

Kinase requirements in human cells: III. Altered kinase requirements in *VHL*^{-/-} cancer cells detected in a pilot synthetic lethal screen

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Clear cell renal carcinomas are the most common form of kidney cancer and frequently are linked to biallelic inactivation of the von Hippel-Lindau (*VHL*) tumor suppressor gene. The *VHL* gene product, pVHL, has multiple functions including directing the polyubiquitylation of the HIF transcription factor. We screened 100 shRNA vectors, directed against 88 kinases, for their ability to inhibit the viability of *VHL*^{-/-} renal carcinoma cells preferentially compared with isogenic cells in which pVHL function was restored. shRNAs for “hits” identified in the primary screen were interrogated in secondary screens that included shRNA titration studies. Multiple shRNAs against *CDK6*, *MET*, and *MAP2K1* (also known as *MEK1*) preferentially inhibited the viability of 786-O and RCC4 *VHL*^{-/-} cells compared with their wild-type pVHL-reconstituted counterparts. The sensitivity of pVHL-proficient cells to these shRNAs was not restored upon HIF activation, suggesting that loss of an hypoxia-inducible factor (HIF)-independent pVHL function formed the basis for selectivity. A small-molecule Cdk4/6 inhibitor displayed enhanced activity against *VHL*^{-/-} renal carcinoma cells, suggesting that in some cases hits from shRNA screens such as described here might translate into therapeutic targets.

essential kinases | shRNA screens | *VHL* | kidney cancer | therapeutics

Cancer cells harbor mutations that activate protooncogenes or inactivate tumor suppressor genes. These mutations earmark molecular pathways that are important for cancer genesis and maintenance. Importantly, several approved anticancer drugs target particular kinases, such as Abl, Her2/Neu, and EGFR, that become hyperactive in specific forms of cancer because of gain-of-function mutations. Therefore knowledge of the genetic alterations within a cancer can inform cancer drug discovery.

Mutations that inactivate tumor suppressor genes, especially those causing complete loss of their protein products, present a therapeutic challenge, however, because most drugs also inactivate their protein target. One approach to this problem would be to look for downstream targets that become activated upon tumor suppressor gene inactivation and that play a causal role in tumor maintenance. Another approach, put forth by Hartwell *et al.* (1), would be to identify genes that are synthetically lethal to the tumor suppressor gene of interest. Two genes (“A” and “B”) are synthetically lethal if mutation of either alone is compatible with viability but mutation of both leads to death (2, 3). If “A” is a cancer-relevant gene, such as a tumor suppressor gene, then in theory inhibitors of the “B” gene product would kill cancer cells harboring the “A” mutation while sparing normal cells. Synthetic lethality therefore provides, in theory, a solution to the loss-of-function problem and to the problem of generating cytotoxic agents that can discriminate between cancer cells and normal cells.

Synthetic lethality has been well studied in the budding yeast *Saccharomyces cerevisiae*, in which only 20% of the genes are individually essential and synthetic lethal interactions are common among the remaining 80% (4–6). Many of these synthetic lethal interactions would have been difficult to predict *a priori* and were

revealed only by unbiased genetic screens. The tools for performing such genetic screens in human cells did not exist until recently. For these reasons, only a limited number of synthetic lethal interactions with cancer-relevant genes have been described (2, 3).

We chose the von Hippel-Lindau (*VHL*) tumor suppressor gene, which is mutated in most clear cell renal cell carcinomas (RCC), to explore this paradigm further. The *VHL* gene product, pVHL, binds hypoxia-inducible factor alpha (HIF α) in an oxygen-dependent manner and targets it for ubiquitin-mediated proteolysis (reviewed in ref. 7). When oxygen levels are low, or pVHL is defective, HIF α accumulates, dimerizes with HIF β , and activates a suite of genes involved in adaptation to hypoxia including VEGF, PDGF-B, and TGF α . Down-regulation of HIF, particularly HIF2 α , is necessary and sufficient for pVHL to suppress clear cell RCC proliferation *in vivo* (7). HIF α accumulation also occurs in many other solid tumors because of intratumoral hypoxia and usually confers a poor prognosis (8). Importantly, restoration of pVHL function does not affect cell proliferation *in vitro* under standard cell-culture conditions (9, 10). Differences in proliferation might confound cell-based synthetic lethal screens because many cytotoxic agents kill in a cell cycle-dependent manner.

