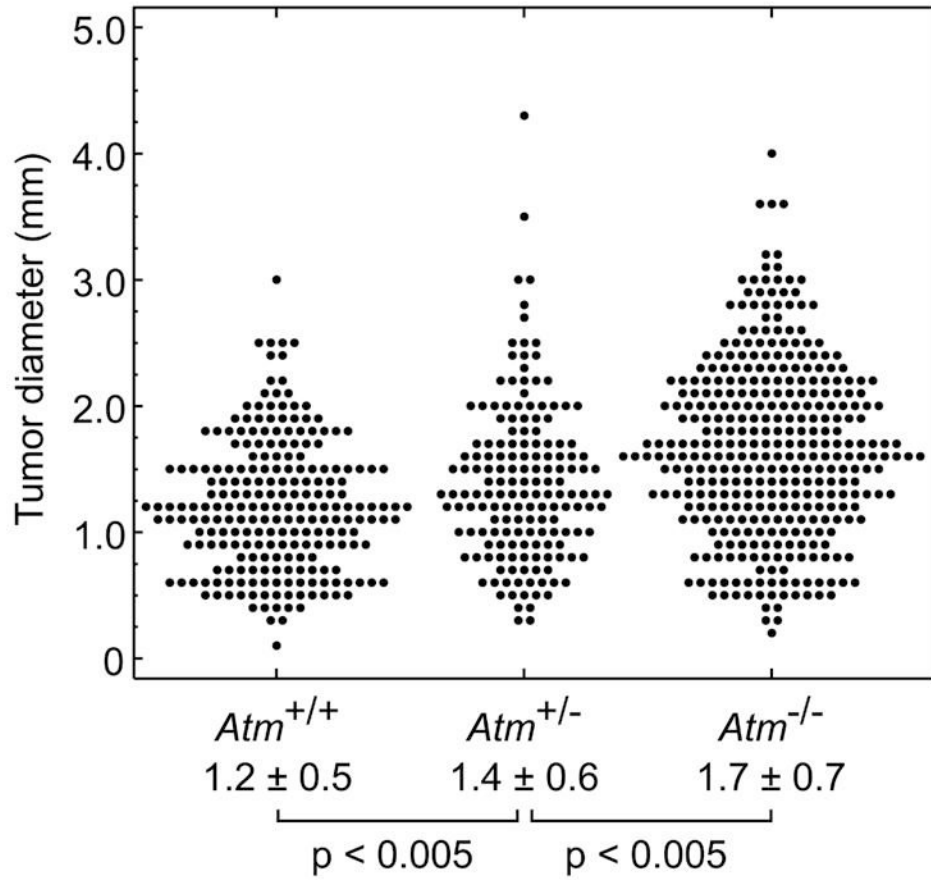


Figure 1.

Effect of *Atm* genotype on the size of small intestinal tumors in 100–109 day old *Apc*^{Min/+} mice (*Atm*^{+/+}: n=7 animals, 227 tumors; *Atm*^{+/-}: n=6 animals, 164 tumors; *Atm*^{-/-}: n=5 animals, 353 tumors). Intestinal tumors were measured at the maximal diameter using a dissection microscope with an ocular sizing reticle. Mean ± SD for each set and p-values (Jonckheere-Terpstra test) are shown.