Kinases play important roles in biology, frequently are deregulated in cancer, and can, as described earlier, be inhibited with drug-like small molecules. *VHL* loss leads, indirectly, to activation of kinases that are important for renal carcinoma tumorigenesis (reviewed in ref. 7), including kinases present within the tumor cells themselves, such as EGFR (11, 12), c-Met (13–16), and cyclin D1-associated kinases (17, 18), and those associated with blood vessels, such as kinase insert domain receptor and platelet-derived growth factor receptor. Kidney cancer is refractory to most conventional chemotherapeutics and radiotherapy but often responds, at least temporarily, to drugs that inhibit kinase insert domain receptor.

Here we report a proof-of-concept synthetic lethal genetic screen that revealed differential kinase requirements of isogenic renal carcinoma cells that differ only in their *VHL* status.

Results

786-O and RCC4 are clear cell renal carcinoma lines in which both *VHL* alleles have been inactivated mutationally. We previously infected these lines with a retroviral vector encoding hemagglutinin (HA)-tagged wild-type pVHL or the backbone vector (10, 19),

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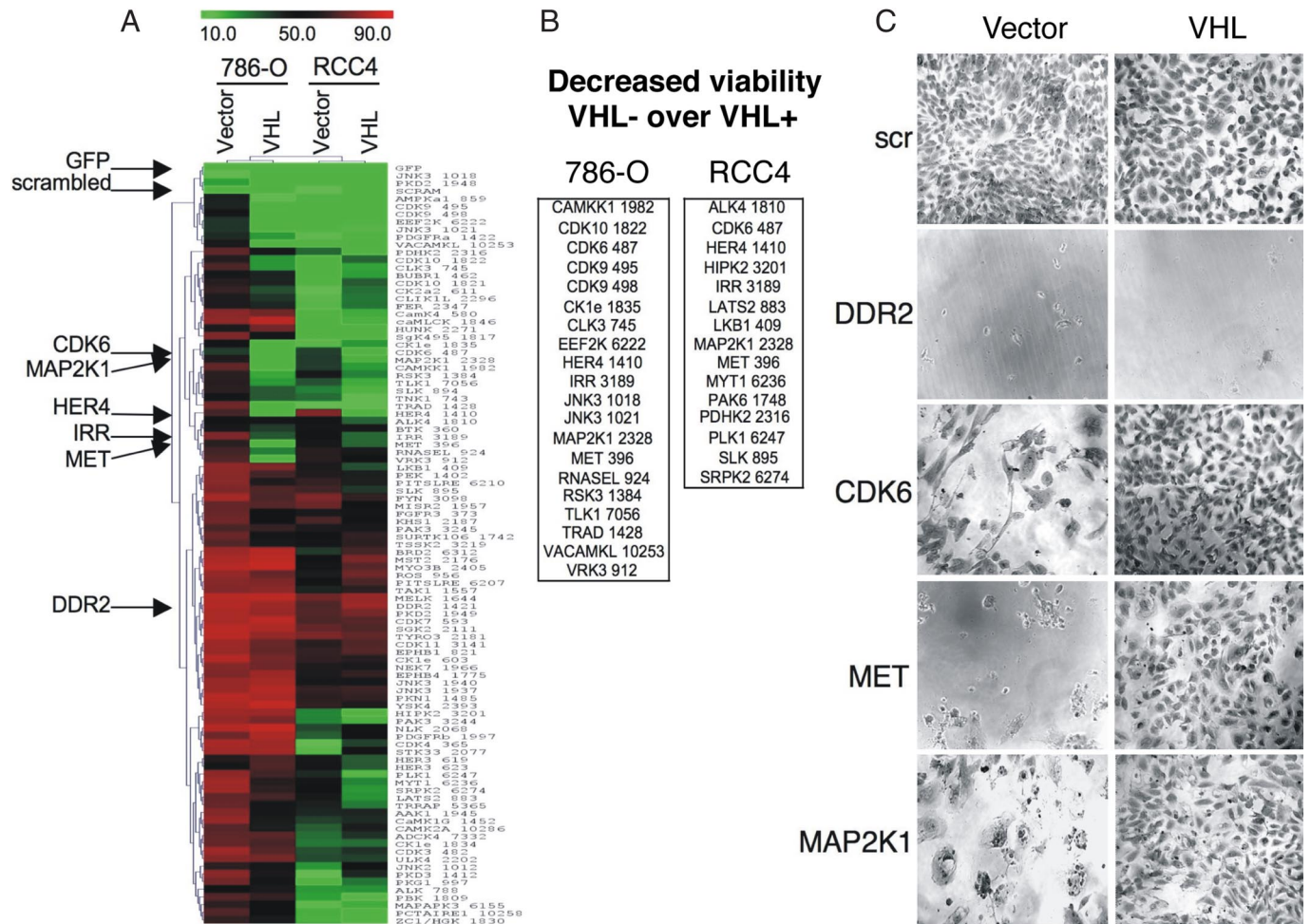


Fig. 2. Kinase shRNAs that preferentially inhibit *VHL*^{-/-} renal carcinoma cells. (A) Heat map depicting the effects of the 100 shRNA vectors on the two cell-line pairs after normalization to the GFP cDNA and scrambled shRNA controls (see text). Hierarchical clustering analysis using the Manhattan clustering method was done using the TM4 program (35). Experiments or shRNAs with relatively similar patterns are clustered together. shRNAs causing > 50% loss of viability are indicated in red, and those with < 50% loss of viability are in green. (B) List of shRNA vectors (kinase name followed by TRC collection shRNA number) that scored positively (see text for criteria) when tested in 786-O and RCC4 isogenic cell-line pairs that did (VHL) or did not (vector) produce wild-type pVHL. (C) Photomicrographs (100 \times magnification) of crystal violet-stained 786-O cells 5 days after infection with lentiviruses encoding the indicated shRNAs. scr = scrambled shRNA vector.

and *HER4*) overlapped between the two cell lines and were tested further. To minimize the possibility that differences in cell survival between the isogenic cell-line pairs were caused by off-target shRNA effects, we tested four or five independent shRNAs for each of these five kinases from the original Broad Institute TRC shRNA library (21). For all five kinases we observed preferential inhibition of *VHL*^{-/-} cells ($\Delta\%LOV > 20\%$) with at least two independent shRNAs in both cell-line pairs, suggesting that the observed phenotypes were caused by modulation of the intended targets.

For practical reasons the screen was conducted at an arbitrary viral titer. Next we performed viral titration experiments over a 8-fold range of viral MOIs. At high viral titers the shRNAs vectors inhibited the viability of both renal carcinoma lines irrespective of *VHL* status (Fig. 3, Fig. S4, and data not shown). At lower titers the *CDK6*, *MET*, and *MAP2K1* shRNAs preferentially inhibited the *VHL*^{-/-} cells over several 2-fold dilutions (Fig. 3A, Fig. S4, and data not shown). Similar results were obtained with a second independent shRNA for all three kinases (data not shown). Immunoblot analysis confirmed that the degree of target knockdown in the wild-type cells equaled or exceeded that observed in the *VHL*^{-/-} cells (Fig. 3B and data not shown). Therefore the increased sensitivity of the *VHL*^{-/-} cells was unlikely to reflect more efficient target knockdown. In some experiments we noted

increased basal levels of c-MET in *VHL*^{-/-} cells compared with pVHL-restored cells (Fig. 3B), in keeping with a recent report (13).

In contrast to *CDK6*, *MET*, and *MAP2K1*, a differential for the *IRR* and *HER4* shRNA vectors between *VHL*^{-/-} and pVHL-restored cells was observed only at a single MOI (data not shown). Therefore these kinases were not studied further.