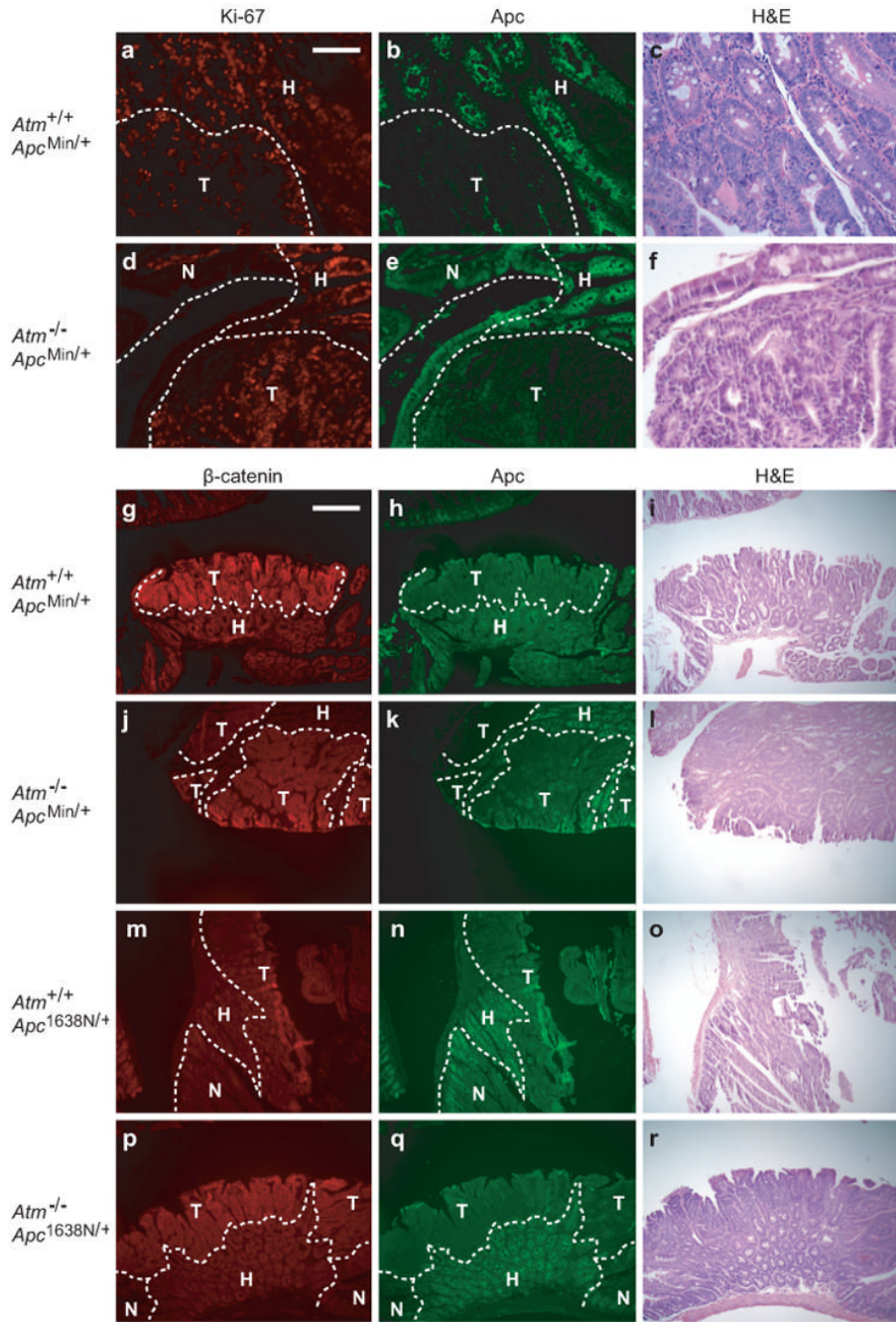


Figure 2. Ki-67, Apc, and β -catenin staining in intestinal tumors. (a–c) $Atm^{+/+};Apc^{Min/+}$ and (d–f) $Atm^{-/-};Apc^{Min/+}$ tumors stained for Ki-67 (red), Apc (green) and H&E. (g–i) $Atm^{+/+};Apc^{Min/+}$, (j–l) $Atm^{-/-};Apc^{Min/+}$, (m–o) $Atm^{+/+};Apc^{1638N/+}$, and (p–r) $Atm^{-/-};Apc^{1638N/+}$ tumors stained for β -catenin (red), Apc (green) and H&E. Histological classification was determined using Apc levels and cellular morphology. Immunofluorescence was performed as described previously (Haigis *et al.*, 2002). All sections shown are representative. T, tumor; H, tumor-associated hyperplasia; N, normal tissue. Scale bars: a–f, 0.1mm; g–r, 0.4mm.

Table 1
Effect of the genotype of (a) *Atm* and (b) *Blm* on intestinal tumor multiplicity

The approximate fold-increase refers to *Atm*^{-/-} or *Blm*^{m3/m3} compared to the other two classes. 129/S6 (129).*Blm*^{m3/+} mice were a gift from Allan Bradley (Baylor College of Medicine, Houston, TX); 129.*Atm*^{+/-} mice were purchased from The Jackson Laboratory (Bar Harbor, ME); 129.*Lig4*^{+/-} mice were a gift from Frederick Alt (Harvard University, Boston, MA). All mice were backcrossed to B6 for at least 11 (*Atm*), 10 (*Blm*), or 5 (*Lig4*) generations. Mouse husbandry and dissection were performed as previously described (Haigis *et al.*, 2002). All mice were dissected between 3 and 5 months of age except for irradiated mice, which became moribund at 2 months. Whole-body IR was delivered using a Mark I ¹³⁷Cs irradiator, model 30 (J L Shepard & Assoc., San Fernando, CA), as previously described (Luongo and Dove, 1996). It was noted that *Atm*^{-/-}; *Apc*^{1638N/+} and *Blm*^{m3/m3}; *Apc*^{1638N/+} mice, but no other genotypic combination, developed numerous desmoid fibromas which were not enumerated.