To determine whether the alamarBlue readings were a true representation of the number of viable cells, we stained cells with crystal violet 5 days after infection with the different kinase shRNA vectors (Fig. 2C). shRNAs against *DDR2* and a scrambled shRNA served as positive and negative controls, respectively. This assay confirmed that inhibition of *CDK6*, *MET*, and *MAP2K1* preferentially inhibited *VHL*^{-/-} renal carcinoma cells relative to the pVHL-restored cells.

Moreover, we recapitulated our shRNA findings with synthetic siRNAs that were designed using the sequences of the most effective shRNAs targeting *CDK6*, *MET*, and *MAP2K1* (Fig. S5). Collectively, these results indicate that the shRNA phenotypes we observed were caused by the specific inhibition of their intended kinase targets and were not an artifact of viral infection.

Suppression of HIF α is the best-documented pVHL activity. We next asked whether increased HIF α was required for the decreased viability of *VHL*^{-/-} renal carcinoma cells following inhibition of

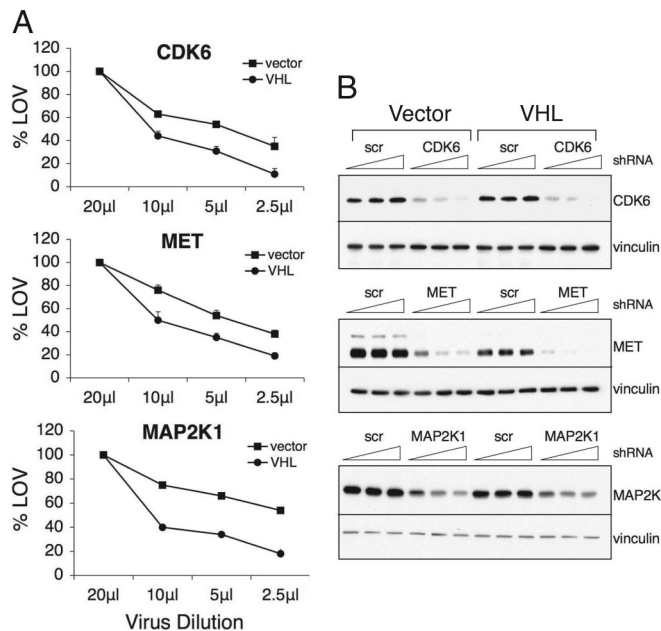


Fig. 3. Kinase shRNAs that preferentially inhibit 786-O *VHL*^{-/-} cells over a range of viral titers. (A) Viability of 786-O cells infected with indicated amounts of lentiviruses encoding shRNAs directed against *CDK6*, *MET*, or *MAP2K1*. Cell number was assayed in triplicate using alamarBlue 5 days after infection and normalized to scrambled hairpin control. Circles and squares depict values for 786-O cells infected with a retrovirus encoding HA-pVHL or with the empty vector, respectively. Error bars = 1 SEM. (B) Immunoblot analysis of cells treated with 2.5 μl, 5 μl, and 10 μl of virus as in A. scr = scrambled shRNA vector.

CDK6, *MET*, or *MAP2K1*. 786-O *VHL*^{-/-} cells produce HIF2α but not HIF1α (27) (Fig. S1A). Our laboratory created 786-O cells that produce both wild-type pVHL and a HIF2α variant that escapes pVHL-dependent degradation because two proline residues that are critical for pVHL binding have been replaced with alanine (HIF-2α dP→A) (19). As expected, HIF-2α protein levels were comparable in the 786-O *VHL*^{-/-} cells (vector) and the wild-type pVHL cells producing the HIF2α dP→A variant (Fig. 4A). Furthermore, HIFα signaling was activated in these cells, as shown by induction of downstream targets such as the glucose transporter, Glut1, and the prolyl hydroxylase EglN3 (Fig. 4A).

Interestingly, the HIF2α dP→A variant did not sensitize the wild-type pVHL cells to the *CDK6* or *MET* shRNAs and had only a modest effect on sensitivity to the *MAP2K1* shRNA (Fig. 4B). Therefore, the increased requirement of *VHL*^{-/-} cells for these kinases is caused, at least in part, by the loss of a HIF-independent pVHL function.