| | <i>Atm</i> ^{+/+} | | | <i>Atm</i> ^{+/-} | | | <i>Atm</i> ^{-/-} | | |
|---|---------------------------|------------------------------------|----|------------------------------------|----|------------------------------------|-----------------------------|-------------------------------------|--|
| | Loc. | Tumor count, mean ± SD (incidence) | N | Tumor count, mean ± SD (incidence) | N | Tumor count, mean ± SD (incidence) | N | Fold Increase (95%CI) [‡] | |
| B6.<i>Apc</i>^{Mim/+} | SI | 31 ± 7 | 47 | 35 ± 12 | 49 | 67 ± 10 | 17 | 2.0 (1.8-2.3) [*] | |
| | LI | 0.9 ± 1.5 (47%) | | 1.1 ± 1.3 (47%) | | 3.8 ± 3.7 (94%) [*] | | 4.6 (2.2-9.3) [*] | |
| | SI | 280 ± 70 | 7 | 276 ± 54 | 12 | 267 ± 53 | 3 | 1.0 (0.7-1.3) [‡] | |
| B6.<i>Apc</i>^{Mim/+} + 5.0Gy IR | LI | 7.7 ± 3.0 (100%) | | 10 ± 7.5 (100%) | | 22 ± 5.5 (100%) [‡] | | 2.4 (1.4-4.2) [*] | |
| | SI | 1.4 ± 1.1 | 13 | 1.5 ± 1.0 | 21 | 2.6 ± 9.4 | 20 | 16 (1.1-22) [*] | |
| | LI | 0 ± 0 (0%) | | 0 ± 0 (0%) | | 0.8 ± 0.8 (45%) [*] | | N/A [*] | |
| b | <i>Blm</i> ^{+/+} | | | <i>Blm</i> ^{m3/+} | | | <i>Blm</i> ^{m3/m3} | | |
| | Loc. | Tumor count, mean ± SD (incidence) | N | Tumor count, mean ± SD (incidence) | N | Tumor count, mean ± SD (incidence) | N | ~Fold-increase (95%CI) [‡] | |
| B6.<i>Apc</i>^{Mim/+} | SI | 28 ± 12 | 9 | 25 ± 7 | 15 | 99 ± 16 | 4 | 3.8 (2.9-5.0) [*] | |
| | LI | 0.1 ± 0.3 (11%) | | 0.4 ± 0.6 (33%) | | 1.3 ± 0.5 (100%) [‡] | | 4.3 (1.8-21) [*] | |
| | SI | 1.8 ± 0.8 | 5 | 0.9 ± 1.1 | 8 | 6.2 ± 3.2 | 20 | 5.1 (2.8-10) [*] | |
| B6.<i>Apc</i>^{1638N/+} | LI | 0 ± 0 (0%) | | 0 ± 0 (0%) | | 0.1 ± 0.2 (5%) [‡] | | N/A [‡] | |

* p<0.05, Jonkheere-Terpstra Test or χ^2 test compared to controls

[‡] No significant difference

[#] Bootstrap ratios comparing the homozygous knockouts to the combined heterozygotes and wildtypes; N/A, Not Applicable; SI, small intestine; LI, large intestine.

Table 2

The effect of *Atm* deficiency on the proliferative index of *Apc*^{Min/+} tumors

The signals were counted, with the observer blind to the genotype, from digital photomicrographs displayed on a computer screen. Only crypts that were clearly epithelial by H&E staining on adjacent serial sections were assessed. Apc staining was used to discriminate between tumor (negative staining) and non-tumor (positive staining) tissue. Cells from the poorly characterized “cap” of Apc-positive cells surrounding the luminal edges of tumors were not included. Six tumors and adjacent hyperplastic tissue were analyzed per genotype. The p-values were calculated using Fisher’s Exact Test.

| Tissue type | Ki-67-positive cells/total (percent positive; 95% CI) | | P-value |
|--------------|---|---------------------------------|---------|
| | <i>Atm</i> ^{+/+} | <i>Atm</i> ^{-/-} | |
| Hyperplastic | 481/2163 (22.2%; 20.5–24.1) | 424/1461 (29.0%; 27.7–31.4) | <0.01 |
| Tumor | 749/2128 (35.2%; 33.2–37.3) | 1175/2338 (50.3%; 48.2–52.3) | <0.01 |