The biological output of a catalytically inactive kinase bound to a small organic molecule need not be the same as seen after elimination of that kinase. In a final set of experiments we treated the isogenic cell-line pairs with varying concentrations of a commercially available Cdk4/6 inhibitor (Calbiochem catalog no. 219476). As shown in Fig. 5A, 786-O *VHL*^{-/-} cells were more sensitive than their pVHL-restored counterparts to this agent. The drug concentration required to inhibit proliferation approximated the concentration required to inhibit pRB phosphorylation, as determined by increased pRB electrophoretic mobility and immunoblot analysis with an antibody specific for phosphorylated Ser-780, which is a Cdk4/6 phosphorylation site (28) (Fig. 5B). Notably, pRB phosphorylation was affected in both the *VHL*^{-/-} cells and wild-type cells, consistent with comparable levels of target inhibition in both contexts. In keeping with the findings in Fig. 4, the HIF2α dP→A variant did not sensitize and, at higher concentra-

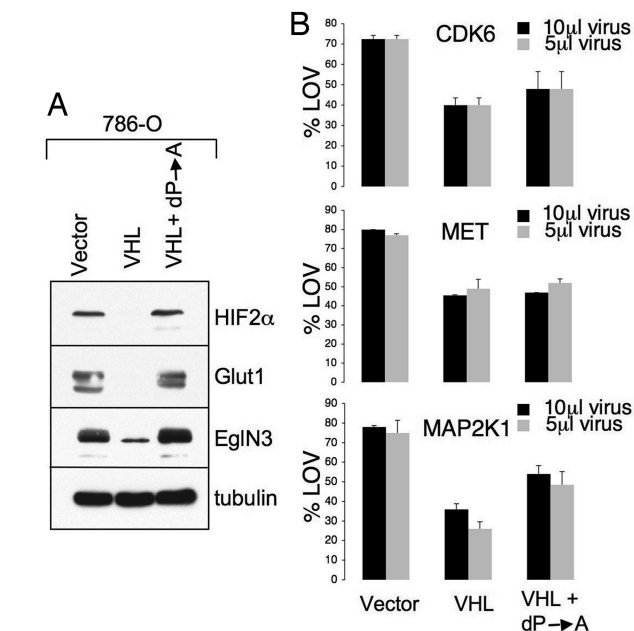


Fig. 4. Deregulation of HIF2α does not fully explain the increased requirement of 786-O *VHL*^{-/-} cells for *CDK6*, *MAP2K1*, and *MET*. (A) Immunoblot analysis of 786-O cells infected to produce HA-pVHL alone (VHL) or HA-pVHL and a stabilized version of HIF2α (VHL + dP→A). Parental cells infected with an empty virus (vector) served as controls. (B) Percentage loss of viability (% LOV) of cells (normalized to scrambled shRNA) infected as in A after subsequent infection with 5 μl (gray bars) or 10 μl (black bars) of lentiviruses encoding shRNAs targeting *CDK6*, *MET*, or *MAP2K1*. Cells were grown in 96-well plates and were assayed for survival in triplicate using alamarBlue 5 days post-infection. Error bars = 1 SEM.

tions, protected wild-type cells treated with the Cdk4/6 inhibitor (Fig. 5C). RCC4 *VHL*^{-/-} cells also were more sensitive than wild-type cells to 219476 (Fig. S6). Like most small-molecule kinase inhibitors, 219476 may have other targets in addition to Cdk4 and Cdk6. Nonetheless, these results suggest that hits obtained in screens such as the one we used might, in some cases, translate into potential drug targets.

Discussion

A conceptually attractive approach to treating a cancer would be to exploit vulnerabilities created by the genetic and epigenetic alterations that took place in that cancer over time (1, 2). These alterations might include the changes responsible for the transformed phenotype as well as passenger mutations. In this pilot study we found that inactivation of the *VHL* tumor suppressor gene, which is common in clear cell renal carcinomas, led to decreased fitness following down-regulation of specific kinases. In particular, we found that *VHL*^{-/-} renal carcinoma cells were more sensitive to loss of *MET*, *CDK6*, and *MAP2K1* than were their pVHL-restored counterparts.

The kinase shRNA collection we used in this pilot study primarily included kinases that affect the viability of HeLa and/or 293T cells, both of which are *VHL*^{+/+}. For this reason, our screen was biased against the identification of kinases that are truly dispensable for wild-type cells but are required for *VHL*^{-/-} cells (synthetically lethal to *VHL*). Nonetheless, we were able to show that loss of pVHL quantitatively alters the requirements for specific kinases. Whether these quantitative differences are large enough to exploit therapeutically is uncertain, however. For this reason, and others, it will be important to expand this screen to the remainder of the kinome and, in time, to other “druggable” proteins.

Viral Infections in 96-Well Format. 786-O and RCC4 cells were seeded at 2,000 and 3,000 cells per well respectively, in a final volume of 100 μ l per well in 96-well plates. Twenty-four hours later, 50 μ l of media was removed, and different amounts of viral supernatant were added (1.25–20 μ l, depending on the experiment), all in the presence of 8 μ g/ml polybrene. Plates were spun at 1,178 \times g for 30 min at room temperature in an SX4750 μ Plate Carrier (Beckman Coulter). Infected cells were washed 12–16 h after infection. Cells were analyzed 5 days later.

Immunoblot Analysis. Cell extracts were made using EBC buffer (50 mM Tris [pH 8.0], 120 mM NaCl, 0.5% Nonidet P-40) supplemented with complete protease inhibitor mixture (Roche Molecular Biochemicals), resolved by SDS/PAGE, and transferred to nitrocellulose membranes (Whatman). After blocking in Tris-buffered saline with 5% nonfat dry milk, the membranes were probed with the following primary antibodies: anti-HA mouse monoclonal antibody (HA-11, Covance Research Products), anti-HIF2 α mouse monoclonal antibody (Yoji Minamishima and W.G.K, unpublished data), anti-HIF1 α mouse monoclonal antibody (BD Transduction Laboratories), anti-Glut1 rabbit polyclonal antibody (GT111-A, Alpha Diagnostic), anti-phospho Rb (S780) (Cell Signaling Technology), anti-Rb (BD Biosciences), and anti-tubulin and anti-vinculin mouse monoclonal antibody (Sigma). Bound antibody was detected with HRP-conjugated goat anti-rabbit or goat anti-mouse (Thermo Scientific) and SuperSignal West Pico or Dura chemiluminescent substrate (Thermo Scientific).

In Vitro Cell Proliferation Assays. *In vitro* cell proliferation assays were performed using a Cell Proliferation Kit II (XTT) (Roche Diagnostics) according to the manufacturer's instructions. Briefly, 1,000 cells were seeded per well in 96-well plates. At the indicated time points, XTT-labeling reagent/electron-coupling reagent

was added to the cells. Four hours later the spectrophotometrical absorbance at 450 nm was measured using a microtiter plate reader (PerkinElmer Life and Analytical Sciences).

AlamarBlue Assay. Five days after infection, medium was removed from 96-well plates and AlamarBlue™ reagent (Biosource, Invitrogen), diluted 1:10 in supplemented DMEM, was added to each well. Plates then were incubated for 4–8 h at 37°C before reading on a Spectrafluor Plus microtiter well plate reader (Tecan) at 595 nm.

Crystal Violet Staining. After the medium was removed, the cells were washed with PBS and fixed with 10% acetic acid and 10% methanol. After 30 min, cells again were washed with PBS and then were incubated for 2 h with 0.4% crystal violet in 20% ethanol, followed by two final PBS wash steps. Phase-contrast images were acquired with an inverted microscope (Nikon).

siRNA Transfections. siRNA sequences used were: CDK6: gaagaagactgacctagat; MET: cagaatgtcttctcatgag; MAP2K1: gaggagaagcacaatcat; and GL3: cttacgtgagtactctga.

786-O and RCC4 cells were plated at 1.5×10^3 cells per well in 96-well plates, and 10 pmol of siRNA oligos were transfected using Dharmafect 1 (Dharmacon) according to the manufacturer's protocol.

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